

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>07/01/2015</u> and ending <u>06/30/2016</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>ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
	1c Effective date of plan <u>07/01/1969</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>ASHTABULA COUNTY MEDICAL CENTER</u> <u>2420 LAKE AVENUE</u> <u>ASHTABULA, OH 44004-3817</u>	2b Employer Identification Number (EIN) <u>34-0726081</u>	2c Plan Sponsor's telephone number <u>440-997-2262</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	Filed with authorized/valid electronic signature.	04/17/2017	DONALD KEPNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/17/2017	DONALD KEPNER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor ASHTABULA COUNTY MEDICAL CENTER 2420 LAKE AVENUE ASHTABULA, OH 44004-3817	3b Administrator's EIN 34-0726081
	3c Administrator's telephone number 440-997-2262
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 947
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 394
a(2) Total number of active participants at the end of the plan year	6a(2) 378
b Retired or separated participants receiving benefits.....	6b 351
c Other retired or separated participants entitled to future benefits.....	6c 160
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 889
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 35
f Total. Add lines 6d and 6e	6f 924
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3D 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 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 07/01/2015 and ending 06/30/2016

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

A Name of plan ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ASHTABULA COUNTY MEDICAL CENTER	D Employer Identification Number (EIN) 34-0726081

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

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2015			
2 Assets:			
a Market value	2a	37262269	
b Actuarial value	2b	37262269	
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	398	20410592	20410592
b For terminated vested participants	160	3600800	3600800
c For active participants	389	11773227	12168105
d Total	947	35784619	36179497
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	6.27%	
6 Target normal cost	6	520620	

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		04/04/2017
Signature of actuary		Date
MONTY A. WESOLOSKI		17-07549
Type or print name of actuary		Most recent enrollment number
TOWERS WATSON DELAWARE INC.		216-937-4000
Firm name		Telephone number (including area code)
1001 LAKESIDE AVENUE SUITE 1500 CLEVELAND, OH 44114-1172		
Address of the firm		

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

Part 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)	1493893	830068
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)	1493893	830068
10 Interest on line 9 using prior year's actual return of <u>4.01</u> %	59905	33286
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1933068
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>6.51</u> %		125843
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		2058911
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)	1553798	863354

Part III Funding Percentages		
14 Funding target attainment percentage	14	96.31 %
15 Adjusted funding target attainment percentage	15	102.99 %
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	104.25 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2016	347736	0			
07/12/2016	347736	0			
10/12/2016	217581	0			
01/12/2017	217581	0			
03/10/2017	217581	0			
			Totals ►	18(b)	1348215
				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	1253892
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	520620	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	520620	
	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	520620	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1253892	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	733272	
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 07/01/2015 and ending 06/30/2016		
A Name of plan ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASHTABULA COUNTY MEDICAL CENTER	D Employer Identification Number (EIN) 34-0726081	

Part I	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)

SAGE ADVISORY SERVICES

74-2798841

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	53047	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CENTRAL HOSPITAL SERVICES

1226 HURON ROAD EAST
CLEVELAND, OH 44115

34-1173007

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	51934	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COLUMBIA MANAGEMENT INVEST ADVISORS

13-3180631

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	47178	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)

SCHAFFER CULLEN

13-3089070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	41681	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEDGEWOOD INVESTMENT GROUP

43-1468106

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	41473	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OAK RIDGE INVESTMENTS

36-4142388

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	35196	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)

FIRST STATE TRUST

13-3124172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	20245	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NGAM ADVISORS LLP

36-4142388

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	20231	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALAMOS ADVISORS LLC

20-1647533

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	17359	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MORGAN STANLEY SMITH BARNEY

94-1671384

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	14009	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
(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
(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
(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
(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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2015 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

A Name of plan ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ASHTABULA COUNTY MEDICAL CENTER	D Employer Identification Number (EIN) 34-0726081	

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

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

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

c EIN-PN 34-1607331-004	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--	--	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016		
A Name of plan ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASHTABULA COUNTY MEDICAL CENTER	D Employer Identification Number (EIN) 34-0726081	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	55846
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	0	81869
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	29
(2) U.S. Government securities.....	1c(2)	235232	3558602
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	6814705	6900627
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	18686483	542149
(B) Common	1c(4)(B)	0	17169660
(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)	4134302	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	6100297	4633192
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	38768	0

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	36009787	32941974

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	36009787	32941974
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1738680	
(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)		1738680

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	56	
(B) U.S. Government securities	2b(1)(B)	102445	
(C) Corporate debt instruments	2b(1)(C)	210936	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	8446	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		321883
(2) Dividends: (A) Preferred stock	2b(2)(A)	22475	
(B) Common stock	2b(2)(B)	282948	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	112599	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		418022
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	26716519	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	28219249	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-1502730
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	18112	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		18112

		(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)		-478435
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		515532

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3023507	
(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)		3023507
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)	20551	
(2) Contract administrator fees	2i(2)	51934	
(3) Investment advisory and management fees	2i(3)	270174	
(4) Other	2i(4)	217179	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		559838
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3583345

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3067813
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: CLIFTON LARSON ALLEN

(2) EIN: 41-0746749

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.)				
4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)				
4b		X		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
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 07/01/2015 and ending 06/30/2016

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

Part I	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>36-1561860</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>13</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:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: <u>64.9%</u> Investment-Grade Debt: <u>29.5%</u> High-Yield Debt: _____% Real Estate: _____% Other: <u>5.6%</u>
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
-----------------	---------------------------------

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



CliftonLarsonAllen LLP
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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Ashtabula County Medical Center Retirement Plan
Ashtabula, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Ashtabula County Medical Center Retirement Plan (the Plan), which comprise the statement of net assets available for benefits as of June 30, 2016, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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 First State Trust Company, the 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 custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the year ended June 30, 2016, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Emphasis of Matter Regarding Correction of an Error

The 2015 financial statements were audited by Bruner Cox LLP, whose practice became part of CliftonLarsonAllen LLP as of June 1, 2016, and whose report dated April 8, 2016, expressed an unmodified opinion on those statements. As discussed in Note 2 to the financial statements, certain errors to amounts previously reported for contribution receivables and contributions as of and for the year ended June 30, 2015, were discovered during the current year. Accordingly, amounts reported for contribution receivable and contributions have been restated in the 2015 financial statements now presented. The other auditors reported on the financial statements before the retrospective adjustment.

As part of our audit of the 2016 financial statements, we also audited the adjustments described in Note 2 that were applied to restate the 2015 financial statements. In our opinion, such adjustments are appropriate and have been properly applied. We were not engaged to audit, review, or apply any procedures to the 2015 financial statements of the Plan other than with respect to the adjustments and, accordingly, we do not express an opinion or any other form of assurance on the 2015 financial statements as a whole.

Other Matter – Supplemental Schedules

The supplemental Schedules H, line 4i—Schedule of Assets (Held at End of Year) and (2) Schedule H, line 4j – Schedule of Reportable Transactions as of or for the year ended June 30, 2016, are required by the Department of Labor's (DOL) 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 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.



