

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

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>EMPLOYEES' RETIREMENT PLAN OF GALION COMMUNITY HOSPITAL</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>10/01/1968</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) <u>GALION COMMUNITY HOSPITAL</u> <u>GALION COMMUNITY HOSPITAL</u> <u>269 PORTLAND WAY SOUTH</u> <u>GALION, OH 44833</u>	2b Employer Identification Number (EIN) <u>34-4451872</u> 2c Plan Sponsor's telephone number <u>419-468-0501</u> 2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/17/2016</u>	<u>ERIC DRAIME</u>
	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

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 655
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 266 6a(2) 241 6b 228 6c 116 6d 585 6e 10 6f 595 6g 6h 1
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 EMPLOYEES' RETIREMENT PLAN OF GALION COMMUNITY HOSPITAL	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GALION COMMUNITY HOSPITAL	D Employer Identification Number (EIN) 34-4451872
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	26920730	
	b Actuarial value	2b	25922272	
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	231	12535493	12535493
	b For terminated vested participants	160	4368946	4368946
	c For active participants	266	8113474	8185048
	d Total	657	25017913	25089487
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	310000	

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

SIGN HERE	10/13/2016 Signature of actuary JOHN BENGE Type or print name of actuary MCCREADY AND KEENE, INC. Firm name P.O. BOX 6094 INDIANAPOLIS, IN 46206-6094 Address of the firm	10/13/2016 Date 14-04810 Most recent enrollment number 317-849-4333 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1991	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	1991	0
10	Interest on line 9 using prior year's actual return of <u>8.46</u> %	168	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		7495
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>6.45</u> %		483
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		7978
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)	2159	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	103.31 %
15	Adjusted funding target attainment percentage	15	103.31 %
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	98.74 %
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
Totals ►			18(b)	0	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 0
20 Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	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 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	310000	
b Excess assets, if applicable, but not greater than line 31a	31b	310000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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 EMPLOYEES' RETIREMENT PLAN OF GALION COMMUNITY HOSPITAL	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GALION COMMUNITY HOSPITAL	D Employer Identification Number (EIN) 34-4451872	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FIFTH THIRD BANK

31-1051736

(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	NONE	133568	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCCREADY AND KEENE, INC.

35-0500670

(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	NONE	72622	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 EMPLOYEES' RETIREMENT PLAN OF GALION COMMUNITY HOSPITAL	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 GALION COMMUNITY HOSPITAL	D Employer Identification Number (EIN) 34-4451872	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	44429	40032
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1016240	227157
(2) U.S. Government securities.....	1c(2)	525038	520625
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	1616632	1577294
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	15602165	13124866
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	8116227	7529565
(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	26920731	23019539

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	26920731	23019539
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(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)		0

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	90	
(B) U.S. Government securities	2b(1)(B)	14688	
(C) Corporate debt instruments	2b(1)(C)	44512	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	23326	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		82616
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	300167	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		300167
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	5500635	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5848994	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-348359
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-89704	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-89704

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-145666
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-200946

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3494056	
(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)		3494056
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)	206190	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		206190
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3700246

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3901192
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: PLANTE & MORAN PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

	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.)		X		
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.)		X		

	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.	
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015					
A Name of plan EMPLOYEES' RETIREMENT PLAN OF GALION COMMUNITY HOSPITAL				B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 GALION COMMUNITY HOSPITAL				D Employer Identification Number (EIN) 34-4451872	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 35-0735840 31-1051736					
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	51
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☒ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

Galion Community Hospital Employees' Retirement Plan

**Financial Report
December 31, 2015**

Galion Community Hospital Employees' Retirement Plan

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Independent Auditor's Report

To the Board of Directors
Galion Community Hospital
Employees' Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Galion Community Hospital Employees' Retirement Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2015 and 2014 and the related statement 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 these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

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

To the Board of Directors
Galion Community Hospital
Employees' Retirement Plan

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets held at end of year as of December 31, 2015 and reportable transactions for the year ended December 31, 2015 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

Plante & Moran, PLLC

Columbus, Ohio
September 28, 2016

Galion Community Hospital Employees' Retirement Plan

Statement of Net Assets Available for Benefits

	December 31, 2015	December 31, 2014
Assets		
Investments at fair value:		
Money market fund	\$ 227,157	\$ 1,016,240
Mutual funds	7,529,565	8,116,227
U.S. government securities	520,625	525,038
Common stocks	13,124,866	15,602,165
Corporate debt securities	1,577,294	1,616,632
Total investments at fair value	22,979,507	26,876,302
Accrued income	40,032	44,429
Net Assets Available for Benefits	<u>\$ 23,019,539</u>	<u>\$ 26,920,731</u>

Galion Community Hospital Employees' Retirement Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2015	December 31, 2014
Additions to Net Assets		
Contributions - Employer	\$ -	\$ 602,124
Investment income (loss):		
Interest and dividends	618,228	634,097
Net realized and unrealized (losses) gains on investments	<u>(814,344)</u>	<u>1,505,848</u>
Total investment (loss) income	<u>(196,116)</u>	<u>2,139,945</u>
Total additions	(196,116)	2,742,069
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	3,494,056	1,294,972
Administrative expenses	<u>211,020</u>	<u>4,242</u>
Total deductions	<u>3,705,076</u>	<u>1,299,214</u>
Net (Decrease) Increase	(3,901,192)	1,442,855
Net Assets Available for Benefits		
Beginning of year	<u>26,920,731</u>	<u>25,477,876</u>
End of year	<u>\$ 23,019,539</u>	<u>\$ 26,920,731</u>

Galion Community Hospital Employees' Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 1 - Plan Description

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

General - The Plan is a defined benefit plan covering all eligible employees of Galion Community Hospital (the "Hospital"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility and Vesting - Employees become participants in the Plan following completion of one year of service in which they worked at least 1,000 hours and are at least 21 years old. Employees are fully vested for normal retirement benefits after five years of service.

