

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or	
	☒ a single-employer plan;	☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>FAIRFIELD MEDICAL CENTER EMPLOYEES PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>002</u>
		1c Effective date of plan	<u>01/01/2009</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2b Employer Identification Number (EIN) <u>31-0645626</u> 2c Plan Sponsor's telephone number <u>740-687-8011</u> 2d Business code (see instructions) <u>622000</u>		
<u>FAIRFIELD MEDICAL CENTER</u>			
<u>401 NORTH EWING STREET</u> <u>LANCASTER, OH 43130</u>			

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2016	SKY L. GETTYS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2016	SKY L. GETTYS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 2627
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 1941
a(2) Total number of active participants at the end of the plan year	6a(2) 2010
b Retired or separated participants receiving benefits.....	6b 49
c Other retired or separated participants entitled to future benefits.....	6c 635
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2694
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 2694
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 2615
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 45
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: 2E 2J 2K 2S 3D	
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 _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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 FAIRFIELD MEDICAL CENTER EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 FAIRFIELD MEDICAL CENTER	D Employer Identification Number (EIN) 31-0645626	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FAIRFIELD NATIONAL BANK

143 WEST MAIN STREET
LANCASTER, OH 43130

31-1198067

(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	TRUSTEE	400790	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JONES COCHENOUR & CO

125 WEST MULBERRY STREET
LANCASTER, OH 43130

31-1423687

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	7500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VAUGHAN NELSON INVESTMENT MANAGEMEN

600 TRAVIS SUITE 6300
HOUSTON, TX 77002

04-3304963

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

MORGAN STANLEY SMITH BARNEY HLDGS

1585 BROADWAY
NEW YORK, NY 11036

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	96047	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT LAKES ADVISORS, INC.

222 SOUTH RIVERSIDE PLAZA
CHICAGO, IL 60606

36-3707782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	28876	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

APEX CAPITAL MANAGEMENT

8163 OLD YANKEE ST SUITE E
DAYTON, OH 45458

31-1198068

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	40762	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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 FAIRFIELD MEDICAL CENTER EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 FAIRFIELD MEDICAL CENTER	D Employer Identification Number (EIN) 31-0645626	

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	0	142746
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5563526	5694841
(2) Participant contributions	1b(2)	-43	0
(3) Other.....	1b(3)	105151	66620
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1173270	985867
(2) U.S. Government securities.....	1c(2)	292865	294201
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	1511447	1596578
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	26665229	12103554
(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)	2971766	2876963
(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)	42295411	43101026
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	9444669	22476526

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	90023291	89338922

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	90023291	89338922
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	5694841	
(B) Participants	2a(1)(B)	2763625	
(C) Others (including rollovers)	2a(1)(C)	107886	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8566352
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1472	
(B) U.S. Government securities	2b(1)(B)	4470	
(C) Corporate debt instruments	2b(1)(C)	32553	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	128406	
(F) Other	2b(1)(F)	503918	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		670819
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	237536	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1632411	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1869947
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	45399882	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	45187823	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		212059
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-568833	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-568833

		(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)		-3063355
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7686989

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

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7788216	
(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)		7788216
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		13395
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	7500	
(2) Contract administrator fees	2i(2)	360788	
(3) Investment advisory and management fees	2i(3)	201459	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		569747
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8371358

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-684369
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

(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.)		☒		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒		

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

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

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

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

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

Part V Trust Information

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

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

A Name of plan <u>FAIRFIELD MEDICAL CENTER EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FAIRFIELD MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>31-0645626</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>73-1721841</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

Fairfield Medical Center Employees' Pension Plan

**Financial Report
December 31, 2015**

Fairfield Medical Center Employees' Pension Plan

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Independent Auditor's Report

To the Plan Administrator
Fairfield Medical Center
Employees' Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Fairfield Medical Center Employees' Pension Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2015 and the related statement of changes in net assets available for benefits for the year 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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2015 financial statements.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 3, which was certified by Fairfield National Bank a Division of The Park National Bank (the "Trustee"), except for comparing such information with the related information included in the 2015 financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and participant notes receivable and executes related transactions. The plan administrator has obtained a certification from the Trustee as of and for the year ended December 31, 2015 that the information provided to the plan administrator by the Trustee is complete and accurate.

To the Plan Administrator
Fairfield Medical Center
Employees' Pension 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 on the 2015 financial statements. Accordingly, we do not express an opinion on the 2015 financial statements.

Emphasis of Matter

As explained in Note 5, the financial statements include investments valued at approximately \$22,500,000 (25 percent of net assets) at December 31, 2015, whose fair values have been estimated by management in the absence of readily determinable market values. Management's estimates are based on information provided by the fund managers. Our opinion is not modified with respect to this matter.

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 DOL's 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 Prior Year Financial Statements

The financial statements of Fairfield Medical Center Employees' Pension Plan as of December 31, 2014 were audited by other auditors whose report, dated October 7, 2015, disclaimed an opinion as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance with DOL Rules and Regulations for 2015 Financial Statements

The form and content of the information included in the 2015 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
October 12, 2016

Fairfield Medical Center Employees' Pension Plan

Statement of Net Assets Available for Benefits

	December 31, 2015	December 31, 2014
Assets		
Investments at fair value:		
Money market fund	\$ 985,867	\$ 1,173,270
Mutual funds	43,101,025	42,295,411
U.S. government securities	294,202	292,865
Fixed-income and corporate debt	1,596,578	1,511,447
Common stocks	12,103,567	13,633,205
Other investments	22,476,526	22,419,996
Real estate investment trusts	-	56,697
Total investments	80,557,765	81,382,891
Contributions receivable	5,694,841	5,563,483
Participant notes receivable	2,876,964	2,971,766
Accrued income	66,620	105,151
Cash	142,746	-
Net Assets Available for Benefits	\$ 89,338,936	\$ 90,023,291

Fairfield Medical Center Employees' Pension Plan

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2015

Additions to Net Assets

Contributions:	
Employee	\$ 2,763,625
Employer	5,694,841
Rollovers	<u>106,818</u>
Total contributions	8,565,284
Investment income (loss):	
Interest and dividends	1,952,908
Net realized and unrealized (losses) gains on investments:	
Mutual funds	(1,762,364)
U.S. government securities	1,336
Fixed income and corporate debt	(10,045)
Common stocks	(1,206,146)
Other investments	<u>269,873</u>
Net realized and unrealized loss	<u>(2,707,346)</u>
Total investment loss	(754,438)
Interest from participant notes receivable	<u>122,472</u>
Total additions - Net	7,933,318

Deductions from Net Assets

Benefits paid directly to participants or beneficiaries	7,984,786
Administrative expenses	<u>632,887</u>
Total deductions	<u>8,617,673</u>

Net Decrease (684,355)

Net Assets Available for Benefits

Beginning of year	<u>90,023,291</u>
End of year	<u><u>\$ 89,338,936</u></u>

Fairfield Medical Center Employees' Pension Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 1 - Plan Description

The following description of Fairfield Medical Center Employees' Pension 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 contribution plan covering employees of Fairfield Medical Center (the "Center") who have completed three months of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - The Plan provides for employee contributions up to maximum tax-deferred limitations established by the Internal Revenue Code. Participants may also make contributions to the Plan in the form of a rollover of funds from another qualified plan.