CliftonLarsonAllen LLP

Akron, Ohio
April 15, 2017

SCHEDULE SB ATTACHMENTS

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

Years of Credited Service																																				
Attained Age	Under 1				5 to 9				10 to 14				15 to 19				20 to 24				25 to 29				30 to 34				35 to 39				40 & Over			
	No.		Avg. Comp.		No.		Avg. Comp.		No.		Avg. Comp.		No.		Avg. Comp.		No.		Avg. Comp.		No.		Avg. Comp.		No.		Avg. Comp.		No.		Avg. Comp.					
Under 25	0				0					0								0																		
25 - 29	0				0					0								0																		
30 - 34	3				11					1								0																		
35 - 39	2				11					17								0																		
40 - 44	2				18					21								7																		
45 - 49	1				20					26								10																		
50 - 54	0				14					32								15																		
55 - 59	0				12					20								19																		
60 - 64	0				5					10								8																		
65 - 69	0				3					3								1																		
70 & Over	1				0					0								0																		

Plan Name: The Ashtabula County Medical Center Retirement Plan
 EIN / PN: 34-0726081 / 001
 Plan Sponsor: Ashtabula County Medical Center
 Valuation Date: July 1, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- | | |
|-----------------------|-----------------|
| ■ Applicable month | March 2015 |
| ■ Interest rate basis | 3-Segment Rates |

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.72%	1.25%
■ Second segment rate	6.11%	4.08%
■ Third segment rate	6.81%	5.15%
■ Effective interest rate	6.27%	4.39%

Plan-related expenses

\$520,620

Plan Name:	The Ashtabula County Medical Center Retirement Plan
EIN / PN:	34-0726081 / 001
Plan Sponsor:	Ashtabula County Medical Center
Valuation Date:	July 1, 2015

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Mortality

Healthy

Separate rates for nonannuitants (based on RP2000 "Employees" table without collar or amount adjustments, projected to 2030 using Scale AA) and annuitants (based on RP2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2022 using Scale AA.)

Disabled

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

Termination

Representative rates varying by age:

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

Disability

Representative rates varying by age and gender:

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

Plan Name: The Ashtabula County Medical Center Retirement Plan
EIN / PN: 34-0726081 / 001
Plan Sponsor: Ashtabula County Medical Center
Valuation Date: July 1, 2015

SCHEDULE SB ATTACHMENTS

Retirement

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

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

Benefit commencement date:

Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55.

Deferred vested benefit The later of age 65 or termination of employment.

Disability benefit Upon disablement.

Retirement benefit Upon termination of employment.

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

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

Spouse age Wife three years younger than husband.

Covered pay N/A.

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

Plan Name: The Ashtabula County Medical Center Retirement Plan
EIN / PN: 34-0726081 / 001
Plan Sponsor: Ashtabula County Medical Center
Valuation Date: July 1, 2015

SCHEDULE SB ATTACHMENTS

Methods

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

Data Sources

Willis Towers Watson used asset data supplied by CHAMPS and First State Trust Company. APMC, through its third party administrator, furnished participant data as of the valuation date. Data were reviewed for reasonableness and consistency, but no audit was performed. Assumptions or estimates were made by the Willis Towers Watson actuaries when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Expected return on plan assets	We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, based on the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions.
Administrative expenses	Administrative expenses are estimated by determining the expected actual expenses for the coming year, including trust payable provider fees and PBGC premiums.

Plan Name:	The Ashtabula County Medical Center Retirement Plan
EIN / PN:	34-0726081 / 001
Plan Sponsor:	Ashtabula County Medical Center
Valuation Date:	July 1, 2015

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination assumption was selected by the plan sponsor and represents a best estimate of future experience.
Disability	Assumed disability rates selected by plan sponsor differ by gender because of expected differences in disability rates by gender and represent a best estimate of future experience.
Retirement	Retirement rates were selected by the plan sponsor in 2006 and represent a best estimate of future experience.
Benefit commencement date for deferred benefits:	
Preretirement death benefit	Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.
Deferred vested benefit	Deferred vested participants are assumed to begin benefits at age 65 (or current age if later) because the plan's experience is not considered to be credible, but deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant.
Marital Assumptions:	
Percent married	The assumed percentages married were selected by the plan sponsor in 2006 and represent a best estimate of future experience.

Plan Name:	The Ashtabula County Medical Center Retirement Plan
EIN / PN:	34-0726081 / 001
Plan Sponsor:	Ashtabula County Medical Center
Valuation Date:	July 1, 2015

SCHEDULE SB ATTACHMENTS

Spouse age

The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, 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.

Plan Name: The Ashtabula County Medical Center Retirement Plan
EIN / PN: 34-0726081 / 001
Plan Sponsor: Ashtabula County Medical Center
Valuation Date: July 1, 2015

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
JUNE 30, 2016**

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Leased Rental	(f) Expense Incurred With Transaction	(g) Cost	(h) Current Value	(i) Net Gain (Loss)
<u>Category (i) - Single Transaction in Excess of 5% of Plan Assets</u>								
Habor International Fund	Habor International Fund	\$ 2,753,700	\$ -	\$ -	\$ -	\$ 2,753,700	\$ 2,753,700	\$ -
<u>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets</u>								
Invesco Premier Portfolio	Invesco Premier Portfolio	1,857,896	-	-	-	1,857,896	1,857,896	-
Invesco Premier Portfolio	Invesco Premier Portfolio	-	885,390	-	-	885,390	885,390	-
US Treasury	US Treasury .500 3/31/17	1,029,393	-	-	-	1,029,393	1,029,393	-
US Treasury	US Treasury .500 3/31/17	-	1,239,144	-	-	1,239,144	1,238,212	(932)
US Treasury	US Treasury N/B .625 8/31/17	935,382	-	-	-	935,382	935,382	-
US Treasury	US Treasury N/B .625 8/31/17	-	930,957	-	-	935,494	930,957	(4,537)
US Treasury	US Treasury Notes .625% 11/30/17	1,189,450	-	-	-	1,189,450	1,189,450	-
US Treasury	US Treasury Notes .625% 11/30/17	-	728,925	-	-	728,925	732,376	-
Vanguard	Vanguard US Total Stock Market Index ETF	3,377,054	-	-	-	3,377,054	3,377,054	3,451
Vanguard	Vanguard US Total Stock Market Index ETF	-	1,635,755	-	-	1,635,755	1,584,068	(51,687)
* Morgan Stanley	Morgan Stanley Bank Deposit	14,852,838	-	-	-	14,852,838	14,852,838	-
* Morgan Stanley	Morgan Stanley Bank Deposit	-	19,211,063	-	-	19,211,063	19,211,063	-
Northern Instl Diversified	Northern Instl Diversified Assets - SW	2,360,601	-	-	-	2,360,601	2,360,601	-
Northern Instl Diversified	Northern Instl Diversified	-	2,360,572	-	-	2,360,572	2,360,572	-

There were no category (ii) or (iv) reportable transactions for the year ended June 30, 2016

* Indicates Party-in-Interest

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

▶ **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 The Ashtabula County Medical Center Retirement Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Ashtabula County Medical Center	D Employer Identification Number (EIN) 34-0726081	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value	2a	37,262,269	
b Actuarial value	2b	37,262,269	
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	398	20,410,592	20,410,592
b For terminated vested participants	160	3,600,800	3,600,800
c For active participants	389	11,773,227	12,168,105
d Total	947	35,784,619	36,179,497
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	6.27%	
6 Target normal cost	6	520,620	

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	<div style="text-align: center;"> Monty A. Wesoloski Signature of actuary </div>	<div style="text-align: center;"> <u>April 4, 2017</u> Date 1707549 Most recent enrollment number 216-937-4000 Telephone number (including area code) </div>
Monty A. Wesoloski Type or print name of actuary		
Towers Watson Delaware Inc. Firm name		
1001 Lakeside Avenue, Suite 1500 Cleveland OH 44114-1172 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 ☐