Pension Benefits - Employees are entitled to monthly pension benefits beginning at the participant's normal retirement age (age 65 under the provisions of the Plan). Monthly retirement benefits are computed by multiplying the years of service by a rate specified by the Plan. The specified rate is based on a percentage of average monthly compensation and Social Security income, subject to a minimum monthly benefit of \$16 per year of service as of December 31, 2015 and 2014.

Employees electing to participate in the contributory supplemental pension benefit option of the Plan are eligible for additional monthly retirement benefits. These benefits are determined by application of a benefit ratio to a participant's total contribution for supplemental pension benefits.

Retirement benefits are also provided to employees with 15 years of service who have become fully disabled. Spouses of employees are provided benefits should an employee with five years or more of service die. Retirees may elect reduced monthly benefits to provide for continuing benefits to a surviving spouse.

Effective August 31, 2015, the Plan was amended to provide a lump-sum distribution window program whereby eligible participants, including those who have not yet reached the required commencement date, can elect to receive benefits in the form of a lump sum.

As of January 1, 2010, the Plan was frozen; consequently, additional participants, benefit service, and benefit accruals will no longer continue under the Plan.

Funding - Contributions are made by the Hospital in actuarially determined amounts. The Hospital's policy is to make contributions necessary to satisfy ERISA funding standards. The Plan has met the minimum plan sponsor funding requirements of ERISA for the years ended December 31, 2015 and 2014.

Galion Community Hospital Employees' Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 1 - Plan Description (Continued)

Employee Contributions - Employees who meet the eligibility requirements and elect to participate in the supplemental pension benefit may contribute up to 5 percent of their gross earnings on a pretax basis. Employees electing to participate in the supplemental pension benefit are fully vested in their contributions. Effective January 1, 2010, the plan sponsor froze employee contributions for participants in the Plan. No further employee contributions have been made to the Plan subsequent to this date. Present employees' accumulated contributions and interest (at various rates) are \$1,570,637 and \$1,875,328 as of December 31, 2014 and 2013.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are stated at fair value. The U.S. government securities and corporate debt securities are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures. All other investments are valued based on quoted market prices.

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.

Administrative Expenses - The Plan reimburses Galion Community Hospital for various administrative expenses that the Hospital pays on the Plan's behalf. There are also administrative expenses absorbed by the Hospital.

Benefit Payments - Benefits are recorded when paid.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service that 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. The present value of accumulated plan benefits is actuarially determined and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment due to death, disability, or retirement between the valuation date and the expected date of payment.

Galion Community Hospital Employees' Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 2 - Summary of Significant Accounting Policies (Continued)

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 and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, demographics, and other actuarial assumptions. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the statement of net assets available for benefits.

New Accounting Pronouncement - During 2015, the Plan adopted Accounting Standards Update (ASU) No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965) - I. Fully Benefit-Responsive Investment Contracts, II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient*. Part II of the ASU was applicable to the Plan and modified the investment disclosures under ASC 820 and 960. The standard was adopted retrospectively and had no impact on the Plan's net assets or changes in net assets.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including September 28, 2016, which is the date the financial statements were issued.

Note 3 - Plan Termination

Should the Plan terminate at some future time, its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

Galion Community Hospital Employees' Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 4 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the internal Revenue Code. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

Note 5 - Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries from McCready & Keene, Inc. The most recent calculations of the estimated present value of accumulated plan benefits attributable to participants in the Plan, which were made as of and for the year ended December 31, 2014, are as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefit payments	\$ 15,549,417
Other vested participants	<u>17,222,840</u>
Total vested benefits	32,772,257

Nonvested benefits	<u>37,724</u>
--------------------	---------------

Total actuarial present value of accumulated plan benefits	<u>\$ 32,809,981</u>
--	----------------------

Actuarial present value of accumulated plan benefits - Beginning of year \$ 33,277,083

Increase (decrease) during the year attributable to:

Benefits accumulated	-
Actuarial gains	95,673
Interest due to the decrease in the discount period	1,457,536
Benefits paid	(1,294,972)
Change of assumptions	<u>(725,339)</u>
Net decrease	<u>(467,102)</u>

Actuarial present value of accumulated plan benefits - End of year \$ 32,809,981

Galion Community Hospital Employees' Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 5 - Benefits (Continued)

Actuarial Valuation Method	- Accrued benefit (unit credit)
Valuation Interest Rate	- 4.39 percent - 2015
Mortality Basis	- RP-2014 and MP-2015
Disability Basis	- Wyatt 1985 Disability Study Class I
Retirement Age	- After five years of service, it is assumed participants will retire at the following rates:

<u>Attained Age</u>	<u>Rate</u>
55-59	0.02
60	0.10
61-63	0.15
64	0.40
65	1.00

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The assumption change in 2014 of (\$725,339) was the result of a change in interest rates and a change in mortality tables used for 2014.

Note 6 - Unaudited Investment Information

Fifth Third Bank (the "Trustee") holds the Plan's investments and executes all investment transactions. The investment balances and related investment results included in the accompanying financial statements and supplemental schedule of assets held at end of year and schedule of reportable transactions are based solely on information provided and certified by the Trustee.

