

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2015
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF CHARLES COLE MEMORIAL HOSPITAL</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>01/01/1973</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CHARLES COLE MEMORIAL HOSPITAL</u> <u>1001 E. SECOND STREET</u> <u>COUDERSPORT, PA 16915</u>	2b Employer Identification Number (EIN) <u>24-0802108</u> 2c Plan Sponsor's telephone number <u>814-274-9300</u> 2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/17/2016</u>	<u>JAMES EVENS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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	5 486
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 170 6a(2) 161 6b 217 6c 75 6d 453 6e 20 6f 473 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF CHARLES COLE MEMORIAL HOSPITAL	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CHARLES COLE MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 24-0802108
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2015			
2	Assets:			
a	Market value	2a	16772902	
b	Actuarial value	2b	16823729	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	236	10581169	10581169
b	For terminated vested participants	80	2394319	2394319
c	For active participants	170	4311350	4398981
d	Total	486	17286838	17374469
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	6.23%	
6	Target normal cost	6	190000	

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

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>AMY B. KRAJCI</div> <div>Type or print name of actuary</div> <div>TOWERS WATSON DELAWARE INC.</div> <div>Firm name</div> <div>600 GRANT STREET U.S. STEEL TOWER, SUITE 4940 PITTSBURGH, PA 15219-2801</div> <div>Address of the firm</div>	<div>10/10/2016</div> <div>Date</div> <div>14-07170</div> <div>Most recent enrollment number</div> <div>412-497-3169</div> <div>Telephone number (including area code)</div>
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Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>4.27</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		256931
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.48</u> %		16649
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		273580
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	96.83 %
15	Adjusted funding target attainment percentage	15	96.83 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.83 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2015	231000	0	09/14/2016	555000	0
07/14/2015	231000	0			
10/14/2015	231000	0			
01/19/2016	106000	0			
04/14/2016	106000	0			
07/08/2016	106000	0			
			Totals ►	18(b)	1566000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1465938
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
(4) 4th	0	

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	190000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	550740	233923	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	423923	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	423923	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1465938	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1042015	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor 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		
<div>A Name of plan</div> <div>RETIREMENT PLAN FOR EMPLOYEES OF CHARLES COLE MEMORIAL HOSPITAL</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div>	001
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>CHARLES COLE MEMORIAL HOSPITAL</div>	<div>D Employer Identification Number (EIN)</div> <div>24-0802108</div>	

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)

EXETER TRUST COMPANY

02-0476209

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	BROKER	90185	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	67325	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <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 RETIREMENT PLAN FOR EMPLOYEES OF CHARLES COLE MEMORIAL HOSPITAL	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHARLES COLE MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 24-0802108	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a	509	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	424000	873000
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)	16698	20162
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	726583	412649
	(2) U.S. Government securities	1c(2)	1302120	2505190
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)	486105	641495
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	7284788	6537450
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6584444	5418376
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	16825247	16408322

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	41528	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	41528	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	16783719	16408322
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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)	1566000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1566000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	81131	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		81131
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	320352	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		320352
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-609060	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-609060

		(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)		-340527
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1017896

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1081317	
(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)		1081317
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	67325	
(2) Contract administrator fees	2i(2)	15909	
(3) Investment advisory and management fees	2i(3)	77776	
(4) Other	2i(4)	150966	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		311976
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1393293

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-375397
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: **BKD, LLP**

(2) EIN: **44-0160260**

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			3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

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

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

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

Part V Trust Information

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

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

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF CHARLES COLE MEMORIAL HOSPITAL</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHARLES COLE MEMORIAL HOSPITAL</u>	D Employer Identification Number (EIN) <u>24-0802108</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<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>25-1644655</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>3</u>

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

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

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



Independent Auditor's Report

Governance Oversight Committee
Retirement Plan for Employees of
Charles Cole Memorial Hospital
Coudersport, Pennsylvania

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Retirement Plan for Employees of Charles Cole Memorial Hospital, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of 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 our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Citizens & Northern Bank and Exeter Trust Company, the trustee and custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee and custodian hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee and custodian as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee and custodian is complete and accurate to the best of their knowledge and belief.

Governance Oversight Committee
Retirement Plan for Employees of
Charles Cole Memorial Hospital
Page 2

Disclaimer of Opinion

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

Other Matter

The supplemental schedules listed in the table of contents are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

BKD, LLP

Erie, Pennsylvania
October 15, 2016
Federal Employer Identification Number: 44-0160260

**Retirement Plan for Employees of
Charles Cole Memorial Hospital**
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

Assets

	<u>2015</u>	<u>2014</u>
Investments, at Fair Value		
Common stocks	\$ 6,537,450	\$ 7,284,788
Mutual funds	5,418,376	6,584,444
U.S. Government securities	2,505,190	1,302,120
Corporate bonds and notes	641,495	486,105
Money market funds	<u>412,649</u>	<u>726,583</u>
	<u>15,515,160</u>	<u>16,384,040</u>
Receivables		
Employer's contribution	873,000	424,000
Accrued income	<u>20,162</u>	<u>16,698</u>
	<u>893,162</u>	<u>440,698</u>
Noninterest-Bearing Cash	<u>-</u>	<u>509</u>
Total assets	<u>16,408,322</u>	<u>16,825,247</u>

Liabilities

Due to broker for securities purchased	<u>-</u>	<u>41,528</u>
Net Assets Available for Benefits	<u><u>\$ 16,408,322</u></u>	<u><u>\$ 16,783,719</u></u>

**Retirement Plan for Employees of
Charles Cole Memorial Hospital**
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Investment Income		
Net appreciation (depreciation) in fair value of investments	\$ (949,587)	\$ 219,314
Interest and dividends	<u>401,483</u>	<u>579,223</u>
Net investment income (loss)	(548,104)	798,537
Contributions		
Employer	<u>1,566,000</u>	<u>973,000</u>
Total additions	<u>1,017,896</u>	<u>1,771,537</u>
Deductions		
Benefits paid to participants	1,081,317	4,148,501
Administrative expenses	<u>311,976</u>	<u>299,759</u>
Total deductions	<u>1,393,293</u>	<u>4,448,260</u>
Net Decrease	(375,397)	(2,676,723)
Net Assets Available for Benefits, Beginning of Year	<u>16,783,719</u>	<u>19,460,442</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 16,408,322</u></u>	<u><u>\$ 16,783,719</u></u>

Retirement Plan for Employees of Charles Cole Memorial Hospital

Notes to Financial Statements

December 31, 2015 and 2014

Note 1: Description of the Plan

The following description of the Retirement Plan for Employees of Charles Cole Memorial Hospital (Plan) provides only general information. Additional information about the vesting and benefit provisions and the Pension Benefit Guarantee Corporation's (PBGC) benefit guarantee is contained in the Plan Document and *Summary Plan Description*, which are available from the Plan Administrator.