(b) Prefunding balance

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

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

4

22 Weighted average retirement age**22**

63

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

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)**29**

0

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

0

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

520,620

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

0

32 Amortization installments:**a** Net shortfall amortization installment

Outstanding Balance

Installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)**34**

520,620

	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**

520,620

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

1,253,892

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

733,272

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

0

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

0

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

0

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

0

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

0

SCHEDULE SB ATTACHMENTS

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

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

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

Plan Name: The Ashtabula County Medical Center Retirement Plan
EIN / PN: 34-0726081 / 001
Plan Sponsor: Ashtabula County Medical Center
Valuation Date: July 1, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Ashtabula County Medical Center
EIN/PN	34-0726081/001
Plan Name	The Ashtabula County Medical Center Retirement Plan
Valuation Date	July 1, 2015
Enrolled Actuary	Monty A. Wesoloski
Enrollment Number	17-07549

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

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

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2016 AND 2015**

	<u>2016</u>	<u>Restated 2015</u>
ASSETS		
INVESTMENTS (at Fair Value)		
Plan interest in The HealthComp, Inc. Group Trust	\$ -	\$ 4,134,302
Mutual Funds	4,633,192	-
Money Market Funds	62,296	6,100,297
Common and Preferred Stock	17,711,808	18,686,483
Corporate Bonds and Notes	6,900,627	6,814,705
Government Securities	3,558,602	235,232
Total Investments	<u>32,866,525</u>	<u>35,971,019</u>
RECEIVABLES		
Interest and Dividends	81,869	38,768
Contributions Receivable	1,000,479	1,390,944
Total Receivables	<u>1,082,348</u>	<u>1,429,712</u>
Total Assets	33,948,873	37,400,731
LIABILITIES		
DUE TO BROKER FOR PENDING TRADES	<u>6,420</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 33,942,453</u></u>	<u><u>\$ 37,400,731</u></u>

See accompanying Notes to Financial Statements.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED JUNE 30, 2016 AND 2015**

	<u>2016</u>	<u>Restated 2015</u>
ADDITIONS:		
INVESTMENT INCOME (LOSS)		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ (1,317,964)	\$ (336,117)
Interest and Dividends	94,816	38,768
Total	<u>(1,223,148)</u>	<u>(297,349)</u>
Less: Allocable Share of The HealthComp, Inc. Group Trust		
Expenses	-	(55,234)
Total	<u>(1,223,148)</u>	<u>(352,583)</u>
Plan Interest in The HealthComp, Inc. Group Trust		
Investment Income	-	1,942,804
Total Investment Income (Loss)	<u>(1,223,148)</u>	<u>1,590,221</u>
EMPLOYER CONTRIBUTIONS	<u>1,348,215</u>	<u>2,434,152</u>
Total Additions	125,067	4,024,373
DEDUCTIONS FROM NET ASSETS		
Benefit Payments	3,023,507	7,306,901
Other	-	45,423
Administrative Expenses	559,838	470,119
Total Deductions from Net Assets	<u>3,583,345</u>	<u>7,822,443</u>
NET DECREASE	(3,458,278)	(3,798,070)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>37,400,731</u>	<u>41,198,801</u>
End of Year	<u>\$ 33,942,453</u>	<u>\$ 37,400,731</u>

See accompanying Notes to Financial Statements.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 1 DESCRIPTION OF THE PLAN

The following description of Ashtabula County Medical Center (the Company) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan established January 1, 2001. The Plan was amended and restated throughout the years to comply with tax legislation and most recently amended effective July 1, 2015.

Effective January 1, 2004, the Plan was amended to include Ashtabula Clinic doctors. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

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

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

The Plan was amended during fiscal year 2015 to allow for a limited time period in which terminated vested participants could elect to receive a lump-sum payment.

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

The Plan is administered by the Company's Benefits 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 trustees.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

General (Continued)

The Plan covers substantially all employees of the Company who have completed five or more years of service through the freeze dates of December 31, 2006 and December 31, 2007. Employees may enter the Plan on January 1 or July 1, after meeting the eligibility service requirement. The Plan excludes non-resident aliens with no U.S. source income, leased employees, employees covered by another Pension Plan to which Ashtabula County Medical Center contributes, and employees covered by a collective bargaining agreement, unless the collective bargaining agreement specifically allows for participation. The current collective bargaining agreement allows for participation in the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension Benefits

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

Death and Disability Benefits

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

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2016 and 2015, the Company made contributions of \$1,043,208 and \$2,524,303, respectively. The Company's contributions for 2016 and 2015 exceeded the minimum funding requirements of ERISA.

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

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 2 RESTATEMENT

The statements of net assets available for benefits and the statements of changes in net assets available for benefits as of and for the year ended June 30, 2015, have been restated to correct contributions to the Plan as contributions receivable were erroneously excluded from the contribution amount.

The effect of the restatement was to increase net assets available for benefits at July 1, 2014 by \$1,481,095, record contribution receivable on the statement of net assets available for benefits as of June 30, 2015 of \$1,390,944 and decrease contributions on the statement of changes in net assets available for benefits for the year ended June 30, 2015 by \$90,151.

NOTE 3 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan 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 the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and 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. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Investment 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

Benefits are recorded when paid.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 3 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Administrative Expenses

The Plan's expenses are paid by the Plan as provided by the Plan document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through April 15, 2017, the date the financial statements were available to be issued.

NOTE 4 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

- a) retired or terminated employees or their beneficiaries,
- b) beneficiaries of employees who have died, and
- c) present employees or their beneficiaries.

Benefits under the Plan are accumulated based on certain formulas determined by the Plan. The accumulated plan benefits for active employees are based on the Plan's terms and participant's service through the date as of which the benefit information is presented (the freeze date). Benefits payable under all circumstances — retirement, death, and termination of employment — are included, to the extent they are deemed attributable to employee service rendered to the freeze date. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that 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 freeze date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of June 30, 2016 and 2015 were:

- a. Life expectancy of Participants (the RP-2014 Mortality Tables).
- b. Retirement Age Assumptions based on a table of anticipated rates of retirement at each of the ages at which retirement eligibility occurs.
- c. Investment Return of 7.50%

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 4 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

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

The following is a summary of actuarial present value of accumulated plan benefits as of June 30:

	2016	2015
Actuarial Present Value of Accumulated Plan Benefits:		
Vested Benefits:		
Participants Currently Receiving Payments	\$ 19,051,491	\$ 19,469,642
Other Participants	13,997,517	14,001,683
Total Vested Benefits	<u>33,049,008</u>	<u>33,471,325</u>
Nonvested Benefits	326,011	340,815
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 33,375,019</u>	<u>\$ 33,812,140</u>

The changes in the actuarial present value of accumulated plan benefits are summarized as follows for the years ended June 30:

	2016	2015
Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year	\$ 33,812,140	\$ 34,739,660
Increase (Decrease) During the Year Attributable to:		
Change in Actuarial Assumptions	-	1,899,474
Plan Amendments	-	-
Actuarial Losses	161,807	2,143,488
Benefits Accumulated	-	-
Change in Discount Period	2,424,579	2,336,419
Benefits Paid	<u>(3,023,507)</u>	<u>(7,306,901)</u>
Net Decrease	<u>(437,121)</u>	<u>(927,520)</u>
Actuarial Present Value of Accumulated Plan Benefits - End of Year	<u>\$ 33,375,019</u>	<u>\$ 33,812,140</u>

The computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2016 and 2015. Had the valuations been performed as of June 30, there would be no material differences.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 5 CERTIFICATION OF INVESTMENT INFORMATION

First State Trust Company, the custodian of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of June 30, 2016, the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of June 30, 2016.