The Plan provides for employer matching contributions of 100 percent of the participant's contribution not to exceed two percent of the compensation deferred by the employee after the employee has completed a year of service (1,000 hours). The Plan also provides for employer nonelective contributions of 5 percent of the employee's compensation after the employee has completed one year of service (1,000 hours).

Participant Accounts - Each participant's account is credited with the participant's contribution, allocations of the Center's contributions, and plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant's compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participant Notes Receivable - Participants may borrow from their accounts subject to certain maximum and minimum amounts as prescribed in the Plan and in the Internal Revenue Code. Notes receivable are collateralized by the participant's account balance and bear interest at a reasonable rate.

Vesting - Participants are immediately 100 percent vested in employee salary and rollover contributions and any income or loss thereon. Vesting in the Center's contribution portion of their accounts, plus actual earnings thereon, is based on years of service. Participants vest in contributions made by the Center 100 percent after three years of service or upon death, disability, or reaching the normal retirement age.

Benefit Payments - Distributions are payable upon the retirement, death, disability, or termination of employment in the form of a lump-sum amount equal to the vested balance of a participant's account, a single or joint survivorship annuity, or annual installments over a period no longer than 10 years. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution less applicable taxes or may rollover the vested interest to a qualified plan.

Fairfield Medical Center Employees' Pension Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 1 - Plan Description (Continued)

Forfeitures - If a participant is not fully vested on his or her termination date, the nonvested amount of the account is forfeited. Forfeitures are used to reduce future Center contributions or to pay administrative expenses of the Plan. At December 31, 2015, and 2014, forfeited account balances totaled \$98,269 and \$46,873, respectively.

Party-in-interest Transactions - Certain plan expenses are paid for by the Center; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Termination - While it has not expressed any intent to do so, the Center has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the plan agreement and ERISA. Upon termination of the Plan, participants become 100 percent vested in their account balances.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are stated at fair value.

The U.S. government securities and fixed income 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. Investments in "other investments," which are made up of private equity, venture capital, and hedge fund partnerships, are valued at net asset value per share (or its equivalent) of the funds based on audited financial statements of the funds, where available, with adjustments to account for partnership activity and other applicable valuation adjustments. The money market fund is valued at fair value based on its outstanding balance. All other investments are valued based on quoted market prices. See Note 5 for additional information.

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.

Participant Notes Receivable - Participant notes receivable are recorded at their unpaid principal balances plus any accrued interest. Participant notes receivable are written off when deemed uncollectible.

Benefit Payments - Benefits are recorded when paid.

Fairfield Medical Center Employees' Pension Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 2 - Summary of Significant Accounting Policies (Continued)

Administrative Expenses - Certain administrative expenses were paid by the Center. Other expenses, including the trustee fees, were paid by the Plan.

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 disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties - The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

Reclassification and Restatement - Certain prior year amounts have been reclassified to conform to the current year presentation. As a result of the reclassification during 2015, it was determined that other investments previously classified as Level 3 investments should have been classified as Level 2 based on the fair value hierarchy. Accordingly, the 2014 fair value disclosure has been updated.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including October 12, 2016, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

Fairfield National Bank a Division of Park National Bank (the "Trustee") holds the Plan's investments and participant notes receivable, except for the other investments, and executes all related transactions. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements and supplemental schedules of assets held at end of year and reportable transactions are based solely on information provided by the Trustee.

The Plan's investments in other investments totaling \$22,476,526 and \$22,419,996 at December 31, 2015 and December 31, 2014, respectively, and the related investment income of \$269,873 for the year ended December 31, 2015, were not certified by the Trustee.

Fairfield Medical Center Employees' Pension Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 3 - Unaudited Information (Continued)

Significant investments in end of year net assets are as follows:

	2015	2014
Mutual funds:		
Vanguard Total International Stock Index ETF	\$ 8,833,621	\$ 3,685,540
Vanguard Institutional Index Fund	6,894,000	6,800,668
Columbia Select Large Cap Growth Fund Class Y	4,560,650	5,135,670
Other investments:		
Pointer Offshore III Ltd	5,994,382	5,618,385
Skybridge Multi-Advisor Hedge Fd Portfolios	4,480,257	4,438,624

Note 4 - Tax Status

The Center has not applied for a determination letter for this plan as of the date of the financial statements. The Center believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 5 - 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 1 - Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

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 information provided by fund managers. Values are based upon applicable market quotations, pricing services, or broker quotations.

Fairfield Medical Center Employees' Pension Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 5 - Fair Value Measurements (Continued)

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

	Level 1	Level 2	Level 3	Balance at December 31, 2015
Fixed-income and corporate debt	\$ -	\$ 1,596,578	\$ -	\$ 1,596,578
U.S. government securities	-	294,202	-	294,202
Mutual funds:				
International equities	15,033,979	-	-	15,033,979
Domestic and international governmental bonds	5,259,430	-	-	5,259,430
Domestic and international equities	1,928,517	-	-	1,928,517
Domestic bonds	5,884,530	-	-	5,884,530
Domestic equities	11,454,650	-	-	11,454,650
Other mutual funds	3,539,919	-	-	3,539,919
U.S. common stocks	12,103,567	-	-	12,103,567
Money market fund - Short-term investments	-	985,867	-	985,867
Other investments:				
Multistrategy hedge funds	-	11,088,914	-	11,088,914
Equity long/short hedge funds	-	10,311,898	-	10,311,898
Private equity fund	-	-	1,075,714	1,075,714
Total	\$ 55,204,592	\$ 24,277,459	\$ 1,075,714	\$ 80,557,765