Note 7 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2015 and 2014.

Level I - Fair values determined by Level I inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Galion Community Hospital Employees' Retirement Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 7 - Fair Value Measurements (Continued)

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2015

	Investments (at Fair Value)	Level 1	Level 2	Level 3
Money market fund	\$ 227,157	\$ 227,157	\$ -	\$ -
Mutual funds	7,529,565	7,529,565	-	-
U.S. government securities	520,625	-	520,625	-
Common stock	13,124,866	13,124,866	-	-
Debt securities	1,577,294	-	1,577,294	-
Total investments at fair value	<u>\$ 22,979,507</u>	<u>\$ 20,881,588</u>	<u>\$ 2,097,919</u>	<u>\$ -</u>

Assets Measured at Fair Value on a Recurring Basis at December 31, 2014

	Investments (at Fair Value)	Level 1	Level 2	Level 3
Money market fund	\$ 1,016,240	\$ 1,016,240	\$ -	\$ -
Mutual funds	8,116,227	8,116,227	-	-
U.S. government securities	525,038	-	525,038	-
Common stocks	15,602,165	15,602,165	-	-
Debt securities	1,616,632	-	1,616,632	-
Total investments at fair value	<u>\$ 26,876,302</u>	<u>\$ 24,734,632</u>	<u>\$ 2,141,670</u>	<u>\$ -</u>

Galion Community Hospital Employees' Retirement Plan

**Notes to Financial Statements
December 31, 2015 and 2014**

Note 7 - Fair Value Measurements (Continued)

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no significant transfers between levels of the fair value hierarchy during 2015 and 2014.

Schedule SB Line 26 - Schedule of Active Participant Data

Plan Name: Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872 Plan Number: 001

ANALYSIS OF EMPLOYEES BY AGE AND FROZEN SERVICE AS OF JANUARY 1, 2015

YEARS OF FROZEN CREDITED SERVICE

Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	4	0	0	0	0	0	0	0	0
30 to 34	0	10	13	0	0	0	0	0	0	0
35 to 39	1	9	8	2	0	0	0	0	0	0
40 to 44	0	15	10	1	1	0	0	0	0	0
45 to 49	1	17	8	1	0	1	0	0	0	0
50 to 54	1	12	7	13	7	4	4	0	0	0
55 to 59	1	11	11	5	8	7	11	8	0	0
60 to 64	0	8	3	5	5	3	2	8	2	0
65 to 69	0	5	1	1	5	2	0	0	1	1
70 & up	0	0	1	0	0	0	0	0	0	1

The plan is "hard frozen" and for any cell that has 20 or more participants, the average accrued benefit is also shown.

Schedule SB Part V - Statement Of Actuarial Assumptions / Methods

Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2015 to December 31, 2015

	<u>PPA Funding</u>
ACTUARIAL COST METHOD	Accrued Benefit (Unit Credit)
ASSET VALUATION METHOD	See Below

Accrued Benefit (Unit Credit)

The funding target is equal to the sum of the individual accrued liabilities for all participants. The individual's accrued liability is the present value of the benefit accrued in prior plan years. The target normal cost is the present value of benefits accruing in the plan year. Experience gains and losses are included in the calculation of the funding target and are amortized as part of the shortfall amortization.

Actuarial Value of Assets

The Actuarial Value of Assets is a 24-month average determined in accordance with Notice 2009-22. Actuarial Value of Assets must fall within 90% to 110% of market value.

Assumed rate of return is the lesser of 7.00% or the segment rate specified in Notice 2009-22.

Schedule SB Part V - Statement Of Actuarial Assumptions / Methods

Employees' Retirement Plan of Galion Community

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2015 to December 31, 2015

	PPA Funding
Segmented Interest Rates	
Segment 1 (0-5 years)	4.72%
Segment 2 (5-20 years)	6.11%
Segment 3 (20+ years)	6.81%
Applicable Month	September
Effective Interest Rate	6.23%
Future Salary Increases	N/A
Mortality	2015 Applicable Table (Separate)
Additional Mortality Improvement	None Assumed
Disability	Wyatt 1985 Disability Study Class 1
Termination	Based on Galion Hospital Experience
Assumed Retirement Age (Active)	see table
Assumed Retirement Age (Terminated Vested)	Age 65
Percent Married	85% male 50% female
Age Difference in Participant & Spouse	Males three years older than females
Administrative Expense	Anticipated Administrative Expenses

Schedule SB Part V - Statement Of Actuarial Assumptions / Methods

Employees' Retirement Plan of Galion Community

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2015 to December 31, 2015

Retirement Rates

<u>Attained Age</u>	<u>Rate</u>
55-59	2%
60	10%
61-63	15%
64	40%
65	100%

**Turnover Rates
(selected rates)**

<u>Attained Age</u>	<u>Males</u>	<u>Females</u>
20	0.2246	0.3743
25	0.1494	0.2245
30	0.1042	0.1493
35	0.0738	0.1041
40	0.0432	0.0738
45	0.0268	0.0432
50	0.0090	0.0267
55	0.0000	0.0090

Galion Community Hospital Employees' Retirement Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 34-4451872, Plan No. 001 December 31, 2015

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
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Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total Plan assets:

Fifth Third Bank	Federated Prime Value Obligations Service Shares:					
	Purchases - 1	\$ 488,438	\$ -	\$ 488,438	\$ 488,438	\$ -
	Sales - 11	-	1,277,521	1,277,521	1,277,521	-

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

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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**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.