General

The Plan is a noncontributory defined benefit plan covering substantially all employees of Charles Cole Memorial Hospital (Company) and related entities employed prior to January 1, 2003, and provides for retirement, death and disability benefits. The Plan is subject to provisions of *Employee Retirement Income Security Act of 1974* (ERISA). Citizens & Northern Bank is the trustee and a custodian of the Plan. The Plan's other custodian is Exeter Trust Company.

The Company determined that the Plan's formula for benefit accruals was to be frozen as of December 31, 2002, for all employees so that no employee shall become a participant in the Plan after such date. The Company adopted two defined contribution plans as of January 1, 2003.

The Plan is administered by the Company's Governance Oversight Committee (Committee), which is a committee of the board of directors of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Directors.

Contributions

The Company has agreed to voluntarily contribute such additional amounts that are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The Company's present intention is to make annual contributions in amounts as determined by the Board of Directors based on recommendations by the Plan's actuary. The Plan has met the minimum funding requirements established by ERISA.

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

Retirement Plan for Employees of Charles Cole Memorial Hospital

Notes to Financial Statements

December 31, 2015 and 2014

Pension Benefits

Eligible participants in the Plan will receive a monthly retirement benefit equal to 1.25% of average monthly earnings multiplied by their credited service. Normal retirement age for Plan benefits is the later of age 65 or the fifth anniversary of the participant's participation in the Plan. Participants may elect to receive reduced benefits upon early retirement when they reach the age of 55, provided that they have at least 10 years of service with the Company. The standard method accrued benefits are payable is by an annuity over the participant's lifetime or as a qualified joint and one half-survivor annuity. Participants may elect other forms of annuity payments during the 180-day period before payments are to begin.

Death and Disability Benefits

The spouse of a participant will receive a 50% survivor annuity, as defined in the Plan, upon the death of the participant. The surviving spouse annuity is equal to 50% of the participant's monthly benefit. This benefit is immediately payable to the spouse if the participant was already receiving benefits. If the participant was not already receiving benefits, payments to the spouse may commence as of the earliest date the participant would have received benefits.

Active employees who become totally disabled receive disability benefits that are equal to the accrued benefit determined at the date of disability plus credited service prior to January 1, 2003 that would have been earned under the Plan until normal retirement benefit payments commence.

Vesting

Eligible employees are fully vested upon completion of five years of vesting service.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Retirement Plan for Employees of Charles Cole Memorial Hospital

Notes to Financial Statements

December 31, 2015 and 2014

Valuation of Investments and Income Recognition

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

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

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

Accumulated Plan Benefits

Accumulated Plan benefits (see Note 6) are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Present employees or their beneficiaries

Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated Plan benefits for active employees are based on their average compensation during the five years preceding the valuation date. Accrued benefits under all circumstances (retirement, death, and termination of employment), credited service and earnings were frozen as of December 31, 2002. Benefits payable under all circumstances— retirement, death, disability and termination of employment— are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

Transfers Between Fair Value Hierarchy Levels

Transfers in and out of Level 1 (quoted market prices), Level 2 (other significant observable inputs) and Level 3 (significant unobservable inputs) are recognized on the last day of the Plan year.

Retirement Plan for Employees of Charles Cole Memorial Hospital

Notes to Financial Statements

December 31, 2015 and 2014

Reclassifications

Certain reclassifications have been made to the 2014 financial statements to conform to the 2015 financial statement presentation. These reclassifications had no effect on changes in net assets available for benefits.

Note 3: Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations discussed below
- c. All other vested benefits (that is, vested benefits not insured by the PBGC)
- d. All nonvested benefits

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

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

Retirement Plan for Employees of Charles Cole Memorial Hospital

Notes to Financial Statements

December 31, 2015 and 2014

Note 4: Certification of the Plan Trustee and Custodian

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Citizens & Northern Bank, the Plan's trustee and custodian and Exeter Trust Company, the Plan's other custodian, have certified the following information included in the accompanying financial statements and supplemental schedules is complete and accurate to the best of their knowledge and belief:

- Investments as shown in the statement of net assets available for benefits as of December 31, 2015 and 2014.
- Investment income as shown in the statement of changes in net assets available for benefits for the years ended December 31, 2015 and 2014.
- Investment information included in the accompanying schedule of assets (held at end of year) as of December 31, 2015, and schedule of reportable transactions for the year ended December 31, 2015.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

Note 5: Fair Value Measurements

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

Retirement Plan for Employees of Charles Cole Memorial Hospital

Notes to Financial Statements

December 31, 2015 and 2014

Recurring Measurements

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014:

Marketable securities are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the Plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices.

For certain investments consisting of corporate bonds and notes that do not have an established fair value, the Committee has established a fair value based on yields currently available on comparable securities of issuers with similar credit ratings.

Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end.