Fairfield Medical Center Employees' Pension Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 5 - Fair Value Measurements (Continued)

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

	Level 1	Level 2	Level 3	Balance at December 31, 2014
Fixed-income and corporate debt	\$ -	\$ 1,511,447	\$ -	\$ 1,511,447
U.S. government securities	-	292,865	-	292,865
Mutual funds:				
International equities	10,795,575	-	-	10,795,575
Domestic and international governmental bonds	5,075,325	-	-	5,075,325
Domestic and international equities	2,188,477	-	-	2,188,477
Domestic bonds	7,503,752	-	-	7,503,752
Domestic equities	11,936,338	-	-	11,936,338
Other mutual funds	4,795,944	-	-	4,795,944
U.S. common stocks	13,633,205	-	-	13,633,205
Money market fund - Short-term investments	-	1,173,270	-	1,173,270
Other investments:				
Multistrategy hedge funds	-	11,090,057	-	11,090,057
Equity long/short hedge funds	-	9,853,972	-	9,853,972
Private equity fund	-	-	1,475,967	1,475,967
Real estate investment trust	56,697	-	-	56,697
Total	<u>\$ 55,985,313</u>	<u>\$ 23,921,611</u>	<u>\$ 1,475,967</u>	<u>\$ 81,382,891</u>

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.

Fairfield Medical Center Employees' Pension Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 5 - Fair Value Measurements (Continued)

Changes in Level 3 assets measured at fair value on a recurring basis for the years ended December 31, 2015 and 2014 are as follows:

	Private Equity Fund
Balance at January 1, 2015	\$ 1,475,967
Sales	(510,565)
Net unrealized gain	110,312
Balance at December 31, 2015	<u>\$ 1,075,714</u>

	Private Equity Fund
Balance at January 1, 2014	\$ 1,655,468
Total unrealized gains	(179,501)
Balance at December 31, 2014	<u>\$ 1,475,967</u>

Of the Level 3 assets still held by the Plan at December 31, 2015, the unrealized gains for the year ended December 31, 2015 was \$110,312, which is recognized in the statement of changes in net assets.

Both observable and unobservable inputs may be used to determine the fair value of positions classified as Level 3 assets and liabilities. As a result, the unrealized gains and losses for these assets and liabilities presented in the tables above may include changes in fair value that were attributable to both observable and unobservable inputs.

Investments in Entities that Calculate Net Asset Value per Share

The Plan holds shares or interests in investment companies at year end where the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company.

Fairfield Medical Center Employees' Pension Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 5 - Fair Value Measurements (Continued)

At year end, the fair value, unfunded commitments, and redemption rules of those investments is as follows:

	December 31, 2015	December 31, 2014	December 31, 2015		
	Fair Value	Fair Value	Unfunded Commitments	Redemption Frequency, if Eligible	Redemption Notice Period
Multistrategy hedge fund (a)	\$ 3,339,413	\$ 3,290,928	\$ -	Quarterly	65 days
Equity long and short hedge fund (b)	4,317,516	4,235,587	-	Quarterly	90 days
Equity long and short hedge fund (c)	5,994,382	5,618,385	-	Annually	105 days
Private equity (d)	1,075,714	1,475,967	733,000	N/A	N/A
Multistrategy hedge fund (e)	4,480,257	4,438,624	-	Quarterly	65 days
Multistrategy hedge fund (f)	3,269,244	3,360,505	-	Quarterly	65 days
Total	<u>\$ 22,476,526</u>	<u>\$ 22,419,996</u>	<u>\$ 733,000</u>		

- (a) The multistrategy hedge funds class invests in a hedge fund that pursues multiple strategies to diversify risks and reduce volatility. The hedge funds invest in U.S. equities, foreign equities, distressed funds, and fixed-income funds. The objectives of the funds are to diversify holdings to produce equity-like returns with bond-like risk.
- (b) The equity long and short hedge fund category invests primarily in publicly traded equity and debt securities.
- (c) This equity long and short hedge fund class has 85 percent of its investments in hedge funds that invest in both long and short U.S. common stocks. The remaining holdings are in credit and bank loan vehicles. This fund is a feeder fund to a master fund.
- (d) The private equity fund holds investments on the secondary credit market. The objective is to enhance return of performance by creating value in the companies that the private equity fund holds by contributing financial and operational skills. Holdings in this investment will continue until the underlying partnership is dissolved.
- (e) This multistrategy hedge fund category invests in a range of investment vehicles while specializing in event-driven, relative value arbitrage, directional equity, and global macro.
- (f) This multistrategy hedge fund category is a single fund that invests in bank debt, distressed securities, securitized assets, convertible bonds, risk arbitrage, and equities to diversify risks and reduce volatility.

The fair values of the investments in all classes described above have been estimated using the net asset value per share of the investments.

Fairfield Medical Center Employees' Pension Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 31-0645626, Plan No. 002 December 31, 2015

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Fairfield National Bank (a Division of The Park National Bank)	Money market fund - Park National Bank FDIC Account (P999)	\$ 985,867	\$ 985,867
Fairfield National Bank (a Division of The Park National Bank)	Mutual funds:		
	BlackRock Strategic Income Opportunities Fd I	2,737,740	2,649,724
	Columbia Select Large Cap Growth Fund Class Y	4,797,434	4,560,650
	DoubleLine Total Return Bond Fund Class I	2,655,324	2,610,797
	FPA Crescent Portfolio Institutional Class	1,832,518	1,699,093
	Goldman Sachs MLP Energy Infrastructure Fd I	2,835,819	1,840,826
	Invesco International Growth Fund Class I	3,629,620	3,553,562
	Kopernik Global All-Cap Fund Inst	2,212,697	1,928,517
	Metropolitan West Total Return Bond Fund CI I	3,355,749	3,273,733
	Templeton Global Bond Fund Advisor Class	2,784,321	2,609,706
	Vanguard Institutional Index Fund	6,966,876	6,894,000
	Vanguard Total International Stock Index ETF	9,385,771	8,833,621
	Virtus Emerging Markets Opportunities Fund I	2,970,512	2,646,796
Fairfield National Bank (a Division of The Park National Bank)	U.S government securities:		
	FHLB 02/15/2022	96,471	97,154
	FHLB 12/27/2018	98,860	98,963
	FHLB 10/24/2019	97,534	98,085
Fairfield National Bank (a Division of The Park National Bank)	Fixed-income and corporate debt:		
	Abbott Laboratories	99,590	99,666
	Allergan Inc	97,357	98,251
	Bank of America Corp	102,810	100,514
	Barclays Bank PLC	104,845	100,546
	Coca-Cola Company	100,051	100,834
	Corning Inc	99,219	99,145
	Discover Bank Greenwood DE	100,615	100,690
	Disney (Walt) Company	99,950	99,942
	eBay Inc	100,193	98,864
	General Electric Cap Corp	102,425	101,227
	JP Morgan Chase & Co	99,650	98,378
	Precision Castparts Corp	100,000	99,429
	Ralph Lauren Corp	100,000	100,952
	Sherwin Williams Co	100,000	99,146
	Wells Fargo & Co New Med Te	99,919	99,886
	Xilinx Inc	100,000	99,108