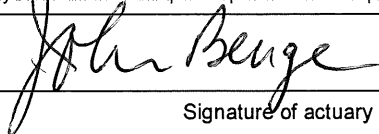
A Name of plan EMPLOYEES' RETIREMENT PLAN OF GALION COMMUNITY HOSPITAL	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GALION COMMUNITY HOSPITAL	D Employer Identification Number (EIN) 34-4451872
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	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	26,920,730	
b Actuarial value	2b	25,922,272	
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	231	12,535,493	12,535,493
b For terminated vested participants	160	4,368,946	4,368,946
c For active participants	266	8,113,474	8,185,048
d Total	657	25,017,913	25,089,487
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	310,000	

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

JOHN BENGE

Type or print name of actuary

MCCREADY AND KEENE, INC.

Firm name

MCCREADY AND KEENE, INC.

INDIANAPOLIS IN 46206-6094

Address of the firm

10/13/2016

Date

1404810

Most recent enrollment number

317-849-4333

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2015
v. 150123

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).....	1,991	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	1,991	0
10 Interest on line 9 using prior year's actual return of <u>8.46</u> %	168	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		7,495
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>6.45</u> %		483
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		7,978
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)	2,159	0

Part III Funding Percentages

14 Funding target attainment percentage	14	103.31%
15 Adjusted funding target attainment percentage	15	103.31%
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	98.74%
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
Totals ▶			18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72%	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 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	310,000	
b Excess assets, if applicable, but not greater than line 31a	31b	310,000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

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

Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2015 to December 31, 2015

(a)	(b)	(c)	
Retirement Age	Retirement Rate	Survival to Age	(a) x (b) x (c)
55	0.02	0.020	1.1
56	0.02	0.020	1.1
57	0.02	0.019	1.1
58	0.02	0.019	1.1
59	0.02	0.018	1.1
60	0.1	0.090	5.4
61	0.15	0.122	7.4
62	0.15	0.104	6.4
63	0.15	0.088	5.6
64	0.4	0.200	12.8
65	1	0.300	19.5
AVERAGE RETIREMENT AGE			63.0

Schedule SB Part V - Statement Of Plan Provisions

Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872

PN: 001

EFFECTIVE DATE

October 1, 1968 (as amended and restated January 1, 2007)

PARTICIPATION

Entry takes place on the January 1 or July 1 which coincides with or next follows the attainment of age 21 and one year of service with at least 1,000 hours
Plan Participation was frozen December 31, 2009

ELIGIBILITY FOR BENEFITS

Normal Retirement

Age 65

Late Retirement

A participant who continues employment after normal retirement will be entitled to begin receiving benefits after termination of employment.

Early Retirement

Age 55 and 10 years of Eligibility Service

Death Benefit

Payable to a surviving spouse in the event of participant's death after his completion of 5 years of vesting service.

Disability Benefit

15 years of Eligibility Service

Termination Benefit

5 or more years of Eligibility Service.

Schedule SB Part V - Statement Of Plan Provisions

Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872

PN: 001

AMOUNT OF BENEFITS

Normal Retirement Benefit

The Basic Benefit is a monthly pension for the life of the participant in a monthly amount equal to the greater of (a) or (b):

(a) 0.65% of final 5-year average compensation up to Social Security Covered Compensation plus 0.5% of final 5-year average monthly compensation over Social Security Covered Compensation the total times years of Eligibility Service (maximum 35 years)

(b) \$16.00 per month of Credited Service

Benefit accruals were frozen December 31, 2009

Supplemental Benefit

Employees who meet the requirements of Eligibility and contribute receive a Supplemental Benefit. Highly Compensated Employees are not eligible to contribute.

The monthly benefit payable at normal retirement date for the life of the participant equal to the greater of 1/12 of 30% of the total amount of employee contributions to the Supplemental Pension Benefit and actuarially equivalent single life annuity payable at normal retirement date based on employee contributions with interest.

Late Retirement Benefit

The accrued retirement benefit as of the late retirement date.

Early Retirement Benefit

The early retirement is the accrued retirement benefit determined as of early retirement date payable commencing at normal retirement date. However, participant may elect to have his benefit commence prior to normal retirement date in a reduced monthly amount. Benefits are reduced 1/180 for each of the first 60 months and 1/360 for the next 60 months that the benefit commences early.

Schedule SB Part V - Statement Of Plan Provisions

Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872

PN: 001

AMOUNT OF BENEFITS, Continued

Death Benefit

The surviving spouse of a participant who dies after completing 5 years of vesting service, before or after termination of employment, shall be entitled to a benefit which is actuarially equivalent to the Qualified Pre-retirement Survivor Annuity. The Qualified Pre-retirement Survivor Annuity is the benefit that would be payable at the participant's earliest retirement date (or date of death, if later) if he had terminated on his date of death, survived to his earliest retirement date, elected a joint and 50% survivor annuity, and died before benefits commenced.

Disability Benefit

The accrued retirement benefit payable immediately without reduction.

Termination Benefit

After completion of at least 5 years of Eligibility Service and prior to becoming eligible for any retirement benefit, he shall be 100% vested in his accrued benefit.

Eligibility Service

One year for each year after age 18 in which the employee completes 1,000 hours of service. Eligibility Service may not be less than Credited Service at Retirement.

Credited Service

For each year after age 21, hours worked divided by 1800 rounded to the nearest 1/10 (not more than 1.0).