Retirement Plan for Employees of Charles Cole Memorial Hospital

Notes to Financial Statements

December 31, 2015 and 2014

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2015 and 2014:

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Fair Value				
December 31, 2015				
Mutual funds	\$ 5,418,376	\$ 5,418,376	\$ -	\$ -
Money market funds	412,649	412,649	-	-
Common stocks	6,537,450	6,537,450	-	-
Corporate bonds and notes	641,495	-	641,495	-
U.S. Government securities	2,505,190	-	2,505,190	-
Investments at fair value	<u>\$ 15,515,160</u>	<u>\$ 12,368,475</u>	<u>\$ 3,146,685</u>	<u>\$ -</u>
December 31, 2014				
Mutual funds	\$ 6,584,444	\$ 6,584,444	\$ -	\$ -
Money market funds	726,583	726,583	-	-
Common stocks	7,284,788	7,284,788	-	-
Corporate bonds and notes	486,105	-	486,105	-
U.S. Government securities	1,302,120	-	1,302,120	-
Investments at fair value	<u>\$ 16,384,040</u>	<u>\$ 14,595,815</u>	<u>\$ 1,788,225</u>	<u>\$ -</u>

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2015 and 2014. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Retirement Plan for Employees of Charles Cole Memorial Hospital

Notes to Financial Statements

December 31, 2015 and 2014

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

Note 6: Accumulated Plan Benefits

An actuary from Willis Towers Watson determines the actuarial present value of accumulated Plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The accumulated Plan benefit information as of the end of each Plan year was as follows:

	<u>2015</u>	<u>2014</u>
Actuarial present value of accumulated Plan benefits		
Vested benefits		
Participants receiving payments	\$ 9,632,489	\$ 9,743,152
Active employees	3,709,183	3,832,160
Participants with deferred benefits	<u>2,145,370</u>	<u>2,103,126</u>
	15,487,042	15,678,438
Nonvested benefits	<u>59,602</u>	<u>75,657</u>
Total actuarial present value of accumulated Plan benefits	<u><u>\$ 15,546,644</u></u>	<u><u>\$ 15,754,095</u></u>

Retirement Plan for Employees of Charles Cole Memorial Hospital

Notes to Financial Statements

December 31, 2015 and 2014

Changes in the actuarial present value of accumulated Plan benefits were as follows:

	2015	2014
Actuarial present value of accumulated Plan benefits, beginning of year	\$ 15,754,095	\$ 17,373,927
Adjustment to prior year ending balance for updated mortality tables	<u>-</u>	<u>409,659</u>
	15,754,095	17,783,586
Increase (decrease) during the year attributable to Actuarial (gain) loss	(267,875)	937,997
Increase for interest due to the decrease in the discount period	1,141,741	1,181,013
Benefits paid	<u>(1,081,317)</u>	<u>(4,148,501)</u>
Net decrease	<u>(207,451)</u>	<u>(2,029,491)</u>
Actuarial present value of accumulated Plan benefits, end of year	<u><u>\$ 15,546,644</u></u>	<u><u>\$ 15,754,095</u></u>

Significant assumptions underlying the actuarial computations are:

- Assumed rate of return on investments: 7.50%
- Mortality basis: The 2007 base rates from the RP-2014 “Employees” and “Healthy Annuitants” tables without collar adjustments projected linearly to 2012 to a long-term assumption of 0.8% were used.
- Retirement: Rates varying by age, from 1.2% at 55 to 100% at 62 and older, with an average age 62.
- Termination: Rates varying by age, from 17.2% at 25 to 1.2% at 55.
- Asset valuation: Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable.

Retirement Plan for Employees of Charles Cole Memorial Hospital

Notes to Financial Statements

December 31, 2015 and 2014

- Marital percentage: 85% of participants are assumed to be married. Wives are assumed to be three years younger than their husbands.
- Administration expenses: An expense assumption of \$210,000 is included in the target normal cost. This assumption is intended to include expected expenses and PBGC premiums to be paid from the Plan during the year. Expected expenses are based on an average of similar expenses paid from the Plan during prior years.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2016 and 2015. Had the valuations been performed as of December 31, there would be no material differences.

Other changes in actuarial assumptions:

- The segment interest rates used to calculate the funding target and the target normal cost were updated from an applicable month of September 2014 to September 2015 and reflect the interest rate corridors of HAFTA.
- The required mortality table used to calculate the funding target and funding target normal cost was updated to include one additional year of projected mortality improvements.
- The assumed Plan-related expenses added to the target normal cost were changed from \$190,000 to \$210,000.

Note 7: Related Party and Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

Citizens & Northern Bank is the Plan's trustee and custodian. Certain Plan investments are shares of mutual funds managed by Manning & Napier, the Plan's investment advisor and State Street Bank, a sub-custodian of Exeter Trust Company, the Plan's custodian, and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Plan Sponsor pays directly any other fees related to the Plan's operations.

Retirement Plan for Employees of Charles Cole Memorial Hospital

Notes to Financial Statements

December 31, 2015 and 2014

The Plan paid trust and management service fees to the trustee of \$3,500 for 2015 and \$3,638 for 2014. Investment advisory and custodian fees paid to the custodian in 2015 were \$90,185 and \$139,985 for 2014. The Plan has a number of service providers. Such providers are parties in interest under ERISA. Actuarial fees paid by the Plan totaled \$67,325 for 2015 and \$74,278 for 2014. PBGC premiums totaled \$150,966 for 2015 and \$81,858 for 2014.

The Company provides certain administrative services at no cost to the Plan.

Note 8: Plan Amendment

Effective December 1, 2014, the Plan was amended to permit terminated vested participants, without regard to whether they had attained age 55 and were credited with 10 years of service as of December 1, 2014, to voluntarily receive their frozen accrued benefit in a lump sum payment on December 1, 2014. This election was required to be made between August 1, 2014 and October 31, 2014. The amendment also updated the Plan's definition of spouse to include individuals of the same sex who were legally married in a jurisdiction that authorizes same sex marriage, effective June 26, 2013.

Note 9: Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated May 30, 2014, stating that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and, therefore, not subject to tax. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 10: Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

Possible Decline in Investments

It is reasonably possible that there will be a significant decline in the fair value of investments during the next year which would change the assumed rates of return used to discount the benefit obligation and, therefore, could significantly affect the present value of accumulated Plan benefits.

Retirement Plan for Employees of Charles Cole Memorial Hospital

Notes to Financial Statements

December 31, 2015 and 2014

Note 11: 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 the amounts reported in the statements of net assets available for benefits.

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

Note 12: Change in Accounting Principle

In 2015, the Plan changed its accounting policy on Plan accounting disclosures by adopting the provisions of ASU 2015-12, *Plan Accounting (Topics 960, 962 and 965): Part II: Plan Investment Disclosures*. The accounting policy change provided for in ASU 2015-12 changes the Plan's disclosure requirements to eliminate and/or modify certain investment-related disclosures. This change was applied retrospectively for all periods presented.