Fairfield Medical Center Employees' Pension Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 31-0645626, Plan No. 002

December 31, 2015

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Fairfield National Bank (a Division of The Park National Bank)	Common stocks:		
	3M Company	\$ 95,306	\$ 87,371
	Abbott Laboratories	92,856	92,066
	AbbVie Inc	86,380	80,863
	Accenture PLC Ireland Shares Class A	92,567	107,008
	ACE Limited	124,882	129,119
	ACI Worldwide Inc	44,246	39,633
	Aetna Inc	99,920	116,121
	Agios Pharmaceuticals Inc	20,653	12,465
	AGL Resources Inc	74,951	87,739
	Akorn Inc	61,431	63,315
	Align Technology Inc	51,102	60,187
	Altria Group Inc	81,296	96,047
	AMAG Pharmaceuticals Inc	21,527	9,842
	American Express Co	179,604	140,213
	Amgen Inc	48,054	51,946
	AmSurg Corp	53,362	74,100
	Anacor Pharmaceuticals Inc	22,374	22,368
	Apple Inc	121,432	100,418
	Ares Capital Corporation	98,152	89,063
	Autoliv Inc	80,757	94,950
	Avago Technologies Limited	32,692	47,174
	Avery Dennison Corporation	48,059	57,961
	Avis Budget Group Inc	53,268	32,044
	Bank Of America Corp	118,847	109,967
	BE Aerospace Inc	34,058	24,871
	Berkshire Hathaway Inc Class B	168,060	148,281
	Bitauto Holdings Ltd	49,428	19,853
	Broadridge Financial Solutions Inc	57,246	65,819
	BroadSoft Inc	22,638	21,393
	Burlington Stores Inc	66,638	47,834
	CACI International Inc Class A	51,708	55,668
	Carpenter Technology Corporation	73,214	45,405
	Carrizo Oil & Gas Inc	44,928	31,946
	Carter's Inc	43,658	36,947
	Catalent Inc	85,518	76,342
	Caterpillar Inc	105,260	78,154
	CBRE Group Inc Class A	82,611	83,407
	Centene Corporation	52,392	66,402
	Check Point Software Technologies	27,500	28,483
	Chevron Corp	93,222	74,757
	Ciena Corporation	43,808	46,697
	CIGNA Corporation	54,810	70,531
	Citigroup Inc	115,030	103,345
	CommScope Holding Inc	49,655	56,311
	Community Health Systems Inc	109,523	68,315
	ConocoPhillips	52,278	35,344
	Constellium N.V. Class A	105,536	67,953
	Core Laboratories N V	28,160	25,445
	Crown Holdings	92,893	92,528

Fairfield Medical Center Employees' Pension Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 31-0645626, Plan No. 002

December 31, 2015

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Fairfield National Bank (a Division of The Park National Bank)	Common stocks (continued):		
	CVS Health Corporation	\$ 71,445	\$ 67,950
	Delphi Automotive PLC	32,724	38,579
	Dexcom Inc	37,599	55,938
	Diamondback Energy Inc	44,168	36,461
	Dillards Inc Class A	42,436	22,276
	Dolby Laboratories Inc Class A	41,654	32,506
	Dominion Resources Inc VA	46,140	40,584
	Dow Chemical Company	41,779	47,156
	Duke Energy Corporation	60,567	51,758
	Dunkin' Brands Group Inc	43,124	34,583
	Eaton Corporation PLC	120,493	92,267
	Emerson Electric Company	91,302	71,171
	Enanta Pharmaceuticals Inc	50,541	38,006
	Endo International PLC	96,023	74,995
	Entegris Inc	38,864	39,040
	Exxon Mobil Corporation	106,318	89,643
	F5 Networks Inc	76,452	56,819
	Fidelity National Information Services Inc	71,616	66,660
	FireEye Inc	39,181	19,330
	First American Financial Corporation	70,343	74,493
	First Data Corp	96,342	94,919
	First Republic Bank San Francisco CA	60,303	76,431
	Fiserv Inc	37,259	48,017
	Foot Locker Inc	81,584	92,883
	Fortinet Inc	64,571	55,327
	Gallagher (Arthur J) & Co	99,580	90,068
	Gartner Inc	41,768	44,987
	General Electric Company	137,090	168,989
	General Mills Inc	94,874	102,577
	Gildan Activewear Inc	74,929	75,313
	Global Payments Inc	64,261	102,700
	Global Payments Inc	34,310	54,834
	Grand Canyon Education Inc	95,394	99,297
	Guidewire Software Inc	21,303	24,064
	Gulfport Energy Corporation	34,436	20,270
	Hain Celestial Group Inc	51,450	36,634
	Harley-Davidson Inc	52,365	44,210
	Harman International	34,681	30,618
	HCA Holdings Inc	97,242	89,610
	HD Supply Holdings Inc	71,983	73,453
	HD Supply Holdings Inc	72,251	73,574
	Heartland Payment Systems Inc	56,432	99,182
	Hertz Global Holdings Inc	72,675	48,382
	Honeywell International Inc	134,392	139,302
	Horizon Pharma PLC	40,843	27,954
	HSN Incorporated	85,968	59,537
	IAC/InterActiveCorp	77,507	76,564
	ICON PLC	39,823	60,684
	IDEXX Laboratories Inc	40,359	39,012

Fairfield Medical Center Employees' Pension Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 31-0645626, Plan No. 002