Employee Contributions

For Supplemental Benefit only, 1, 1.5, 2, 2.5, 3, 3.5, 4, 4.5, or 5% of total annual earnings, as elected by the employee.

Employee Contributions ceased after December 31, 2009

Schedule SB Part V - Statement Of Plan Provisions

Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872

PN: 001

FORMS OF PAYMENT:

Normal

Single or married less than 1 year: Life Annuity

Married at least 1 year: Actuarially Equivalent Joint and 50% Survivor Annuity

Optional

Life Annuity

Joint and 50%, 75% and 100% Survivor

Life with 10 years certain

Lump Sum (only for withdrawal of employee contributions)

ACTUARIAL EQUIVALENCE:

Lump Sums:

- Interest: 417(e) Applicable Interest Rate

Lookback: November preceding first day of the Plan Year

- Mortality: 417(e) Applicable Mortality Table

All Other:

- Interest: 6.00%

- Mortality: UP-1984 table set back three years

Galion Community Hospital Employees' Retirement Plan

Schedule of Assets Held at Year-End Form 5500, Schedule H, Line 4i EIN 34-4451872, Plan No. 001 December 31, 2015

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Total investments - See attached schedule	\$ -	<u>\$ 22,979,507</u>

ASSETS HELD AT YEAR-END

28-28-002-6031371

AS OF 12/31/15

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
CASH						
MONEY MARKET INVESTMENTS						
227,157	FEDERATED PRIME VALUE OBLIGATION SERVICE SHARES	\$227,157.00	\$227,157.00	\$227,157.00		\$3.17
	TOTAL MONEY MARKET INVESTMENTS	<u>\$227,157.00</u>	<u>\$227,157.00</u>	<u>\$227,157.00</u>	<u>0.00</u>	<u>\$3.17</u>
BONDS						
U.S. GOVERNMENT BONDS						
250,000	UNITED STATES TREAS NTS 08/15/11 2.125 08/15/21	253,056.64	252,960.00	252,950.00	\$10.00	2,006.62
	TOTAL U.S. GOVERNMENT BONDS	<u>\$253,056.64</u>	<u>\$252,960.00</u>	<u>\$252,950.00</u>	<u>\$10.00</u>	<u>\$2,006.62</u>
AGENCY BONDS						
250,000	FEDERAL HOME LN MTG CORP 03/27/09 3.750 03/27/19	255,892.50	267,665.00	272,087.50	4,422.50-	2,447.92
	TOTAL AGENCY BONDS	<u>\$255,892.50</u>	<u>\$267,665.00</u>	<u>\$272,087.50</u>	<u>\$4,422.50-</u>	<u>\$2,447.92</u>
CORPORATE BONDS						
250,000	BB&T CORP SR MEDIUM TERM NTS 04/29/10 3.950 04/29/16	254,055.00	252,545.00	258,805.00	6,260.00-	1,700.69
150,000	DUKE ENERGY CAROLINAS LLC 06/07/10 4.300 06/15/20	154,696.50	162,352.50	163,056.00	703.50-	286.67
250,000	GENERAL ELEC CAP CORP 09/24/07 5.625 09/15/17	286,347.50	266,567.50	277,512.50	10,945.00-	4,140.63
250,000	PHILIP MORRIS INTL INC 05/16/08 5.650 05/16/18	289,929.25	272,757.50	281,657.50	8,900.00-	1,765.62
	TOTAL CORPORATE BONDS	<u>\$985,028.25</u>	<u>\$954,222.50</u>	<u>\$981,031.00</u>	<u>\$26,808.50-</u>	<u>\$7,893.61</u>
FOREIGN BONDS						
100,000	DIAGEO CAP PLC 05/14/10 4.828 07/15/20	102,379.00	109,199.00	111,423.00	2,224.00-	2,226.24

ASSETS HELD AT YEAR-END

28-28-002-6031371

AS OF 12/31/15

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
250,000	ROYAL BK ODA GLOBAL MEDIUM 07/29/13 2.200 07/27/18	\$252,375.00	\$252,020.00	\$252,775.00	\$755.00-	\$2,352.78
250,000	SHELL INTL FIN B V 03/22/07 5.200 03/22/17	281,307.25	261,852.50	271,402.50	9,550.00-	3,575.00
TOTAL FOREIGN BONDS		<u>\$636,061.25</u>	<u>\$623,071.50</u>	<u>\$635,600.50</u>	<u>\$12,529.00-</u>	<u>\$8,154.02</u>

BOND FUNDS

MUTUAL BOND FUNDS

25,000	DODGE & COX INCOME FD	348,500.00	332,250.00	344,500.00	12,250.00-	
5,783	ISHARES BARCLAYS TIPS BOND FUND	635,269.27	634,279.44	647,753.83	13,474.39-	
3,000	ISHARES HIGH YIELD CORP BND FND	274,064.60	241,740.00	268,800.00	27,060.00-	
5,000	ISHARES BARCLAYS 1-3 YEAR CREDIT BD FD	523,834.00	523,000.00	525,900.00	2,900.00-	
50,000	PIMCO ALL ASSET ALL AUTH FUND	560,500.00	383,000.00	457,000.00	74,000.00-	
7,000	POWERSHARES EMRG MKT SOVERN DEBT	206,049.90	191,170.00	197,120.00	5,950.00-	
5,000	SPDR BARCLAYS INTL TREASURY BD	308,500.00	258,150.00	276,650.00	18,500.00-	
30,000	TOUCHSTONE FLEXIBLE INCOME FUND CLASS Y	321,900.00	315,000.00	317,400.00	2,400.00-	
TOTAL MUTUAL BOND FUNDS		<u>\$3,178,617.77</u>	<u>\$2,878,589.44</u>	<u>\$3,035,123.83</u>	<u>\$156,534.39-</u>	<u>0.00</u>