Note 13: Subsequent Events

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2015

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

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 Plan Sponsor: Charles Cole Memorial Hospital
 Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

■	Applicable month	September 2014
■	Interest rate basis	3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.72%	1.15%
■ Second segment rate	6.11%	4.06%
■ Third segment rate	6.81%	5.15%
■ Effective interest rate	6.23%	4.30%

Annual rates of increase

■	Compensation	N/A
■	Future Social Security wage bases	N/A
■	Statutory limits on compensation	N/A

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SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

- **Healthy** Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2030 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2022 using Scale AA)
- **Disabled** Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2030 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2022 using Scale AA)

Termination Rates varying by age

Representative Rates

Percentage leaving during the year	
Attained Age	Rate
25	17.2%
40	11.3%
54	2.3%
55	1.2%

Disability Rates varying by age and gender

Representative Rates

Percentage becoming disabled during the year		
Age	Males	Females
25	0.05%	0.02%
40	0.16%	0.32%
55	0.91%	0.81%

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SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age, average age 62

Representative Rates

Percentage retiring during the year	
Age	Rates
55	1.2%
56	0.8%
57	0.5%
58	0.3%
59	0.2%
60	0.1%
61	0.0%
62	100%
63	100%
64	100%
65	100%

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have become eligible for early retirement
- Deferred vested benefit Normal retirement date
- Disability benefit Normal retirement date
- Retirement benefit Upon termination of employment
- In service Upon election, age 62 or later

Form of payment 100% elect a life annuity

Percent married 85%

Spouse age Wife three years younger than husband

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SCHEDULE SB ATTACHMENTS

Administrative expenses An expense assumption of \$190,000 is included in the target normal cost. This assumption is intended to include expected expenses and PBGC premiums to be paid from the plan during the year. Expected expenses are based on an average of similar expenses paid from the plan during prior years.

Loads None

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

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits as required by regulations under IRC §430

Target normal cost Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430

Actuarial value of assets for determining minimum required contributions Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2014 plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

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Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with Charles Cole Memorial Hospital regarding the likelihood that these benefits will be paid. Towers Watson has reviewed the plan provisions with Charles Cole Memorial Hospital; and, based on that review, is not aware of any significant benefits required to be valued that were not.

Source of Prescribed Methods

Funding methods

The methods used for funding purposes, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2013 to September 2014 and reflect the interest rate corridors of HATFA.
- The required mortality table used to calculate the funding target and funding target normal cost was updated to include one additional year of projected mortality improvements.
- The assumed plan-related expenses added to the target normal cost were changed from \$150,000 to \$190,000.

Change in methods since prior valuation

None

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Retirement Plan for Employees of Charles Cole Memorial Hospital

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Schedule H, Line 4j – Schedule of Reportable Transactions Year Ended December 31, 2015

Identity	Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (iii) Series of Transactions in Excess of 5% of Plan Assets - Same Security						
Federal Home Loan Mtg Corp	FHLMC 2.00% 8/25/16	\$ 813,525	\$ -	\$ 813,525	\$ 813,525	\$ -
Federal Home Loan Mtg Corp	FHLMC 2.00% 8/25/16	-	763,512	767,567	763,512	(4,055)
* State Street Global Advisors	State Street Interest Bearing Fund	772,316	-	772,316	772,316	-
* State Street Global Advisors	State Street Interest Bearing Fund	-	522,317	522,317	522,317	-
* State Street Global Advisors	SSGA Inst Liquid Reserves Inv CL	444,702	-	444,702	444,702	-
* State Street Global Advisors	SSGA Inst Liquid Reserves Inv CL		988,031	988,031	988,031	-
* State Street Global Advisors	State Street Instl US Gov't Money Mkt	6,188,178	-	6,188,178	6,188,178	-
* State Street Global Advisors	State Street Instl US Gov't Money Mkt	-	6,145,695	6,145,695	6,145,695	-
Category (iv) Series of Transactions in Excess of 5% of Plan Assets - Same Party						
CitiGroup Global Markets Inc.	Flowserve Corp	123,356	-	123,356	123,356	-
CitiGroup Global Markets Inc.	Range Resources Corp Com	26,214	-	26,214	26,214	-
CitiGroup Global Markets Inc.	Unilever PLC	124,705	-	124,705	124,705	-
CitiGroup Global Markets Inc.	Yum Brands, Inc	148,709	-	148,709	148,709	-
CitiGroup Global Markets Inc.	Flir Systems, Inc.	77,703	-	77,703	77,703	-
CitiGroup Global Markets Inc.	SLM Corp	15,658	-	15,658	15,658	-
CitiGroup Global Markets Inc.	Twenty First Century Fox, Inc	35,838	-	35,838	35,838	-

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Schedule H, Line 4j – Schedule of Reportable Transactions (Continued) Year Ended December 31, 2015

Identity	Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (iv) Series of Transactions in Excess of 5% of Plan Assets - Same Party						
CitiGroup Global Markets Inc.	Weatherford International PLC.	15,991	-	15,991	15,991	-
CitiGroup Global Markets Inc.	General Electric Co. (USD)	-	127,359	117,659	127,359	9,700
CitiGroup Global Markets Inc.	Gannett Co, Inc.	-	18,387	19,143	18,387	(756)
CitiGroup Global Markets Inc.	Popular, Inc.	-	79,007	93,860	79,007	(14,853)
Clarke & Company	Fannie Mae 0.875% 2/8/2018	130,231	-	130,231	130,231	-
Clarke & Company	FHLMC 2.00% 8/25/16	813,525	-	813,525	813,525	-
Clarke & Company	FHLMC 2.00% 8/25/16	-	270,009	270,836	270,009	(827)
Clarke & Company	TSY INFL IX N/B 0.625% 2/15/2043	149,305	-	149,305	149,305	-
Clarke & Company	Fannie Mae 1.125% 7/20/2018	151,572	-	151,572	151,572	-
Clarke & Company	TSY INFL IX N/B 1.125% 1/15/2021	316,623	-	316,623	316,623	-
Clarke & Company	Fannie Mae 0.375% 12/21/2015	-	173,910	174,120	173,910	(211)
* State Street Brokerage Services	Manning & Napier GL FI S	25,057	-	25,057	25,057	-
* State Street Brokerage Services	Manning & Napier GL FI S	-	485,853	513,004	485,853	(27,151)
* State Street Brokerage Services	Manning & Napier Funds Inc - UN BD	362,388	-	362,388	362,388	-
* State Street Brokerage Services	Manning & Napier - Inflation Focu EQTY	-	192,324	212,292	192,324	(19,968)
* State Street Brokerage Services	Manning & Napier Fund - Hi Yield BD	-	494,108	530,337	494,108	(36,229)