December 31, 2015

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Fairfield National Bank (a Division of The Park National Bank)	Common stocks (continued): Imax Corporation Infinera Corp Intel Corporation Interactive Brokers Group Inc Investors Bancorp Inc Ionis Pharmaceuticals Inc JPMorgan Chase & Company Jarden Corporation Jazz Pharmaceuticals PLC KapStone Paper and Packaging Corporation KAR Auction Services Inc Lennar Corporation Class A Lockheed Martin Corporation Manhattan Associates Inc MarketAxess Holdings Inc Medidata Solutions Inc Medivation Inc Mens Warehouse Inc MercadoLibre Inc Merck & Company Inc MetLife Inc Micron Technology Inc Microsoft Corporation Middleby Corp Milacron Hldgs Corp Momenta Pharmaceuticals Inc Mondelez International Inc Class A NASDAQ OMX Group Inc National Oilwell Varco Inc NCR Corporation New Residential Invst Corp Nordson Corp Norfolk Southern Corporation Old Dominion Freight Line Inc Ophthotech Corporation Oracle Corporation Packaging Corporation of America PacWest Bancorp Parker Hannifin Corporation PepsiCo Inc Philip Morris International Inc Phillips 66 Plum Creek Timber Co Inc Power Integrations Inc Proto Labs Inc Prudential Financial Inc Public Service Enterprise Group Inc PVH Corporation QUALCOMM Incorporated	\$ 38,734 60,251 101,940 21,024 86,727 70,137 67,274 101,272 55,341 53,286 44,179 51,532 139,613 25,491 18,429 43,220 69,329 74,267 80,709 100,016 94,576 96,626 99,332 60,415 71,387 12,064 93,657 67,144 69,381 74,307 53,458 50,830 76,895 83,851 37,692 71,764 68,294 95,342 45,468 94,560 117,909 43,020 47,069 36,994 30,482 105,327 57,974 94,015 76,858	\$ 41,155 57,060 102,523 31,436 94,855 70,352 70,982 121,380 47,509 41,069 47,213 56,247 157,434 41,422 28,679 45,988 67,289 24,589 71,005 85,304 81,957 42,834 119,282 59,436 50,353 14,870 114,790 81,438 45,714 62,373 49,856 41,826 63,950 63,796 39,501 60,859 55,169 90,510 41,701 99,920 127,030 49,080 52,492 34,770 27,833 95,413 54,166 57,079 52,234

Fairfield Medical Center Employees' Pension Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 31-0645626, Plan No. 002

December 31, 2015

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Fairfield National Bank (a Division of The Park National Bank)	Common stocks (continued):		
	Radius Health Inc Com	\$ 23,712	\$ 24,616
	Reinsurance Group of America Inc	76,373	74,856
	Reliance Steel & Aluminum Company	58,207	55,015
	RingCentral Inc	31,703	37,139
	Rite Aid Corporation	63,168	65,856
	Robert Half International Inc	70,523	56,945
	Royal Dutch Shell PLC Sponsored ADR Class A	142,446	99,502
	Sabre Corp	50,180	49,227
	Sabre Corp	53,716	74,121
	Schlumberger Limited	100,027	90,047
	SEI Corp	53,053	69,430
	ServiceMaster Global Holdings Inc	48,855	71,613
	Signet Jewelers Ltd	58,549	55,042
	Signet Jewelers Ltd	55,917	52,568
	Silgan Holdings Inc	51,724	51,840
	Skechers USA Inc Class A	61,214	58,879
	Skyworks Solutions Inc	56,068	57,623
	Snap-on Incorporated	47,859	60,001
	Spectra Energy Corporation	72,876	48,167
	Spectrum Brands Holdings Incorporated	57,408	61,080
	Splunk Inc	63,452	59,810
	Supernus Pharmaceuticals Inc	25,064	21,504
	Synchrony Financial	100,891	97,312
	Tableau Software	77,063	79,710
	Tandem Diabetes Care Inc	8,331	7,747
	Target Corporation	110,449	105,648
	Tenneco Inc	61,652	50,501
	Total System Services Inc	76,172	111,701
	Total System Services Inc	26,319	38,595
	Towers Watson & Co Class A	62,583	71,038
	Trinet Group Inc	54,740	33,863
	United Rentals Inc	43,354	30,830
	United Therapeutics Corp	28,358	34,298
	Universal Health Services Inc Class B	47,286	50,783
	Veeva Sys Inc	20,072	20,685
	Verint Systems Inc	39,514	27,500
	VWR Corporation	91,711	97,670
	WABCO Holdings Inc	57,785	56,243
	Wabtec Corp	87,151	71,333
	Wells Fargo & Co (New)	94,241	93,390
	WestRock Company	83,153	57,025
	Williams-Sonoma Inc	87,642	66,938
	Wyndham Worldwide Corporation	62,262	52,744
	YY Inc Sponsored ADR	45,695	45,791

Fairfield Medical Center Employees' Pension Plan

Schedule of Assets Held at End of Year (Continued) Form 5500, Schedule H, Line 4i EIN 31-0645626, Plan No. 002 December 31, 2015

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Other investments:		
GoldenTree	GoldenTree Offshore Fund Ltd	\$ 4,235,587	\$ 4,317,516
Pointer	Pointer Offshore III Ltd	5,618,385	5,994,382
Canyon	Canyon Value Realization Fd CI A Ser Initial	3,360,506	3,269,244
Skybridge	Skybridge Multi-Advisor Hedge Fd Portfolios	4,438,624	4,480,257
Goldman Sachs	Vintage Fund V Offshore LP	1,475,967	1,075,714
Weatherlow	Weatherlow Offshore Fd II Ltd Class IA	3,290,928	3,339,413
	Participant notes receivable all with interest rate of 4.25 percent	-	2,876,964
	Total		<u><u>\$ 83,434,729</u></u>

* Cost information not required

Fairfield Medical Center Employees' Pension Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 31-0645626, Plan No. 002 Year Ended December 31, 2015

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
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Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:

Park National Bank	Park National Bank FDIC Account:					
	Bought 29,021,734 units	\$ 29,021,734	\$ -	\$ 29,021,734	\$ 29,021,734	\$ -
	Sold 29,209,137 Units	-	29,209,137	29,209,137	29,209,137	-

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:

Northern Trust Securities, Inc	Vanguard Total International Stock Index - Purchases - 119,582 units	5,700,233	-	5,700,233	5,700,233	-
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There were no Category (ii) or (iv) reportable transactions during the year.