COMMON STOCK

CHEMICALS

3,600	DU PONT E I DE NEMOURS & CO	183,358.36	239,760.00	253,322.52	13,562.52-	
3,000	ECOLAB INC	201,758.70	343,140.00	313,560.00	29,580.00	1,050.00
1,000	PRAXAIR INC	97,978.60	102,400.00	129,560.00	27,160.00-	
TOTAL CHEMICALS		<u>\$483,095.66</u>	<u>\$685,300.00</u>	<u>\$696,442.52</u>	<u>\$11,142.52-</u>	<u>\$1,050.00</u>

BUILDING PRODUCTS

ASSETS HELD AT YEAR-END

28-28-002-6031371

AS OF 12/31/15

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
3,050	ALLEGION PUB LTD CO ORD SHS	\$201,086.50	\$201,056.00	\$201,086.50	\$30.50-	
	TOTAL BUILDING PRODUCTS	<u>\$201,086.50</u>	<u>\$201,056.00</u>	<u>\$201,086.50</u>	<u>\$30.50-</u>	<u>0.00</u>
	ROAD & RAIL					
2,300	UNION PAC CORP	242,995.00	179,860.00	273,999.00	94,139.00-	
	TOTAL ROAD & RAIL	<u>\$242,995.00</u>	<u>\$179,860.00</u>	<u>\$273,999.00</u>	<u>\$94,139.00-</u>	<u>0.00</u>
	AIR FREIGHT & LOGISTICS					
1,800	UNITED PARCEL SVC INC	86,831.46	173,214.00	200,106.00	26,892.00-	
	TOTAL AIR FREIGHT & LOGISTICS	<u>\$86,831.46</u>	<u>\$173,214.00</u>	<u>\$200,106.00</u>	<u>\$26,892.00-</u>	<u>0.00</u>
	MACHINERY					
2,000	DEERE & CO	156,962.00	152,540.00	176,940.00	24,400.00-	\$1,200.00
3,000	ILLINOIS TOOL WKS INC	150,120.00	278,040.00	284,100.00	6,060.00-	1,650.00
	TOTAL MACHINERY	<u>\$307,082.00</u>	<u>\$430,580.00</u>	<u>\$461,040.00</u>	<u>\$30,460.00-</u>	<u>\$2,850.00</u>
	AEROSPACE & DEFENSE					
2,700	UNITED TECHNOLOGIES CORP	198,933.47	259,389.00	310,500.00	51,111.00-	
	TOTAL AEROSPACE & DEFENSE	<u>\$198,933.47</u>	<u>\$259,389.00</u>	<u>\$310,500.00</u>	<u>\$51,111.00-</u>	<u>0.00</u>
	HOTEL RESTAURANTS & LEISURE					
2,000	MCDONALDS CORP	181,220.00	236,280.00	187,400.00	48,880.00	
4,000	STARBUCKS CORP	100,588.00	240,120.00	164,100.00	76,020.00	
	TOTAL HOTEL RESTAURANTS & LEISURE	<u>\$281,808.00</u>	<u>\$476,400.00</u>	<u>\$351,500.00</u>	<u>\$124,900.00</u>	<u>0.00</u>
	MEDIA					
3,500	COMCAST CORP CL A	109,970.00	197,505.00	203,035.00	5,530.00-	
2,000	DISNEY WALT CO	64,436.71	210,160.00	188,380.00	21,780.00	1,420.00

ASSETS HELD AT YEAR-END

28-28-002-6031371

AS OF 12/31/15

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
	TOTAL MEDIA	\$174,406.71	\$407,665.00	\$391,415.00	\$16,250.00	\$1,420.00
	INTERNET & CATALOG RETAIL					
250	AMAZON.COM INC	\$165,659.50	\$168,972.50	\$165,659.50	\$3,313.00	
	TOTAL INTERNET & CATALOG RETAIL	<u>\$165,659.50</u>	<u>\$168,972.50</u>	<u>\$165,659.50</u>	<u>\$3,313.00</u>	<u>0.00</u>
	SPECIALTY RETAIL					
6,000	TJX COS INC	76,519.20	425,460.00	411,480.00	13,980.00	
	TOTAL SPECIALTY RETAIL	<u>\$76,519.20</u>	<u>\$425,460.00</u>	<u>\$411,480.00</u>	<u>\$13,980.00</u>	<u>0.00</u>
	TEXTILES APPAREL & LUXURY GOODS					
6,400	NIKE INC	114,798.65	400,000.00	307,680.00	92,320.00	\$1,024.00
	TOTAL TEXTILES APPAREL & LUXURY GOODS	<u>\$114,798.65</u>	<u>\$400,000.00</u>	<u>\$307,680.00</u>	<u>\$92,320.00</u>	<u>\$1,024.00</u>
	DISTRIBUTORS					
2,000	GENUINE PARTS CO	95,038.60	171,780.00	213,140.00	41,360.00-	1,230.00
	TOTAL DISTRIBUTORS	<u>\$95,038.60</u>	<u>\$171,780.00</u>	<u>\$213,140.00</u>	<u>\$41,360.00-</u>	<u>\$1,230.00</u>
	BEVERAGES					
2,000	ANHEUSER BUSCH INBEV SAUVV ADR	153,479.10	250,000.00	224,640.00	25,360.00	
3,800	COCA COLA CO	116,390.20	163,248.00	160,436.00	2,812.00	
2,000	PEPSICO INC	127,559.80	199,840.00	189,120.00	10,720.00	1,405.00
	TOTAL BEVERAGES	<u>\$397,429.10</u>	<u>\$613,088.00</u>	<u>\$574,196.00</u>	<u>\$38,892.00</u>	<u>\$1,405.00</u>
	FOOD & STAPLES RETAILING					
2,000	WALGREENS BOOTS ALLIANCE INC	174,817.00	170,310.00	174,817.00	4,507.00-	
	TOTAL FOOD & STAPLES RETAILING	<u>\$174,817.00</u>	<u>\$170,310.00</u>	<u>\$174,817.00</u>	<u>\$4,507.00-</u>	<u>0.00</u>