Retirement Plan for Employees of Charles Cole Memorial Hospital

EIN 24-0802108 PN 001

Schedule H, Line 4j – Schedule of Reportable Transactions (Continued) Year Ended December 31, 2015

Identity	Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (iv) Series of Transactions in Excess of 5% of Plan Assets - Same Party						
* State Street Global Advisors	SSGA Inst Liquid Reserves Inv CL	444,702	-	444,702	444,702	-
* State Street Global Advisors	SSGA Inst Liquid Reserves Inv CL	-	988,031	988,031	988,031	-
* State Street Global Advisors	State Street Instl US Gov't Money Mkt	6,276,113	-	6,276,113	6,276,113	-
* State Street Global Advisors	State Street Instl US Gov't Money Mkt	-	6,057,759	6,057,759	6,057,759	-
* State Street Global Advisors	State Street Interest Bearing Fund	772,317	-	772,317	772,317	-
* State Street Global Advisors	State Street Interest Bearing Fund	-	522,317	522,317	522,317	-
* Party in interest						

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

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

▶ Round off amounts to nearest dollar.

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

A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF CHARLES COLE MEMORIAL HOSPITAL		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Charles Cole Memorial Hospital		D Employer Identification Number (EIN) 24-0802108
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>				
2 Assets:				
a Market value		2a	16,772,902	
b Actuarial value		2b	16,823,729	
3 Funding target/participant count breakdown				
a For retired participants and beneficiaries receiving payment		(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
		236	10,581,169	10,581,169
b For terminated vested participants		80	2,394,319	2,394,319
c For active participants		170	4,311,350	4,398,981
d Total		486	17,286,838	17,374,469
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐				
a Funding target disregarding prescribed at-risk assumptions		4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b		
5 Effective interest rate		5	6.23%	
6 Target normal cost		6	190,000	

Statement by Enrolled Actuary

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

SIGN HERE	Amy B. Krajci	<i>ABK</i>	10/10/2016
Signature of actuary		Date	
Amy B. Krajci		1407170	
Type or print name of actuary		Most recent enrollment number	
Towers Watson Delaware Inc.		412-497-3169	
Firm name		Telephone number (including area code)	
600 Grant Street U.S. Steel Tower, Suite 4940 Pittsburgh PA 15219-2801			
Address of the firm			

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

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

Schedule SB (Form 5500) 2015
v. 150123

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.72%2nd segment:
6.11%3rd segment:
6.81%☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions)☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.☐ Yes☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.☐ Yes☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.☒ Yes☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 18a)**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)**31a**

190,000

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

550,740

233,923

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33**

0

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)**34**

423,923

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

0

0

36 Additional cash requirement (line 34 minus line 35)**36**

423,923

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

1,465,938

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

1,042,015

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected☐ 2 plus 7 years☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made☐ 2008☐ 2009☐ 2010☐ 2011**42** Amount of acceleration adjustment**42**

0

43 Excess installment acceleration amount to be carried over to future plan years**43**

0

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Charles Cole Memorial Hospital
EIN/PN	24-0802108/001
Plan Name	Retirement Plan for Employees of Charles Cole Memorial Hospital
Valuation Date	January 1, 2015
Enrolled Actuary	Amy B. Krajci
Enrollment Number	14-07170

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2015

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.012	1,000,000	1.000000	0.012000	0.660000
56	0.008	988,000	0.988000	0.007904	0.442624
57	0.005	980,096	0.980096	0.004900	0.279327
58	0.003	975,196	0.975196	0.002926	0.169684
59	0.002	972,270	0.972270	0.001945	0.114728
60	0.001	970,325	0.970325	0.000970	0.058220
61	0.000	969,355	0.969355	0.000000	0.000000
62	1.000	969,355	0.969355	0.969355	60.100014
Average age at retirement					61.824597
Rounded for Schedule SB item 22					62

Plan Name: Retirement Plan for Employees of Charles Cole Memorial Hospital
 EIN / PN: 24-0802108/001
 Plan Sponsor: Charles Cole Memorial Hospital
 Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- | | |
|-----------------------|-----------------|
| ■ Applicable month | September 2014 |
| ■ Interest rate basis | 3-Segment Rates |

Interest rates:

- | | Reflecting
Corridors | Not Reflecting
Corridors |
|---------------------------|-------------------------|-----------------------------|
| ■ First segment rate | 4.72% | 1.15% |
| ■ Second segment rate | 6.11% | 4.06% |
| ■ Third segment rate | 6.81% | 5.15% |
| ■ Effective interest rate | 6.23% | 4.30% |

Annual rates of increase

- | | |
|-------------------------------------|-----|
| ■ Compensation | N/A |
| ■ Future Social Security wage bases | N/A |
| ■ Statutory limits on compensation | N/A |

Plan Name:	Retirement Plan for Employees of Charles Cole Memorial Hospital
EIN / PN:	24-0802108/001
Plan Sponsor:	Charles Cole Memorial Hospital
Valuation Date	January 1, 2015

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

- **Healthy** Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2030 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2022 using Scale AA)
- **Disabled** Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2030 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2022 using Scale AA)

Termination Rates varying by age

Representative Rates

Percentage leaving during the year	
Attained Age	Rate
25	17.2%
40	11.3%
54	2.3%
55	1.2%

Disability Rates varying by age and gender

Representative Rates

Percentage becoming disabled during the year		
Age	Males	Females
25	0.05%	0.02%
40	0.16%	0.32%
55	0.91%	0.81%

Plan Name: Retirement Plan for Employees of Charles Cole Memorial Hospital
EIN / PN: 24-0802108/001
Plan Sponsor: Charles Cole Memorial Hospital
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age, average age 62