Schedule H, line 4j
Schedule of Reportable Transactions.

[illegible]

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2015 and ending 12/31/2015

Name of Plan: Fairfield Medical Center Employees Pension Plan

Employer Identification Number 31-0645626 Three-digit plan number 002

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Park National Bank	FDIC Savings Account	985,867	985,867
	Discover Bank Greenwood DE	100000 Par Value 1.5%	100,615	100,690
	Fairfield Medical Center	Employee Loans	2,876,964	2,876,964
	FHLB	100000 Par Value 1.10%	98,860	98,963
	FHLB	100000 Par Value 1.37%	97,534	98,085
	FHLB	100000 Par Value 2.00%	96,471	97,154
	Abbott Laboratories	100000 Par Value 2.00%	99,590	99,666
	Allergan Inc	100000 Par Value 1.35%	97,357	98,251
	Bank of America Corp	100000 Par Value 3.62%	102,810	100,514
	Barclays Bank PLC	100000 Par Value 3.25%	104,845	100,546
	Coca-Cola Company	100000 Par Value 1.65%	100,051	100,834
	Corning Inc	100000 Par Value 1.45%	99,219	99,145
	eBay Incorporated	100000 Par Value 2.20%	100,193	98,864
	General Electric Co	100000 Par Value 2.30%	102,425	101,227
	JPMorgan Chase & Co	100000 Par Value 2.25%	99,650	98,378
	Precision Castparts Corp	100000 Par Value 2.25%	100,000	99,429
	Ralph Lauren Corp	100000 Par Value 2.625%	100,000	100,952
	Sherwin-Williams Co	100000 Par Value 1.35%	100,000	99,146
	Walt Disney Company	100000 Par Value 2.15%	99,950	99,942
	Wells Fargo & Company	100000 Par Value 1.40%	99,919	99,886
	Xilinx Inc	100000 Par Value 2.125%	100,000	99,108
	3M Company	Equity 580 Shares	95,306	87,371
	Abbott Laboratories	Equity 2,050 Shares	92,856	92,066
	AbbVie Inc	Equity 1,365 Shares	86,380	80,863
	Accenture PLC Ireland Shares Class A	Foreign Equity 1,024 Shares	92,567	107,008
	ACE Limited (New)	Foreign Equity 1,105 Shares	124,882	129,119
	ACI Worldwide Inc	Equity 1,852 Shares	44,246	39,633
	Aetna Inc (New)	Equity 1,074 Shares	99,920	116,121
	Agios Pharmaceuticals Inc	Equity 192 Shares	20,653	12,465
	AGL Resources Inc	Equity 1,375 Shares	74,951	87,739
	Akorn Inc	Equity 1,697 Shares	61,431	63,315
	Align Technology Inc	Equity 914 Shares	51,102	60,187
	Altria Group Inc	Equity 1,650 Shares	81,296	96,047
	AMAG Pharmaceuticals Inc	Equity 326 Shares	21,527	9,842
	American Express Co	Equity 2,016 Shares	179,604	140,213
	Amgen Inc	Equity 320 Shares	48,054	51,946
	AmSurg Corp	Equity 975 Shares	53,362	74,100
	Anacor Pharmaceuticals Inc	Equity 198 Shares	22,374	22,368
	Apple Inc	Equity 954 Shares	121,432	100,418
	Ares Capital Corporation	Equity 6,250 Shares	98,152	89,063
	Autoliv Inc	Equity 761 Shares	80,757	94,950
	Avago Technologies Limited	Foreign Equity 325 Shares	32,692	47,174
	Avery Dennison Corporation	Equity 925 Shares	48,059	57,961
	Avis Budget Group Inc	Equity 883 Shares	53,268	32,044
	Bank Of America Corp	Equity 6,534 Shares	118,847	109,967
	BE Aerospace Inc	Equity 587 Shares	34,058	24,871
	Berkshire Hathaway Inc Class B (New)	Equity 1,123 Shares	168,060	148,281
	Bitauto Holdings Ltd	Foreign Equity 702 Shares	49,428	19,853
	Broadridge Financial Solutions Inc	Equity 1,225 Shares	57,246	65,819