ASSETS HELD AT YEAR-END

28-28-002-6031371

AS OF 12/31/15

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
HOUSEHOLD PRODUCTS						
2,000	PROCTER & GAMBLE CO	\$128,519.00	\$158,820.00	\$182,180.00	\$23,360.00-	
	TOTAL HOUSEHOLD PRODUCTS	<u>\$128,519.00</u>	<u>\$158,820.00</u>	<u>\$182,180.00</u>	<u>\$23,360.00-</u>	<u>0.00</u>
TOBACCO						
4,000	REYNOLDS AMERICAN INC	168,667.80	184,600.00	168,667.80	15,932.20	\$1,440.00
	TOTAL TOBACCO	<u>\$168,667.80</u>	<u>\$184,600.00</u>	<u>\$168,667.80</u>	<u>\$15,932.20</u>	<u>\$1,440.00</u>
ENERGY EQUIPMENT & SERVICES						
2,500	NATIONAL-OILWELL INC	150,420.50	83,725.00	163,825.00	80,100.00-	
1,250	SCHLUMBERGER LTD	51,152.87	87,187.50	106,762.50	19,575.00-	625.00
	TOTAL ENERGY EQUIPMENT & SERVICES	<u>\$201,573.37</u>	<u>\$170,912.50</u>	<u>\$270,587.50</u>	<u>\$99,675.00-</u>	<u>\$625.00</u>
OIL, GAS & CONSUMABLE FUELS						
1,400	CHEVRON CORPORATION	118,409.20	125,944.00	157,052.00	31,108.00-	
3,600	CONOCOPHILLIPS	135,433.06	168,084.00	248,616.00	80,532.00-	
1,400	EXXON MOBIL CORP	119,489.72	109,130.00	129,430.00	20,300.00-	
4,800	SPECTRA ENERGY CORP	113,308.32	114,912.00	174,240.00	59,328.00-	
	TOTAL OIL, GAS & CONSUMABLE FUELS	<u>\$486,640.30</u>	<u>\$518,070.00</u>	<u>\$709,338.00</u>	<u>\$191,268.00-</u>	<u>0.00</u>
HEALTH CARE PROVIDERS & SERVICES						
2,000	MOXESSON CORPORATION	187,413.80	394,460.00	415,160.00	20,700.00-	560.00
4,000	UNITEDHEALTH GROUP INC	176,393.20	470,560.00	404,360.00	66,200.00	
	TOTAL HEALTH CARE PROVIDERS & SERVICES	<u>\$363,807.00</u>	<u>\$865,020.00</u>	<u>\$819,520.00</u>	<u>\$45,500.00</u>	<u>\$560.00</u>
BIOTECHNOLOGY						
6,800	GILEAD SCIENCES INC	<u>137,399.46</u>	<u>688,092.00</u>	<u>640,968.00</u>	<u>47,124.00</u>	

ASSETS HELD AT YEAR-END

28-28-002-6031371

AS OF 12/31/15

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
TOTAL BIOTECHNOLOGY		\$137,399.46	\$688,092.00	\$640,968.00	\$47,124.00	0.00
PHARMACEUTICALS						
1,910	BRISTOL MYERS SQUIBB CO	\$49,782.40	\$131,388.90	\$112,747.30	\$18,641.60	\$725.80
4,000	MERCK & CO INC	172,764.25	211,280.00	227,160.00	15,880.00-	1,840.00
8,000	PFIZER INC	169,284.50	258,240.00	249,200.00	9,040.00	
TOTAL PHARMACEUTICALS		<u>\$391,831.15</u>	<u>\$600,908.90</u>	<u>\$589,107.30</u>	<u>\$11,801.60</u>	<u>\$2,565.80</u>
COMMERCIAL BANKS						
6,050	CITIGROUP INC	317,867.00	313,087.50	317,867.00	4,779.50-	
6,000	WELLS FARGO & COMPANY	199,695.30	326,160.00	328,920.00	2,760.00-	
TOTAL COMMERCIAL BANKS		<u>\$517,562.30</u>	<u>\$639,247.50</u>	<u>\$646,787.00</u>	<u>\$7,539.50-</u>	<u>0.00</u>
INSURANCE						
1,500	BERKSHIRE HATHAWAY INC DEL CL B NEW	128,085.00	198,060.00	225,225.00	27,165.00-	
2,660	CHUBB CORP	111,279.88	352,822.40	275,230.20	77,592.20	1,516.20
5,700	CINCINNATI FINL CORP	168,867.63	337,269.00	295,431.00	41,838.00	2,622.00
TOTAL INSURANCE		<u>\$408,232.51</u>	<u>\$888,151.40</u>	<u>\$795,886.20</u>	<u>\$92,265.20</u>	<u>\$4,138.20</u>
DIVERSIFIED FINANCIAL SERVICES						
6,000	JPMORGAN CHASE & CO	206,343.30	396,180.00	375,480.00	20,700.00	
TOTAL DIVERSIFIED FINANCIAL SERVICES		<u>\$206,343.30</u>	<u>\$396,180.00</u>	<u>\$375,480.00</u>	<u>\$20,700.00</u>	<u>0.00</u>
DIVERSIFIED TELECOM SERVICES						
2,900	AT&T INC	83,024.39	99,789.00	97,411.00	2,378.00	
TOTAL DIVERSIFIED TELECOM SERVICES		<u>\$83,024.39</u>	<u>\$99,789.00</u>	<u>\$97,411.00</u>	<u>\$2,378.00</u>	<u>0.00</u>
SEMICONDUCTORS & EQUIPMENT						