Representative Rates

Percentage retiring during the year	
Age	Rates
55	1.2%
56	0.8%
57	0.5%
58	0.3%
59	0.2%
60	0.1%
61	0.0%
62	100%
63	100%
64	100%
65	100%

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have become eligible for early retirement
- Deferred vested benefit Normal retirement date
- Disability benefit Normal retirement date
- Retirement benefit Upon termination of employment
- In service Upon election, age 62 or later

Form of payment 100% elect a life annuity

Percent married 85%

Spouse age Wife three years younger than husband

Plan Name: Retirement Plan for Employees of Charles Cole Memorial Hospital
EIN / PN: 24-0802108/001
Plan Sponsor: Charles Cole Memorial Hospital
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Administrative expenses An expense assumption of \$190,000 is included in the target normal cost. This assumption is intended to include expected expenses and PBGC premiums to be paid from the plan during the year. Expected expenses are based on an average of similar expenses paid from the plan during prior years.

Loads None

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

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits as required by regulations under IRC §430

Target normal cost Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430

Actuarial value of assets for determining minimum required contributions Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2014 plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Plan Name: Retirement Plan for Employees of Charles Cole Memorial Hospital
EIN / PN: 24-0802108/001
Plan Sponsor: Charles Cole Memorial Hospital
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with Charles Cole Memorial Hospital regarding the likelihood that these benefits will be paid. Towers Watson has reviewed the plan provisions with Charles Cole Memorial Hospital; and, based on that review, is not aware of any significant benefits required to be valued that were not.

Source of Prescribed Methods

Funding methods

The methods used for funding purposes, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2013 to September 2014 and reflect the interest rate corridors of HATFA.
- The required mortality table used to calculate the funding target and funding target normal cost was updated to include one additional year of projected mortality improvements.
- The assumed plan-related expenses added to the target normal cost were changed from \$150,000 to \$190,000.

Change in methods since prior valuation

None

Plan Name: Retirement Plan for Employees of Charles Cole Memorial Hospital
EIN / PN: 24-0802108/001
Plan Sponsor: Charles Cole Memorial Hospital
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amended reflected in the following plan provisions was adopted on January 1, 2009. The plan was originally effective January 1, 1973.

Covered employees	Employees of the hospital
Participation date	Age 21 and at least 1,000 hours in any plan year No new participants after December 31, 2002

Definitions

Vesting service	One year for each 1,000-hour calendar year of employment by Charles Cole Memorial Hospital
Pension service	<p>Prior to January 1, 1976: Elapsed time in completed years and months.</p> <p>January 1, 1976 to December 31, 1982: A year of Pension Service is earned for each year an employee completes 1,000 hours of service.</p> <p>January 1, 1983 to December 31, 2002: A year of Pension Service is earned for each year an employee completes 2,080 hours of service. A fraction of a year is earned if the employee completes 1,000 or more hours of service.</p> <p>January 1, 2003 and later: No Pension Service is earned for time worked after December 31, 2002.</p>
Pensionable pay	Basic monthly full-time rate of pay
Average earnings	Average pensionable pay over the five calendar years preceding termination. For terminations after December 31, 2002, average basic pensionable pay over the five calendar years preceding that date.
Normal retirement date (NRD)	Age 65, or after 5 years of vesting service, if later
Monthly pension benefit	1.25% of average monthly earnings times years of credited service

Plan Name:	Retirement Plan for Employees of Charles Cole Memorial Hospital
EIN / PN:	24-0802108/001
Plan Sponsor:	Charles Cole Memorial Hospital
Valuation Date	January 1, 2015

SCHEDULE SB ATTACHMENTS

Monthly preretirement death benefit	50% of the accrued monthly benefit, actuarially adjusted for the joint and 50% survivor payment form and early commencement, if applicable, payable commencing on the earliest date the participant could have retired, to the surviving spouse and continuing for the remaining lifetime of the surviving spouse.
--	--

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Age 55 and age plus service is greater than or equal to 65, or five years of vesting service, if later
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service
Disability	Permanent and total disability prior to NRD
Preretirement death benefit	Death occurring while: <ul style="list-style-type: none">▶ Actively employed with five years of vesting service, or▶ Terminated with a vested deferred benefit but before benefit commencement
In-Service commencement	Age 62 or later

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD
Early retirement	Monthly benefit is equal to the normal retirement benefit based on credited service and average monthly earnings at the date of termination. The payments are reduced 5/12% for each month retirement precedes age 65.
Postponed retirement	The monthly pension benefit determined as of the actual retirement date
Vested termination	Monthly benefit is equal to the normal retirement benefit based on credited service and average monthly earnings at the date of termination. Payments may begin when the participant meets the early retirement criteria above, reduced 5/12% for each month retirement precedes age 65.

Plan Name:	Retirement Plan for Employees of Charles Cole Memorial Hospital
EIN / PN:	24-0802108/001
Plan Sponsor:	Charles Cole Memorial Hospital
Valuation Date	January 1, 2015

SCHEDULE SB ATTACHMENTS

Disablement	The monthly pension benefit determined as of the date of disablement assuming participant had continued employment to NRD, payable at NRD
--------------------	---

Preretirement death	Monthly preretirement death benefit is payable
----------------------------	--

In-Service commencement	Monthly pension benefit based on retirement eligibility on commencement date
--------------------------------	--

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a 75% joint and survivor annuity, a ten-year certain and life annuity, a five-year certain and life annuity or (for married participants) a life annuity. Basis for actuarial equivalence is UP-1984 Unisex Mortality Table and 7.00% interest.
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Pension Increases	None
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Plan participants' contributions	None
---	------

Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining projection cost but not for determining contributions.
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Future Plan Changes

No future plan changes were recognized in determining the funded target.