BroadSoft Inc	Equity 605 Shares	22,638	21,393
Burlington Stores Inc	Equity 1,115 Shares	66,638	47,834
CACI International Inc Class A	Equity 600 Shares	51,708	55,668
Carpenter Technology Corporation	Equity 1,500 Shares	73,214	45,405
Carrizo Oil & Gas Inc	Equity 1,080 Shares	44,928	31,946
Carter's Inc	Equity 415 Shares	43,658	36,947
Catalent Inc	Equity 3,050 Shares	85,518	76,342
Caterpillar Inc	Equity 1,150 Shares	105,260	78,154
CBRE Group Inc Class A	Equity 2,412 Shares	82,611	83,407
Centene Corporation	Equity 1,009 Shares	52,392	66,402
Check Point Software Technologies	Foreign Equity 350 Shares	27,500	28,483
Chevron Corp	Equity 831 Shares	93,222	74,757
Ciena Corporation	Equity 2,257 Shares	43,808	46,697
CIGNA Corporation	Equity 482 Shares	54,810	70,531
Citigroup Inc (New)	Equity 1,997 Shares	115,030	103,345
CommScope Holding Company Inc	Equity 2,175 Shares	49,655	56,311
Community Health Systems Inc	Equity 2,575 Shares	109,523	68,315
ConocoPhillips	Equity 757 Shares	52,278	35,344
Constellium N.V. Class A	Foreign Equity 8,825 Shares	105,536	67,953
Core Laboratories N V	Foreign Equity 234 Shares	28,160	25,445
Crown Holdings Inc	Equity 1,825 Shares	92,893	92,528
CVS Health Corporation	Equity 695 Shares	71,445	67,950
Delphi Automotive PLC	Foreign Equity 450 Shares	32,724	38,579
Dexcom Inc	Equity 683 Shares	37,599	55,938
Diamondback Energy Inc	Equity 545 Shares	44,168	36,461
Dillard's Inc Class A	Equity 339 Shares	42,436	22,276
Dolby Laboratories Inc Class A	Equity 966 Shares	41,654	32,506
Dominion Resources Inc VA (New)	Equity 600 Shares	46,140	40,584
Dow Chemical Company	Equity 916 Shares	41,779	47,156
Duke Energy Corporation (New)	Equity 725 Shares	60,567	51,758
Dunkin' Brands Group Inc	Equity 812 Shares	43,124	34,583
Eaton Corporation PLC	Foreign Equity 1,773 Shares	120,493	92,267
Emerson Electric Company	Equity 1,488 Shares	91,302	71,171
Enanta Pharmaceuticals Inc	Equity 1,151 Shares	50,541	38,006
Endo International PLC	Foreign Equity 1,225 Shares	96,023	74,995
Entegris Inc	Equity 2,942 Shares	38,864	39,040
Exxon Mobil Corporation	Equity 1,150 Shares	106,318	89,643
F5 Networks Inc	Equity 586 Shares	76,452	56,819
Fidelity National Information Services Inc	Equity 1,100 Shares	71,616	66,660
FireEye Inc	Equity 932 Shares	39,181	19,330
First American Financial Corporation	Equity 2,075 Shares	70,343	74,493
First Data Corp	Equity 5,925 Shares	96,342	94,919
First Republic Bank (San Francisco CA)	Equity 1,157 Shares	60,303	76,431
Fiserv Inc	Equity 525 Shares	37,259	48,017
Foot Locker Inc	Equity 1,427 Shares	81,584	92,883
Fortinet Inc	Equity 1,775 Shares	64,571	55,327
Gallagher (Arthur J) & Co	Equity 2,200 Shares	99,580	90,068
Gartner Inc	Equity 496 Shares	41,768	44,987
General Electric Company	Equity 5,425 Shares	137,090	168,989
General Mills Inc	Equity 1,779 Shares	94,874	102,577
Gildan Activewear Inc	Foreign Equity 2,650 Shares	74,929	75,313
Global Payments Inc	Equity 1,592 Shares	64,261	102,700
Global Payments Inc	Equity 850 Shares	34,310	54,834
Grand Canyon Education Inc	Equity 2,475 Shares	95,394	99,297
Guidewire Software Inc	Equity 400 Shares	21,303	24,064
Gulfport Energy Corporation	Equity 825 Shares	34,436	20,270
Hain Celestial Group Inc	Equity 907 Shares	51,450	36,634
Harley-Davidson Inc	Equity 974 Shares	52,365	44,210
Harman International	Equity 325 Shares	34,681	30,618

HCA Holdings Inc	Equity 1,325 Shares	97,242	89,610
HD Supply Holdings Inc	Equity 2,446 Shares	71,983	73,453
HD Supply Holdings Inc	Equity 2,450 Shares	72,251	73,574
Heartland Payment Systems Inc	Equity 1,046 Shares	56,432	99,182
Hertz Global Holdings Inc	Equity 3,400 Shares	72,675	48,382
Honeywell International Inc	Equity 1,345 Shares	134,392	139,302
Horizon Pharma PLC	Foreign Equity 1,290 Shares	40,843	27,954
HSN Incorporated	Equity 1,175 Shares	85,968	59,537
IAC/InterActiveCorp	Equity 1,275 Shares	77,507	76,564
ICON PLC	Foreign Equity 781 Shares	39,823	60,684
IDEXX Laboratories Inc	Equity 535 Shares	40,359	39,012
IMAX Corporation	Equity 1,158 Shares	38,734	41,155
Infinera Corp	Equity 3,149 Shares	60,251	57,060
Intel Corporation	Equity 2,976 Shares	101,940	102,523
Interactive Brokers Group Inc	Equity 721 Shares	21,024	31,436
Investors Bancorp Inc	Equity 7,625 Shares	86,727	94,855
Ionis Pharmaceuticals Inc	Equity 1,136 Shares	70,137	70,352
J P Morgan Chase & Company	Equity 1,075 Shares	67,274	70,982
Jarden Corporation	Equity 2,125 Shares	101,272	121,380
Jazz Pharmaceuticals PLC	Foreign Equity 338 Shares	55,341	47,509
KapStone Paper and Packaging Corporation	Equity 1,818 Shares	53,286	41,069
KAR Auction Services Inc	Equity 1,275 Shares	44,179	47,213
Lennar Corporation Class A	Equity 1,150 Shares	51,532	56,247
Lockheed Martin Corporation	Equity 725 Shares	139,613	157,434
Manhattan Associates Inc	Equity 626 Shares	25,491	41,422
MarketAxess Holdings Inc	Equity 257 Shares	18,429	28,679
Medidata Solutions Inc	Equity 933 Shares	43,220	45,988
Medivation Inc	Equity 1,392 Shares	69,329	67,289
Mens Warehouse Inc	Equity 1,675 Shares	74,267	24,589
MercadoLibre Inc	Foreign Equity 621 Shares	80,709	71,005
Merck & Company Inc (New)	Equity 1,615 Shares	100,016	85,304
MetLife Inc	Equity 1,700 Shares	94,576	81,957
Micron Technology Inc	Equity 3,025 Shares	96,626	42,834
Microsoft Corporation	Equity 2,150 Shares	99,332	119,282
Middleby Corp	Equity 551 Shares	60,415	59,436
Milacron Holdings Corporation	Equity 4,025 Shares	71,387	50,353
Momenta Pharmaceuticals Inc	Equity 1,002 Shares	12,064	14,870
Mondelez International Inc Class A	Equity 2,560 Shares	93,657	114,790
NASDAQ OMX Group Inc	Equity 1,400 Shares	67,144	81,438
National Oilwell Varco Inc	Equity 1,365 Shares	69,381	45,714
NCR Corporation	Equity 2,500 Shares Shares	74,307	62,373
Nordson Corp	Equity 652 Shares	50,830	41,826
Norfolk Southern Corporation	Equity 756 Shares	76,895	63,950
Old Dominion Freight Line Inc	Equity 1,080 Shares	83,851	63,796
Ophthotech Corporation	Equity 503 Shares	37,692	39,501
Oracle Corporation	Equity 1,666 Shares	71,764	60,859
Packaging Corporation of America	Equity 875 Shares	68,294	55,169
PacWest Bancorp	Equity 2,100 Shares	95,342	90,510
Parker Hannifin Corporation	Equity 430 Shares	45,468	41,701
PepsiCo Inc	Equity 1,000 Shares	94,560	99,920
Philip Morris International Inc	Equity 1,445 Shares	117,909	127,030
Phillips 66	Equity 600 Shares	43,020	49,080
Power Integrations Inc	Equity 715 Shares	36,994	34,770
Proto Labs Inc	Equity 437 Shares	30,482	27,833
Prudential Financial Inc	Equity 1,172 Shares	105,327	95,413
Public Service Enterprise Group Inc	Equity 1,400 Shares	57,974	54,166
PVH Corporation	Equity 775 Shares	94,015	57,079
QUALCOMM Incorporated	Equity 1,045 Shares	76,858	52,234
Radius Health Inc	Equity 400 Shares	23,712	24,616