NOTE 6 FAIR VALUE OF INVESTMENTS

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

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.

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

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 6 FAIR VALUE OF INVESTMENTS (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at June 30, 2016 and 2015.

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

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

Common and Preferred Stock: Investments in common stocks are valued at the closing price reported on the active market on which the individual securities are traded.

Corporate Bonds and Notes: Investments in bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote is available.

Government Securities: Investments in U.S. government securities are valued using pricing models maximizing the use of observable inputs for similar securities.

Collective Fund: Valued at NAV of units of the bank collective trust. NAV is a readily determinable fair value and is the basis for current transactions. If the Plan initiates a full redemption of the collective fund, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 6 FAIR VALUE OF INVESTMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30:

2016				
	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 62,296	\$ -	\$ -	\$ 62,296
Common and Preferred Stock	17,667,268	44,540	-	17,711,808
Corporate Bonds and Notes	9,916	6,890,711	-	6,900,627
Government Securities	-	3,558,602	-	3,558,602
Mutual Funds	4,633,192	-	-	4,633,192
Total Investments Excluding Plan Interest in the HealthComp, Inc. Group Trust, at Fair Value	<u>\$ 22,372,672</u>	<u>\$ 10,493,853</u>	<u>\$ -</u>	<u>\$ 32,866,525</u>

2015				
	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 6,100,297	\$ -	\$ -	\$ 6,100,297
Common and Preferred Stock	18,686,483	-	-	18,686,483
Corporate Bonds and Notes	-	6,814,705	-	6,814,705
Government Securities	-	235,232	-	235,232
Total Investments Excluding Plan Interest in the HealthComp, Inc. Group Trust, at Fair Value	<u>\$ 24,786,780</u>	<u>\$ 7,049,937</u>	<u>\$ -</u>	<u>\$ 31,836,717</u>

NOTE 7 INVESTMENT IN MASTER TRUST FUND

Until July 1, 2015, a portion of the Plan's investments was an interest in The HealthComp, Inc. Group Trust (Master Trust), which was established for the pooled investment of assets of the Plan and The Greater Cleveland Hospital Association. The assets of the Master Trust were held by Northern Trust (Trustee).

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

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

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 7 INVESTMENT IN MASTER TRUST FUND (CONTINUED)

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

	2015
The HealthComp, Inc. Group Trust:	
Common Stock	\$ 29,130
Preferred Stock	15,289
Common Collective Trusts	5,491,409
Interest Bearing Cash	273,477
Corporate Bonds	48,734
Accrued Income Receivable	32,076
Due from (to) Broker for Securities Purchased	(19,529)
Total	<u>\$ 5,870,586</u>
Amount Allocated to the Plan	<u>\$ 4,134,302</u>

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

	2015
Net Investment Gain in Master Trust:	
Interest and Dividend Income	\$ 1,404,181
Marketable Equity Securities Appreciation	2,090,998
Corporate Bonds Depreciation	(80,284)
Common Collective Trusts Depreciation	(53,425)
Total	<u>\$ 3,361,470</u>

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

	2015
Net Investment Gain Allocated to the Plan:	
Interest and Dividend Income	\$ 634,141
Net Appreciation in Fair Value of Investments	1,308,663
Total	<u>\$ 1,942,804</u>

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 7 INVESTMENT IN MASTER TRUST FUND (CONTINUED)

The following table sets forth by levels, within the fair value hierarchy, the Master Trust's assets at fair value as of June 30, 2015:

	2015			
	Level 1	Level 2	Level 3	Total
Marketable Equity Securities:				
Common Stock	\$ 41,677	\$ -	\$ -	\$ 41,677
Preferred Stock	15,289	-	-	15,289
Interest Bearing Cash	273,477	-	-	273,477
Corporate Bonds	48,734	-	-	48,734
Common Collective Trusts	-	5,491,409	-	5,491,409
Total Investments in the Fair Value Hierarchy	<u>\$ 379,177</u>	<u>\$ 5,491,409</u>	<u>\$ -</u>	5,870,586
Investments Measured at Net Asset Value				-
Total Investments at Fair Value				<u>\$ 5,870,586</u>

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of June 30, 2015:

	2015			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common Collective Trusts (*)	<u>\$ 5,491,409</u>	<u>\$ -</u>	Daily	None

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

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 8 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:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits 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.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. 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. For Plan terminations occurring during 2016, the statutory ceiling was approximately \$5,000 per month.

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at 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.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 9 PLAN TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated July 28, 2008, that the Plan and related trust are designed in accordance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 10 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 the 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 11 PARTY-IN-INTEREST TRANSACTIONS

The Plan investments are managed by First State Trust Company, the custodian. First State Trust Company is the custodian as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transactions. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2016 AND 2015**

NOTE 12 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of June 30:

	<u>2016</u>	<u>2015</u>
Net Assets Available for Benefits per the Financial Statements	\$ 33,942,453	\$ 37,400,731
Less: Contributions Receivable	<u>1,000,479</u>	<u>1,390,944</u>
Net Assets Available for Benefits per Form 5500	<u>\$ 32,941,974</u>	<u>\$ 36,009,787</u>

The following is a reconciliation of employee contributions per the financial statements to Form 5500 for the years ended June30:

	<u>2016</u>	<u>Restated 2015</u>
Employer Contributions per the Financial Statements	\$ 1,348,215	\$ 2,434,152
Add: Prior Year Contributions Receivable	1,390,944	1,481,095
Less: Current Year Contributions Receivable	<u>1,000,479</u>	<u>1,390,944</u>
Employee Contributions per Form 5500	<u>\$ 1,738,680</u>	<u>\$ 2,524,303</u>

Contributions are recorded on the Form 5500 when they are received and on the financial statements when they are due.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was restated effective July 1, 2015 with the following plan provisions and was adopted June 2015.

Covered Employees All bargained ACMC employees hired prior to December 31, 2007, and all nonbargained ACMC employees hired prior to December 31, 2006.

Participation Date The first of the month coinciding with or next following the attainment of age 21 and the completion of one year of credited service.

Definitions

Vesting service or "credited service" One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

Pensionable pay W-2 pay.

Normal retirement date (NRD) The first of month coinciding with or next following the attainment of age 65 or the fifth anniversary of participation, if later.

Benefit service Determined according to the following schedule based on compensated hours of service in a calendar year:

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

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

Plan Name: The Ashtabula County Medical Center Retirement Plan
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Valuation Date: July 1, 2015

SCHEDULE SB ATTACHMENTS

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

Average monthly compensation

The average of the highest three consecutive calendar years of plan-eligible compensation (annualized if a participant's compensated hours in any calendar year are less than 1,800) during the ten-year period ending on the earlier of (1) the participant's termination date or retirement date, or (2) the date after which benefit service is no longer earned.

Social Security covered compensation

The average of the maximum Taxable Wage Bases for the 35 calendar years ending with the year an individual attains Social Security retirement age. In determining an individual's covered compensation in any given year, the current year's Wage Base is assumed to remain level in future years.

Normal retirement benefit

The greater of (i), (ii) or (iii):

- (i) Nonbargained participants – 1.30% of average monthly compensation plus 0.50% of average monthly compensation in excess of Social Security covered compensation for each year of benefit service up to a maximum of 25 years.

Bargained participants – 1.30% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation for each year of Benefit Service up to a maximum of 25 years.

- (ii) \$15.00 per month for each year of benefit service up to a maximum of 25 years.
- (iii) The accrued benefit under the plan provisions in effect as of June 30, 1989.