Changes in Benefits Valued Since Prior Year

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

Plan Name:	Retirement Plan for Employees of Charles Cole Memorial Hospital
EIN / PN:	24-0802108/001
Plan Sponsor:	Charles Cole Memorial Hospital
Valuation Date	January 1, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2015

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

Plan Name: Retirement Plan for Employees of Charles Cole Memorial Hospital
 EIN / PN: 24-0802108/001
 Plan Sponsor: Charles Cole Memorial Hospital
 Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2015

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2015	441,240	7	441,240	73,380
2	Shortfall	01/01/2014	(523,748)	6	(465,665)	(87,654)
3	Shortfall	01/01/2013	1,289,469	5	983,288	215,202
4	Shortfall	01/01/2012	(2,348,794)	4	(1,489,987)	(398,648)
5	Shortfall	01/01/2011	1,087,660	3	513,021	178,952
6	Shortfall	01/01/2010	1,967,259	2	647,226	331,074
7	Shortfall	01/01/2009	(441,724)	1	(78,383)	(78,383)
8	Shortfall	01/01/2008	2,101,535	0	0	0
Total					550,740	233,923

Plan Name: Retirement Plan for Employees of Charles Cole Memorial Hospital
 EIN / PN: 24-0802108/001
 Plan Sponsor: Charles Cole Memorial Hospital
 Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Charles Cole Memorial Hospital
EIN/PN	24-0802108/001
Plan Name	Retirement Plan for Employees of Charles Cole Memorial Hospital
Valuation Date	January 1, 2015
Enrolled Actuary	Amy B. Krajci
Enrollment Number	14-07170

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2015

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.012	1,000,000	1.000000	0.012000	0.660000
56	0.008	988,000	0.988000	0.007904	0.442624
57	0.005	980,096	0.980096	0.004900	0.279327
58	0.003	975,196	0.975196	0.002926	0.169684
59	0.002	972,270	0.972270	0.001945	0.114728
60	0.001	970,325	0.970325	0.000970	0.058220
61	0.000	969,355	0.969355	0.000000	0.000000
62	1.000	969,355	0.969355	0.969355	60.100014
Average age at retirement					61.824597
Rounded for Schedule SB item 22					62

Plan Name: Retirement Plan for Employees of Charles Cole Memorial Hospital
 EIN / PN: 24-0802108/001
 Plan Sponsor: Charles Cole Memorial Hospital
 Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amended reflected in the following plan provisions was adopted on January 1, 2009. The plan was originally effective January 1, 1973.

Covered employees Employees of the hospital

Participation date Age 21 and at least 1,000 hours in any plan year
No new participants after December 31, 2002

Definitions

Vesting service One year for each 1,000-hour calendar year of employment by Charles Cole Memorial Hospital

Pension service Prior to January 1, 1976: Elapsed time in completed years and months.

January 1, 1976 to December 31, 1982: A year of Pension Service is earned for each year an employee completes 1,000 hours of service.

January 1, 1983 to December 31, 2002: A year of Pension Service is earned for each year an employee completes 2,080 hours of service. A fraction of a year is earned if the employee completes 1,000 or more hours of service.

January 1, 2003 and later: No Pension Service is earned for time worked after December 31, 2002.

Pensionable pay Basic monthly full-time rate of pay

Average earnings Average pensionable pay over the five calendar years preceding termination. For terminations after December 31, 2002, average basic pensionable pay over the five calendar years preceding that date.

Normal retirement date (NRD) Age 65, or after 5 years of vesting service, if later

Monthly pension benefit 1.25% of average monthly earnings times years of credited service

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Monthly preretirement death benefit	50% of the accrued monthly benefit, actuarially adjusted for the joint and 50% survivor payment form and early commencement, if applicable, payable commencing on the earliest date the participant could have retired, to the surviving spouse and continuing for the remaining lifetime of the surviving spouse.
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Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Age 55 and age plus service is greater than or equal to 65, or five years of vesting service, if later
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service
Disability	Permanent and total disability prior to NRD
Preretirement death benefit	Death occurring while: <ul style="list-style-type: none">▶ Actively employed with five years of vesting service, or▶ Terminated with a vested deferred benefit but before benefit commencement
In-Service commencement	Age 62 or later

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD
Early retirement	Monthly benefit is equal to the normal retirement benefit based on credited service and average monthly earnings at the date of termination. The payments are reduced 5/12% for each month retirement precedes age 65.
Postponed retirement	The monthly pension benefit determined as of the actual retirement date
Vested termination	Monthly benefit is equal to the normal retirement benefit based on credited service and average monthly earnings at the date of termination. Payments may begin when the participant meets the early retirement criteria above, reduced 5/12% for each month retirement precedes age 65.

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Disablement	The monthly pension benefit determined as of the date of disablement assuming participant had continued employment to NRD, payable at NRD
Preretirement death	Monthly preretirement death benefit is payable
In-Service commencement	Monthly pension benefit based on retirement eligibility on commencement date

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a 75% joint and survivor annuity, a ten-year certain and life annuity, a five-year certain and life annuity or (for married participants) a life annuity. Basis for actuarial equivalence is UP-1984 Unisex Mortality Table and 7.00% interest.
Pension Increases	None
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining projection cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining the funded target.

Changes in Benefits Valued Since Prior Year

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

Plan Name:	Retirement Plan for Employees of Charles Cole Memorial Hospital
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Retirement Plan for Employees of Charles Cole Memorial Hospital