Reinsurance Group of America Inc (New)	Equity 875 Shares	76,373	74,856
Reliance Steel & Aluminum Company	Equity 950 Shares	58,207	55,015
RingCentral Inc	Equity 1,575 Shares	31,703	37,139
Rite Aid Corporation	Equity 8,400 Shares	63,168	65,856
Robert Half International Inc	Equity 1,208 Shares	70,523	56,945
Royal Dutch Shell PLC Spond ADR Class A	Foreign Equity 2,173 Shares	142,446	99,502
Sabre Corp	Equity 1,760 Shares	50,180	49,227
Sabre Corp	Equity 2,650 Shares	53,716	74,121
Schlumberger Limited	Foreign Equity 1,291 Shares	100,027	90,047
SEI Corp	Equity 1,325 Shares	53,053	69,430
ServiceMaster Global Holdings Inc	Equity 1,825 Shares	48,855	71,613
Signet Jewelers Ltd	Foreign Equity 445 Shares	58,549	55,042
Signet Jewelers Ltd	Foreign Equity 425 Shares	55,917	52,568
Silgan Holdings Inc	Equity 965 Shares	51,724	51,840
Skechers USA Inc Class A	Equity 1,949 Shares	61,214	58,879
Skyworks Solutions Inc	Equity 750 Shares	56,068	57,623
Snap-on Incorporated	Equity 350 Shares	47,859	60,001
Spectra Energy Corporation	Equity 2,012 Shares	72,876	48,167
Spectrum Brands Holdings Incorporated	Equity 600 Shares	57,408	61,080
Splunk Inc	Equity 1,017 Shares	63,452	59,810
Supernus Pharmaceuticals Inc	Equity 1,600 Shares	25,064	21,504
Synchrony Financial	Equity 3,200 Shares	100,891	97,312
Tableau Software Inc Class A	Equity 846 Shares	77,063	79,710
Tandem Diabetes Care Inc	Equity 656 Shares	8,331	7,747
Target Corporation	Equity 1,455 Shares	110,449	105,648
Tenneco Inc	Equity 1,100 Shares	61,652	50,501
Total System Services Inc	Equity 2,243 Shares	76,172	111,701
Total System Services Inc	Equity 775 Shares	26,319	38,595
Towers Watson & Co Class A	Equity 553 Shares	62,583	71,038
Trinet Group Inc	Equity 1,750 Shares	54,740	33,863
United Rentals Inc	Equity 425 Shares	43,354	30,830
United Therapeutics Corp	Equity 219 Shares	28,358	34,298
Universal Health Services Inc Class B	Equity 425 Shares	47,286	50,783
Veeva Systems Inc Class A	Equity 717 Shares	20,072	20,685
Verint Systems Inc	Equity 678 Shares	39,514	27,500
VWR Corporation	Equity 3,450 Shares	91,711	97,670
WABCO Holdings Inc	Equity 500 Shares	57,785	56,243
Wabtec Corp	Equity 1,003 Shares	87,151	71,333
Wells Fargo & Co (New)	Equity 1,718 Shares	94,241	93,390
WestRock Company	Equity 1,250 Shares	83,153	57,025
Williams-Sonoma Inc	Equity 1,146 Shares	87,642	66,938
Wyndham Worldwide Corporation	Equity 726 Shares	62,262	52,744
YY Inc Sponsored ADR	Foreign Equity 733 Shares	45,695	45,791
BlackRock Strategic Income Oppities Fd I	Mutual Fund FI 271,210.206 Shares	2,737,740	2,649,724
Columbia Select Large Cap Grth Fd Class Y	Mutual Fund EQ 261,805.418 Shares	4,797,434	4,560,650
DoubleLine Total Return Bond Fund Class I	Mutual Fund FI 242,188.958 Shares	2,655,324	2,610,797
FPA Crescent Portfolio Institutional Class	Mutual Fund EQ 54,703.564 Shares	1,832,518	1,699,093
Goldman Sachs MLP Energy Infrastr Fd I	Mutual Fund EQ 245,443.53 Shares	2,835,819	1,840,826
Invesco International Growth Fund Class I	Mutual Fund EQ 113,026.772 Shares	3,629,620	3,553,562
Kopernik Global All-Cap Fund Inst	Mutual Fund EQ 281,124.97 Shares	2,212,697	1,928,517
Metropolitan West Ttl Return Bond Fd Cl I	Mutual Fund FI 308,261.11 Shares	3,355,749	3,273,733
Templeton Global Bond Fund Advisor Class	Mutual Fund FI 226,340.535 Shares	2,784,321	2,609,706
Vanguard Institutional Index Fund	Mutual Fund EQ 36,941.379 Shares	6,966,876	6,894,000
Vanguard Total Interl Stock Index ETF	Mutual Fund ETF 195,824 Shares	9,385,771	8,833,621
Virtus Emerging Markets Opports Fund I	Mutual Fund EQ 295,401.356 Shares	2,970,512	2,646,796
GoldenTree Offshore Fund Ltd	Partnership Funf 1,484.0355 Shares	4,235,587	4,317,516
Pointer Offshore III Ltd	Partnership Fund 4,396.0452 Shares	5,618,385	5,994,382
Canyon Value Realization Fd Cl A Ser Initial	Hedge Fund 429.5527 Shares	3,360,506	3,269,244

Skybridge Multi-Advisor Hedge Fd Portfolios	Hedge Fund 3,891.544 Shares	4,438,624	4,480,257
Vintage Fund V Offshore LP	Hedge Fund	1,475,967	1,075,714
Weatherlow Offshore Fd II Ltd Class IA	Hedge Fund 2,314.7889 Shares	3,290,928	3,339,413
New Residential Investment Corp	REIT 4,100 Shares	53,458	49,856
Plum Creek Timber Co Inc	REIT 1,100 Shares	47,069	52,492