Accrued benefit

The normal retirement benefit multiplied by the credited service ratio. In determining the normal retirement benefit, benefit service is computed as the sum of:

- (i) Benefit service at determination date, and
- (ii) The ratio of (i) to elapsed time of date of plan entry to the determination date, multiplied by the number of years from the date of determination to NRD.

The numerator of the credited service ratio equals credited service at the date of determination and the denominator equals credited service at the determination date plus the number of years from the date of determination to NRD.

Plan Name: The Ashtabula County Medical Center Retirement Plan
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SCHEDULE SB ATTACHMENTS

Preretirement death benefit

50% of the participant's accrued benefit reduced for both the 50% joint and survivor form and early receipt and payable at the participant's earliest retirement age.

Eligibility for Benefits

Normal retirement

The first of the month coinciding with or next following the attainment of age 65 or the fifth anniversary of participation, if later.

Early retirement

The first day of any month following the attainment of age 55 and the completion of five years of credited service.

Postponed retirement

Retirement after NRD.

Deferred vested termination

Any age with five years of credited service.

Disability

Any age with ten years of credited service upon total and permanent disability.

Preretirement death benefit

Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Survivor benefit

Any participant eligible for a vested retirement benefit who has been married for at least one year.

Benefits Paid Upon the Following Events

Normal retirement

Normal retirement benefit determined as of NRD.

Early retirement

The accrued benefit reduced actuarially for commencement prior to age 62 in accordance with the following:

Age	Early Retirement Factor
62	1.000
61	0.800
60	0.718
59	0.646
58	0.582
57	0.526
56	0.475
55	0.430

Postponed retirement

Monthly pension benefit determined as of actual retirement date.

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SCHEDULE SB ATTACHMENTS

Vested termination	Same as early retirement benefit described above.
Disablement	The accrued benefit determined as of the date of disablement, payable on the first of the month following five months of disability without reduction for early commencement.
Preretirement death	Preretirement death benefit payable on behalf of an active employee is reduced for each year that payment precedes the date the participant would have been 62 years old.

Other Plan Provisions

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

Plan Name: The Ashtabula County Medical Center Retirement Plan
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Future Plan Changes

No future plan changes were recognized in determining the minimum required and maximum tax-deductible contributions.

Changes in Benefits Valued Since Prior Year

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

Plan Name: The Ashtabula County Medical Center Retirement Plan
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Plan Sponsor: Ashtabula County Medical Center
Valuation Date: July 1, 2015

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2016**

			Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
CASH			14,488.93		14,488.93	0.00
			14,488.93		14,488.93	0.00
Cash						
	Cash Receivable		47,777.44		47,777.44	0.00
	47777.44 Par Value					
	Total Cash		62,266.37		62,266.37	0.00
Investments						
	Interest Bearing Cash					
	Northern Instl Diversified Assets-SW		28.88	100.00	28.88	0.00
	28.88 Par Value					
	70001879					
	Total Interest Bearing Cash		28.88		28.88	0.00
	U S Government					
	FHLMC 2.06	2.060% 01/15/2022	18,774.98	102.219	18,898.35	123.37
	18488.1 Par Value					
	70001942					
	FHLMC Gold Pool G08672	4.000% 10/01/2045	147,304.00	107.090666	148,028.69	724.69
	138227.44 Par Value					
	70001943					
	FHLMC Gold# G05188	5.000% 09/01/2038	0.06	110.363446	0.06	0.00
	0.05 Par Value					
	70001943					
	FHLMC PC Gold 15 Yr	3.000% 03/01/2027	125,781.34	105.144764	125,291.52	-489.82
	119160.97 Par Value					
	70001943					

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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2016**

				Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
FHLMC PC	Gold 15 Yr	3.500%	10/01/2028	0.02	106.857555	0.02	0.00
0.02 Par Value							
70001943							
FHLMC PC	Gold Comb	3.500%	08/01/2029	0.04	105.875016	0.04	0.00
0.04 Par Value							
70001943							
FHLMC PC	Gold Comb	6.500%	03/01/2037	2,942.24	116.319593	2,918.73	-23.51
2509.23 Par Value							
70001943							
FHLMC PC	Gold Comb	3.500%	01/01/2029	29,373.90	105.875016	29,108.59	-265.31
27493.35 Par Value							
70001943							
FHLMC PC	Gold Comb	4.500%	09/01/2038	21,531.35	108.974917	21,188.86	-342.49
19443.8 Par Value							
70001943							
FHLMC PC	Gold Comb	3.500%	03/01/2046	123,627.95	105.657095	124,960.35	1,332.40
118269.72 Par Value							
70001943							
FHLMC PC	Gold Comb	5.500%	10/01/2021	13,653.43	107.688519	13,148.48	-504.95
12209.73 Par Value							
70001943							
FHLMC PC	Gold Comb	5.500%	12/01/2024	5,401.99	107.66598	5,165.92	-236.07
4798.1 Par Value							
70001943							
FHLMC PC	Gold Comb	5.500%	02/01/2024	1,372.06	109.443794	1,334.43	-37.63
1219.28 Par Value							
70001943							
FHLMCC	Gold Comb	3.500%	09/01/2029	22,967.19	105.876405	22,773.65	-193.54
21509.66 Par Value							
70001943							

**ASHTABULA COUNTY MEDICAL CENTER
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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2016**

			Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
FHMS K012 A2 53000 Par Value 70001943	4.186%	12/25/2020	58,160.82	111.36	59,020.80	859.98
FHMS KAIV A2 55000 Par Value 70001943	3.989%	06/25/2021	59,581.22	111.064	61,085.20	1,503.98
FHR 3778 D 22147.03 Par Value 70001942	3.500%	03/15/2025	24,127.86	103.642	22,953.62	-1,174.24
FNMA 56000 Par Value 70001943	6.625%	11/15/2030	79,113.21	153.2139	85,799.78	6,686.57
FNMA PL#745932 3281.76 Par Value 70001943	6.500%	11/01/2036	3,848.79	115.717436	3,797.57	-51.22
FNMA MA2608 218549.61 Par Value 70001943	3.000%	05/01/2046	224,286.54	103.871098	227,009.88	2,723.34
FNMA Pass-Thru F 16349.07 Par Value 70001943	6.500%	03/01/2039	19,498.32	118.025831	19,296.13	-202.19
FNMA Pass-Thru Int 15 38047.34 Par Value 70001943	3.000%	01/01/2028	40,983.41	105.044955	39,966.81	-1,016.60
FNMA Pass-Thru Int 15 3336.47 Par Value 70001943	5.500%	02/01/2023	3,712.65	107.921884	3,600.78	-111.87
FNMA Pass-Thru Int 15 6412.01 Par Value 70001943	5.500%	10/01/2021	7,072.48	106.356036	6,819.56	-252.92