EIN 24-0802108 PN 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2015

Identity of Issuer	Description of Investment	Cost	Current Value
U.S. Government securities			
Fannie Mae	\$294,000, .875%, due 8/28/2017	\$ 294,623	\$ 292,998
Fannie Mae	\$130,000, .875%, due 2/8/2018	130,231	129,147
Fannie Mae	\$150,000, 1.125%, due 7/20/2018	151,572	149,388
FHLMC	\$45,000, 2.00%, Due 8/25/16	45,958	45,362
FHLMC Gold Pool #C03483	\$246,208, 5.50%, Due 4/1/2040	275,446	272,255
FHLMC Gold Pool #C09065	\$145,477, 4.50%, Due 10/1/2044	157,638	157,301
FHLMC Gold Pool #C91176	\$168,257, 5.50%, due 5/01/2028	182,770	185,826
FHLMC Gold Pool #J26759	\$192,537, 3.00%, due 12/01/2028	197,111	198,614
FHLMC Gold Pool #Q12898	\$139,279, 3.50%, due 11/01/2042	138,931	143,550
FHLMC Gold Pool #Q28007	\$65,107, 4.50%, due 8/1/2044	70,550	70,276
FNMA Pool #AE9156	\$38,481, 4.50%, due 11/01/2040	40,983	41,561
FNMA Pool #AL3365	\$180,868, 6.00%, due 5/01/2041	200,934	204,473
Treasury Inflation Protected Securities	\$157,421, 0.125%, due 4/15/2018	157,573	157,118
Treasury Inflation Protected Securities	\$169,656, 0.625%, due 2/15/2043	148,897	143,572
Treasury Inflation Protected Securities	\$152,216, 1.125%, due 1/15/2021	158,288	156,928
Treasury Inflation Protected Securities	\$161,829, 0.125%, due 1/15/2022	158,240	156,821
Corporate bonds and notes			
American Express Credit	\$50,000, 2.8%, due 9/19/2016	52,467	50,637
American Int'l Group	\$50,000, 2.30%, due 7/16/2019	50,608	49,577
Baker Hughes, Inc	\$50,000, 7.50% due 11/15/2018	58,115	56,449
Bear Stearns Co, Inc	\$50,000, 7.25%, due 2/01/2018	60,186	55,155
Comcast Corp	\$50,000, 5.875%, due 2/15/2018	58,024	54,459
Digital Reality Trust, LP	\$50,000, 5.875%, due 2/1/2020	56,213	55,123
Goldman Sachs Group Inc	\$50,000, 2.375%, due 1/22/2018	50,285	50,432
Hartford Finl Svcs	\$50,000, 6.30%, due 3/15/2018	58,017	54,486
Lowe's Co, Inc.	\$50,000, 4.625%, due 4/15/2020	55,385	54,117
Merrill Lynch & Co	\$50,000, 6.875%, due 4/25/2018	56,064	55,163
Morgan Stanley	\$50,000, 4.75%, due 3/22/2017	54,798	51,791
Pepsico, Inc	\$50,000, 5.00%, due 5/1/2018	54,846	54,106
Mutual funds			
*Manning & Napier Dymanic Opportunities Fund	54,272 shares	548,403	484,655
*Manning & Napier Focused Opportunities Fund	60,212 shares	625,627	472,063
*Manning & Napier Emerging Markets Fund	18,536 shares	224,224	153,108
*Manning & Napier International Fund	83,476 shares	810,388	620,227
*Manning & Napier Real Estate Fund	26,030 shares	372,671	368,336
*Manning & Napier World Opportunities Fund	36,880 shares	322,661	249,679
*Manning & Napier Unconstrained Bond Fund	303,390 shares	3,293,384	3,070,308
Common stocks			
Alcoa, Inc.	20,040 shares	208,789	197,795
Alphabet, Inc. Class A	310 shares	171,427	241,183
Alphabet, Inc. Class C	320 shares	169,884	242,842
Ambev	29,840 shares	174,781	133,086
AMC Networks, Inc.	4,080 shares	257,194	304,693
Anheuser Busch	1,930 shares	185,868	239,946
Apple, Inc.	2,280 shares	243,038	239,993

Retirement Plan for Employees of Charles Cole Memorial Hospital

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

December 31, 2015

Identity of Issuer	Description of Investment	Cost	Current Value
Cerner, Corp.	2,430 shares	125,112	146,213
Diageo	5,590 shares	156,797	152,949
Ebay, Inc.	8,420 shares	211,046	231,382
Express Scripts Holding Co.	1,330 shares	113,964	116,255
Flir Systems, Inc.	2,770 shares	77,703	77,754
Flowserve Corp.	2,320 shares	123,356	97,626
Intuitive Surgical, Inc.	300 shares	151,298	163,848
Johnson & Johnson	2,020 shares	187,695	207,494
Juniper Networks, Inc.	5,320 shares	108,856	146,832
Liberty Global	3,040 shares	131,095	128,774
Lululemon Athletica, Inc.	3,340 shares	157,072	175,250
Mastercard, Inc. Class A	2,890 shares	241,214	281,370
Monsanto Co.	3,280 shares	393,563	323,146
Paypal Holdings, Inc.	4,220 shares	128,527	152,764
Priceline Group, Inc.	190 shares	222,456	242,241
Qualcomm, Inc.	3,790 shares	225,103	189,443
Range Resources, Corp.	5,580 shares	263,020	137,324
Realogy Holdings, Corp.	2,550 shares	104,036	93,509
Schlumberger LTD	2,190 shares	190,589	152,753
Sinclair Broadcast Group	4,910 shares	141,084	159,771
Tegna, Inc.	3,200 shares	82,502	81,664
Time Warner, Inc.	4,100 shares	302,703	265,147
Tribune Company New	3,940 shares	203,750	133,211
Trip Advisor, Inc.	1,490 shares	126,626	127,023
Twenty-First Century Fox, Inc.	7,450 shares	237,806	202,342
Unilever PLC	3,100 shares	124,705	133,672
Verifone Holdings, Inc.	3,920 shares	124,695	109,838
Visa, Inc. Class A	2,050 shares	136,214	158,978
Weyerhaeuser Co.	4,100 shares	119,311	122,918
Weatherford International	10,270 shares	142,665	86,165
Yum Brands, Inc.	1,920 shares	148,709	140,256
Money market funds			
Federated Government Obligations Tax-Managed Fund	120,166 shares	120,166	120,166
*State Street Institutional US Government Money Fund	42,483 shares	42,483	42,483
*State Street Interest Bearing Fund	250,000 shares	250,000	250,000
		<u>\$ 16,399,013</u>	<u>\$ 15,515,160</u>

* Party in interest

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2015

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2015	441,240	7	441,240	73,380
2	Shortfall	01/01/2014	(523,748)	6	(465,665)	(87,654)
3	Shortfall	01/01/2013	1,289,469	5	983,288	215,202
4	Shortfall	01/01/2012	(2,348,794)	4	(1,489,987)	(398,648)
5	Shortfall	01/01/2011	1,087,660	3	513,021	178,952
6	Shortfall	01/01/2010	1,967,259	2	647,226	331,074
7	Shortfall	01/01/2009	(441,724)	1	(78,383)	(78,383)
8	Shortfall	01/01/2008	2,101,535	0	0	0
Total					550,740	233,923

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