ASSETS HELD AT YEAR-END

28-28-002-6031371

AS OF 12/31/15

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
8,000	INTEL CORP	\$200,680.40	\$275,600.00	\$290,320.00	\$14,720.00-	
	TOTAL SEMICONDUCTORS & EQUIPMENT	<u>\$200,680.40</u>	<u>\$275,600.00</u>	<u>\$290,320.00</u>	<u>\$14,720.00-</u>	<u>0.00</u>
	INTERNET SOFTWARE & SERVICES					
300	ALPHABET INC CAP STK CL C	84,455.22	227,664.00	157,920.00	69,744.00	
300	ALPHABET INC CAP STK CL A	84,465.86	233,403.00	159,198.00	74,205.00	
1,900	FACEBOOK INC	198,816.00	198,854.00	198,816.00	38.00	
	TOTAL INTERNET SOFTWARE & SERVICES	<u>\$367,737.08</u>	<u>\$659,921.00</u>	<u>\$515,934.00</u>	<u>\$143,987.00</u>	<u>0.00</u>
	COMPUTERS & PERIPHERALS					
4,900	APPLE INC	65,353.90	515,774.00	540,862.00	25,088.00-	
10,600	E M C CORP/MASS	149,429.90	272,208.00	315,244.00	43,036.00-	\$1,219.00
2,500	INTERNATIONAL BUSINESS MACHS	260,027.85	344,050.00	401,100.00	57,050.00-	
	TOTAL COMPUTERS & PERIPHERALS	<u>\$474,811.65</u>	<u>\$1,132,032.00</u>	<u>\$1,257,206.00</u>	<u>\$125,174.00-</u>	<u>\$1,219.00</u>
	SOFTWARE					
8,400	ORACLE CORPORATION	159,080.65	306,852.00	377,748.00	70,896.00-	
	TOTAL SOFTWARE	<u>\$159,080.65</u>	<u>\$306,852.00</u>	<u>\$377,748.00</u>	<u>\$70,896.00-</u>	<u>0.00</u>
	IT SERVICES					
1,500	ACCENTURE PLC CLASS A	67,530.00	156,750.00	133,965.00	22,785.00	
6,800	VISA INC CL A	213,670.80	527,340.00	445,740.00	81,600.00	
	TOTAL IT SERVICES	<u>\$281,200.80</u>	<u>\$684,090.00</u>	<u>\$579,705.00</u>	<u>\$104,385.00</u>	<u>0.00</u>
	GAS UTILITIES					
4,800	QUESTAR CORP	68,730.31	93,504.00	121,344.00	27,840.00-	
	TOTAL GAS UTILITIES	<u>\$68,730.31</u>	<u>\$93,504.00</u>	<u>\$121,344.00</u>	<u>\$27,840.00-</u>	<u>0.00</u>

ASSETS HELD AT YEAR-END

28-28-002-6031371

AS OF 12/31/15

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
<u>EQUITY FUNDS</u>						
MUTUAL EQUITY FUNDS						
15,005.323	FIDELITY LOW PRICED STK FD #316	\$584,468.49	\$716,504.17	\$752,732.40	\$36,228.23-	
23,650	ISHARES MSCI EMERGING MKTS IND F	770,507.10	761,293.50	929,208.50	167,915.00-	
14,000	ISHARES MSCI EAFE INDEX FD	776,620.00	822,080.00	851,760.00	29,680.00-	
3,300	ISHARES S&P MIDCAP 400 GROWTH	463,592.04	531,168.00	526,911.00	4,257.00	
4,400	ISHARES S&P SM CAP 600 GROWTH	463,395.68	546,964.00	538,516.00	8,448.00	
44,350	POWERSHARES PREFERRED PORTFOLIO	637,681.25	663,032.50	651,945.00	11,087.50	
7,650	VANGUARD REIT ETF	405,371.21	609,934.50	619,650.00	9,715.50-	
	TOTAL MUTUAL EQUITY FUNDS	<u>\$4,101,635.77</u>	<u>\$4,650,976.67</u>	<u>\$4,870,722.90</u>	<u>\$219,746.23-</u>	<u>0.00</u>
	TOTAL INVESTMENTS	<u>\$17,283,791.50</u>	<u>\$22,979,506.91</u>	<u>\$23,445,924.05</u>	<u>\$466,417.14-</u>	<u>\$40,032.34</u>
	TOTAL CASH		\$.05			
	CURRENT PERIOD ACCRUED INCOME		\$40,032.34			
	TOTAL ASSETS		\$23,019,539.30			