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JUNE 30, 2016**

			Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
FNMA Pass-Thru Int 15	5.500%	12/01/2023	3,324.48	109.798617	3,170.16	-154.32
2887.25 Par Value						
70001943						
FNMA Pass-Thru Int 15	5.500%	01/01/2021	8,706.02	107.36765	8,371.43	-334.59
7796.98 Par Value						
70001943						
FNMA Pass-Thru Int 15	5.500%	07/01/2023	42,888.71	108.422879	42,574.14	-314.57
39266.75 Par Value						
70001943						
FNMA Pass-Thru Int 15	3.500%	03/01/2027	0.05	106.67839	0.05	0.00
0.05 Par Value						
70001943						
FNMA Pass-Thru Int 15	5.500%	01/01/2025	3,763.61	107.371897	3,639.14	-124.47
3389.29 Par Value						
70001943						
FNMA Pass-Thru Lng 30	4.500%	10/01/2043	27,007.20	109.144395	26,386.09	-621.11
24175.4 Par Value						
70001943						
FNMA Pass-Thru Lng 30	4.500%	11/01/2044	80,531.05	109.315373	80,821.97	290.92
73934.68 Par Value						
70001943						
FNMA Pass-Thru Lng 30	4.000%	10/01/2041	59,385.04	107.500267	60,183.36	798.32
55984.38 Par Value						
70001943						
FNMA Pass-Thru Lng 30	3.500%	02/01/2044	106,260.83	107.184542	110,093.66	3,832.83
102714.12 Par Value						
70001943						
FNMA Pass-Thru Lng 30	4.500%	05/01/2044	42,394.93	109.142691	42,297.81	-97.12
38754.6 Par Value						
70001943						

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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2016**

			Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
FNMA Pass-Thru Lng 30	6.500%	10/01/2037	6,846.01	115.506538	6,608.93	-237.08
5721.69 Par Value						
70001943						
FNMA Pass-Thru Lng 30	4.500%	01/01/2044	8,725.13	109.102812	8,786.15	61.02
8053.09 Par Value						
70001943						
FNMA Pass-Thru Mega Sfl Lt	6.500%	10/01/2038	7,786.93	115.078635	7,039.82	-747.11
6117.4 Par Value						
70001943						
FNMA PI #995230	6.500%	01/01/2039	40,554.34	116.70304	40,120.10	-434.24
34377.94 Par Value						
70001943						
FNMA PI#AH3645	4.000%	02/01/2041	5,627.43	107.565882	5,618.05	-9.38
5222.89 Par Value						
70001943						
FNMA Pool# 888873	6.500%	08/01/2037	5,322.53	122.422792	5,517.57	195.04
4506.98 Par Value						
70001943						
FNMA Remic Trust 2011-15	4.000%	09/25/2029	52,220.85	101.948	50,974.00	-1,246.85
50000 Par Value						
70001942						
FNR 2005-15 JN	4.500%	02/25/2023	42,902.90	103.662	41,792.04	-1,110.86
40315.68 Par Value						
70001942						
GNMA Remic Trust 2010-56	4.500%	02/20/2036	2,639.93	100.43	2,337.83	-302.10
2327.82 Par Value						
70001942						
U S Treas Bd Stripped Prin P		11/15/2018	158,677.88	98.6394	162,755.01	4,077.13
165000 Par Value						
70001943						

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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2016**

			Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
U S Treasury Bonds 30000 Par Value 70001943	4.375%	05/15/2041	36,759.36	142.7891	42,836.73	6,077.37
U S Treasury Bonds 18000 Par Value 70001943	5.250%	02/15/2029	23,395.78	141.3984	25,451.71	2,055.93
U S Treasury Note 73000 Par Value 70001943	1.750%	05/15/2023	70,285.28	103.1602	75,306.95	5,021.67
U S Treasury Note 35000 Par Value 70001943	2.750%	11/15/2023	36,233.19	110.2344	38,582.04	2,348.85
U S Treasury Note 50000 Par Value 70001942	1.750%	09/30/2019	51,312.65	103.1289	51,564.45	251.80
U S Treasury TIPS 144000 Par Value 70001942	1.875%	07/15/2019	172,867.24	125.618127	180,890.10	8,022.86
U.S. Treasury Bonds 30000 Par Value 70001943	4.250%	11/15/2040	35,985.92	140.0234	42,007.02	6,021.10
U.S. Treasury Bonds 6000 Par Value 70001943	4.500%	02/15/2036	8,498.93	144.0391	8,642.35	143.42
U.S. Treasury Note 97000 Par Value 70001943	0.750%	10/31/2017	96,673.59	100.2422	97,234.93	561.34
United States Treas Bds 134000 Par Value 70001943	3.000%	05/15/2045	134,417.16	114.9414	154,021.48	19,604.32

**ASHTABULA COUNTY MEDICAL CENTER
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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2016**

			Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
United States Treas Nts	2.125%	12/31/2022	55,756.47	105.4336	57,988.48	2,232.01
55000 Par Value						
70001943						
United States Treas Nts	1.375%	08/31/2020	43,957.83	101.832	44,806.08	848.25
44000 Par Value						
70001943						
US Treasury	1.750%	12/31/2020	46,702.74	103.4414	47,583.04	880.30
46000 Par Value						
70001943						
US Treasury	2.250%	11/15/2025	18,405.07	106.6875	19,203.75	798.68
18000 Par Value						
70001943						
US Treasury	1.625%	02/15/2026	15,657.50	101.125	16,180.00	522.50
16000 Par Value						
70001943						
US Treasury	1.625%	05/15/2026	22,606.59	101.2227	23,281.22	674.63
23000 Par Value						
70001943						
US Treasury	2.500%	05/15/2046	12,165.52	104.207	12,504.84	339.32
12000 Par Value						
70001943						
US Treasury	1.625%	03/31/2019	399,553.78	102.5078	403,880.73	4,326.95
394000 Par Value						
70001942						
US Treasury Notes	0.625%	11/30/2017	461,296.27	100.082	465,381.30	4,085.03
465000 Par Value						
70001942						
Total U S Government			3,481,212.57		3,558,602.33	77,389.76
Corporate Debt - Other						
Abbvie Inc	1.750%	11/06/2017	118,322.26	100.5906	118,696.91	374.65
118000 Par Value						
70001942						

**ASHTABULA COUNTY MEDICAL CENTER
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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2016**

			Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Aflac Inc	3.625%	11/15/2024	40,193.68	107.1025	42,841.00	2,647.32
40000 Par Value 70001943						
American Electric Power	1.650%	12/15/2017	34,006.59	100.2882	34,097.99	91.40
34000 Par Value 70001942						
American Express Credit	2.250%	08/15/2019	120,033.60	102.0818	122,498.16	2,464.56
120000 Par Value 70001942						
Amgen	2.200%	05/22/2019	32,815.66	102.5688	33,847.70	1,032.04
33000 Par Value 70001943						
Anheuser Busch Cos	6.450%	09/01/2037	29,435.01	133.3072	31,993.73	2,558.72
24000 Par Value 70001943						
Anheuser Busch Inbev Fin Inc	1.900%	02/01/2019	116,205.20	101.698	116,952.70	747.50
115000 Par Value 70001942						
Aol Time Warner	7.625%	04/15/2031	29,843.58	137.1634	31,547.58	1,704.00
23000 Par Value 70001943						
Apple Inc	2.400%	05/03/2023	41,009.44	101.8351	43,789.09	2,779.65
43000 Par Value 70001943						
Ares Capital	4.750%	01/15/2018	18,506.34	103.4375	18,618.75	112.41
18000 Par Value 70001944						
AT & T Inc Gbl Nt	3.400%	05/15/2025	20,115.80	102.2907	20,458.14	342.34
20000 Par Value 70001943						

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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2016**

			Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
AT&T Inc	5.500%	02/01/2018	118,764.22	106.4361	116,015.35	-2,748.87
109000 Par Value 70001942						
Atlas Air Worldwide Hldg	2.250%	06/01/2022	6,906.78	96.9375	6,785.63	-121.15
7000 Par Value 70001944						
BACCT 2014-A1 A	0.861%	06/15/2021	239,938.32	99.928	239,827.20	-111.12
240000 Par Value 70001942						
Bank Nova Scotia VAR	1.148%	07/15/2016	118,463.66	100.017	118,020.06	-443.80
118000 Par Value 70001942						
Bank Of Amer Crp	5.750%	12/01/2017	69,716.35	105.8442	67,740.29	-1,976.06
64000 Par Value 70001942						
Bank of America Corp	2.000%	01/11/2018	40,110.80	100.6393	40,255.72	144.92
40000 Par Value 70001943						
Bank of New York Mellon	3.650%	02/04/2024	33,768.63	109.3739	36,093.39	2,324.76
33000 Par Value 70001943						
Barrick Na Fin	4.400%	05/30/2021	27,498.12	107.671	29,071.17	1,573.05
27000 Par Value 70001943						
BHP Billiton Finance USA	1.625%	02/24/2017	115,457.45	100.2789	115,320.74	-136.71
115000 Par Value 70001942						
Biomarin Pharm	0.750%	10/15/2018	12,295.00	111.0625	8,885.00	-3,410.00
8000 Par Value 70001944						

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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2016**

			Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
BNP Paribas	2.400%	12/12/2018	42,518.82	101.953	42,820.26	301.44
42000 Par Value 70001942						
BNP Paribas	2.375%	09/14/2017	114,357.13	101.44	114,627.20	270.07
113000 Par Value 70001942						
Boardwalk Pipelines	5.875%	11/15/2016	31,109.19	101.3844	30,415.32	-693.87
30000 Par Value 70001942						
BP Cap Mkts PLC Sr Nt	3.062%	03/17/2022	37,741.56	103.3261	39,263.92	1,522.36
38000 Par Value 70001943						
Capital One Cc Tr 2015-1a	1.390%	01/15/2021	179,622.38	100.686	180,227.94	605.56
179000 Par Value 70001942						
Capital One Finl	6.150%	09/01/2016	41,170.11	100.7778	39,303.34	-1,866.77
39000 Par Value 70001943						
Catepillar Financial Servic	1.350%	05/18/2019	36,896.01	100.4665	37,172.61	276.60
37000 Par Value 70001943						
Cepheid Sr Conv Bd	1.250%	02/01/2021	21,225.06	86.6875	16,470.63	-4,754.43
19000 Par Value 70001944						
Citigroup Inc	1.750%	05/01/2018	119,168.40	100.4396	120,527.52	1,359.12
120000 Par Value 70001942						
Citigroup Inc	4.600%	03/09/2026	37,996.58	106.0181	40,286.88	2,290.30
38000 Par Value 70001943						

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JUNE 30, 2016**

			Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Citrix Sys Inc Sr Conv Nt 40000 Par Value 70001944	0.500%	04/15/2019	44,346.52	111.25	44,500.00	153.48
Commonwealth Edison 37000 Par Value 70001942	2.150%	01/15/2019	37,336.47	101.9959	37,738.48	400.01
Conoco Phillips Company 68000 Par Value 70001942	1.500%	05/15/2018	67,755.88	100.3785	68,257.38	501.50
Conocophillips Co 35000 Par Value 70001943	4.200%	03/15/2021	37,683.45	108.2741	37,895.94	212.49
Ctrip Com Intl Ltd Sr Cv 14000 Par Value 70001944	1.250%	10/15/2018	17,349.60	122.1875	17,106.25	-243.35
CVS Health Corp 112000 Par Value 70001942	2.800%	07/20/2020	115,965.92	104.127	116,622.24	656.32
Deutsche Bank 38000 Par Value 70001943	3.125%	01/13/2021	37,880.68	99.8738	37,952.04	71.36
Ebay Inc 38000 Par Value 70001943	3.800%	03/09/2022	38,872.86	106.2579	40,378.00	1,505.14
Emergent Biosolutions 17000 Par Value 70001944	2.875%	01/15/2021	21,439.83	113.1875	19,241.88	-2,197.95
Enbridge Energy Partners L 28000 Par Value 70001942	6.500%	04/15/2018	30,875.18	106.051	29,694.28	-1,180.90

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JUNE 30, 2016**

			Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Energy Transfer Partners 40000 Par Value 70001943	4.650%	06/01/2021	41,302.52	103.2483	41,299.32	-3.20
Enterprise Products Oper 38000 Par Value 70001943	2.550%	10/15/2019	38,005.92	102.7596	39,048.65	1,042.73
Federated Retail 112000 Par Value 70001942	5.900%	12/01/2016	117,695.20	102.0592	114,306.30	-3,388.90
Finisar Corp Sr Conv Nt 9000 Par Value 70001944	0.500%	12/15/2033	8,842.50	96.4375	8,679.38	-163.12
Fireeye Inc 12000 Par Value 70001944	1.625%	06/01/2035	13,170.00	88.1875	10,582.50	-2,587.50
FITAT 2014-2 A3 35873.7 Par Value 70001942	0.890%	11/15/2018	35,922.54	99.895	35,935.93	13.39
Ford Credit Auto Own Tr 201 7490.49 Par Value 70001942	0.731%	01/15/2018	7,491.58	100.002	7,490.64	-0.94
Ford Credit Firpin Tr A 201 45000 Par Value 70001942	1.420%	01/15/2020	44,967.55	100.189	45,085.05	117.50
Gen Elec Cap Crp Mtn 33000 Par Value 70001943	5.625%	09/15/2017	36,064.77	105.6847	34,875.95	-1,188.82
Goldman Sachs Gp 112000 Par Value 70001942	5.950%	01/18/2018	122,949.14	106.5288	119,312.26	-3,636.88

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JUNE 30, 2016**

			Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Greenbrier Cos Inc 8000 Par Value 70001944	3.500%	04/01/2018	10,245.00	106.25	8,500.00	-1,745.00
HAROT 2015-3 A2 138046.57 Par Value 70001942	0.920%	11/20/2017	138,044.91	100.03	138,087.98	43.07
Harot 2015-4 A3 177000 Par Value 70001942	1.230%	09/23/2019	177,179.83	100.349	177,617.73	437.90
HART 2015-A A3 57000 Par Value 70001942	1.050%	04/15/2019	56,981.36	100.162	57,092.34	110.98
Healthisouth Corp 20000 Par Value 70001944	2.000%	12/01/2043	25,825.00	116.6875	23,337.50	-2,487.50
Hologic Inc 15000 Par Value 70001944		12/15/2043	18,865.48	121.375	18,206.25	-659.23
HSBC Holdings PLC 34000 Par Value 70001943	5.100%	04/05/2021	37,833.50	110.3404	37,515.74	-317.76
IBM Corp 42000 Par Value 70001943	4.000%	06/20/2042	38,254.86	105.9064	44,480.69	6,225.83
Illumina Inc 17000 Par Value 70001944	0.500%	06/15/2021	17,736.88	99.875	16,978.75	-758.13
Incyte Corp Sr Cv Nt 6000 Par Value 70001944	0.375%	11/15/2018	12,270.00	165.6875	9,941.25	-2,328.75

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JUNE 30, 2016**

			Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Intel Corp	3.250%	08/01/2039	36,340.00	162.5625	37,389.38	1,049.38
23000 Par Value 70001944						
J P Morgan Chase & Co Mtn B	1.700%	03/01/2018	37,844.69	100.5537	38,210.41	365.72
38000 Par Value 70001943						
John Deere	1.200%	10/10/2017	34,920.20	100.3894	35,136.29	216.09
35000 Par Value 70001943						
JP Morgan Chase	1.800%	01/25/2018	98,177.87	100.7902	98,774.40	596.53
98000 Par Value 70001942						
Jpmorgan Chase Amp; Co 2	2.200%	10/22/2019	117,528.88	101.6459	117,909.24	380.36
116000 Par Value 70001942						
Kinder Morgan Inc Del	3.050%	12/01/2019	37,866.01	101.0444	38,396.87	530.86
38000 Par Value 70001943						
Korea Dev Bank	3.500%	08/22/2017	107,028.22	102.5616	105,638.45	-1,389.77
103000 Par Value 70001942						
Liberty Interactive	0.750%	03/30/2043	9,181.31	111.5197	6,449.74	-2,731.57
5783.5 Par Value 70001944						
Liberty Media Corp	1.375%	10/15/2023	36,828.55	99.3125	36,745.63	-82.92
37000 Par Value 70001944						
Linkedin Corp	0.500%	11/01/2019	53,098.43	98.6875	49,343.75	-3,754.68
50000 Par Value 70001944						

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JUNE 30, 2016**

			Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
McDonald's Corp Mtn	5.000%	02/01/2019	41,696.29	108.9074	41,384.81	-311.48
38000 Par Value						
70001943						
Medidata Solutions Inc	1.000%	08/01/2018	20,697.50	108.375	18,423.75	-2,273.75
17000 Par Value						
70001944						
Merrill Lynch	6.400%	08/28/2017	123,237.54	105.5164	119,233.53	-4,004.01
113000 Par Value						
70001942						
Microchip Technology Inc	1.625%	02/15/2025	36,574.44	110.6875	37,633.75	1,059.31
34000 Par Value						
70001944						
Micron Technology Inc	1.625%	02/15/2033	12,477.50	140.375	9,826.25	-2,651.25
7000 Par Value						
70001944						
Microsoft Corp	1.625%	12/06/2018	112,739.20	101.7424	113,951.49	1,212.29
112000 Par Value						
70001942						
Midamer Ener Hld	5.750%	04/01/2018	30,958.67	107.7485	30,169.58	-789.09
28000 Par Value						
70001942						
Molina Healthcare	1.625%	08/15/2044	26,140.00	108.5625	22,798.13	-5,341.87
21000 Par Value						
70001944						
Newmont Mining	3.500%	03/15/2022	36,224.98	103.8381	39,458.48	3,233.50
38000 Par Value						
70001943						
Nomura Holdings Inc	2.000%	09/13/2016	119,746.13	100.1726	119,205.39	-540.74
119000 Par Value						
70001942						

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JUNE 30, 2016**

			Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Nuvasave Inc	2.750%	07/01/2017	34,847.68	145.875	43,762.50	8,914.82
30000 Par Value						
70001944						
Nvidia Corp 1.0000% 12/01/18	1.000%	12/01/2018	20,081.25	233.00	39,610.00	19,528.75
17000 Par Value						
70001944						
Oneok Partners Lp	6.150%	10/01/2016	33,805.82	100.9814	32,314.05	-1,491.77
32000 Par Value						
70001943						
Oracle Corp	2.500%	05/15/2022	28,846.59	102.1793	29,632.00	785.41
29000 Par Value						
70001943						
Oracle Corp	1.200%	10/15/2017	119,067.78	100.3541	119,421.38	353.60
119000 Par Value						
70001942						
Palo Alto Networks Inc		07/01/2019	8,857.20	127.4375	7,646.25	-1,210.95
6000 Par Value						
70001944						
PNC Funding Corp	2.700%	09/19/2016	119,702.20	100.2301	118,271.52	-1,430.68
118000 Par Value						
70001942						
Priceline.Com	0.350%	06/15/2020	64,700.15	117.25	64,487.50	-212.65
55000 Par Value						
70001944						
Proofpoint Inc	0.750%	06/15/2020	18,430.62	107.3125	18,243.13	-187.49
17000 Par Value						
70001944						
Prudential Finl Inc Mtns Bo	3.500%	05/15/2024	33,454.64	103.9106	35,329.60	1,874.96
34000 Par Value						
70001943						

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			Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Red Hat Inc	0.250%	09/01/2021	37,412.80	121.25	36,375.00	-1,037.80
30000 Par Value						
70001944						
Royal Bk Of Cda Bd Cds	2.150%	03/06/2020	37,815.43	101.7246	38,655.35	839.92
38000 Par Value						
70001943						
RTI International Metals	1.625%	10/15/2019	10,455.63	106.00	10,600.00	144.37
10000 Par Value						
70001944						
Ryland Group	1.625%	05/15/2018	29,759.96	128.1875	32,046.88	2,286.92
25000 Par Value						
70001944						
Salesforce.Com	0.250%	04/01/2018	52,631.25	129.1875	54,258.75	1,627.50
42000 Par Value						
70001944						
Santander UK PLC	2.375%	03/16/2020	37,763.22	100.1987	38,075.51	312.29
38000 Par Value						
70001943						
Seacor Hldgs	2.500%	12/15/2027	27,793.12	97.75	26,392.50	-1,400.62
27000 Par Value						
70001944						
Semiconductor Corp	2.625%	12/15/2026	20,730.00	103.875	16,620.00	-4,110.00
16000 Par Value						
70001944						
SEMT 2012-1 2A1	3.474%	01/25/2042	27,595.65	103.016	28,396.88	801.23
27565.5 Par Value						
70001942						
Servicenow Inc sr cv zero nt		11/01/2018	9,760.00	111.25	8,900.00	-860.00
8000 Par Value						
70001944						

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			Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Shell Int'l Finance	1.125%	08/21/2017	115,106.95	100.3025	115,347.88	240.93
115000 Par Value						
70001942						
Spirit Realty Capital In	3.750%	05/15/2021	18,014.40	111.8125	20,126.25	2,111.85
18000 Par Value						
70001944						
Starwood Property Trust	4.550%	03/01/2018	20,045.00	104.1875	19,795.63	-249.37
19000 Par Value						
70001944						
Starwood Waypoint Res Tr	3.000%	07/01/2019	18,576.28	110.25	20,947.50	2,371.22
19000 Par Value						
70001944						
Statoil ASA	1.150%	05/15/2018	41,590.87	100.0896	42,037.63	446.76
42000 Par Value						
70001943						
Sunpower Corp .7500% 06/01/1	0.750%	06/01/2018	20,353.20	94.9375	14,240.63	-6,112.57
15000 Par Value						
70001944						
Synchronoss Tech	0.750%	08/15/2019	21,933.12	98.9375	18,798.13	-3,134.99
19000 Par Value						
70001944						
Take-Two Interactive 1.	1.750%	12/01/2016	7,618.75	198.3125	9,915.62	2,296.87
5000 Par Value						
70001944						
TAOT 2013-B A3	0.890%	07/17/2017	5,285.67	99.998	5,276.44	-9.23
5276.55 Par Value						
70001942						
Tesla Motors Corp	1.250%	03/01/2021	80,047.66	82.1875	69,859.38	-10,188.28
85000 Par Value						
70001944						

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			Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Toyota Motor Credit Corp	1.400%	05/20/2019	117,301.86	100.5856	117,685.15	383.29
117000 Par Value 70001942						
Twitter Inc	1.000%	09/15/2021	23,221.25	89.00	23,140.00	-81.25
26000 Par Value 70001944						
United Health Care	5.800%	03/15/2036	39,276.63	131.1312	44,584.61	5,307.98
34000 Par Value 70001943						
United Health Group Inc.	1.900%	07/16/2018	119,534.31	101.7242	121,051.80	1,517.49
118000 Par Value 70001942						
US Bancorp	2.200%	04/25/2019	119,532.82	102.5599	121,020.68	1,487.86
118000 Par Value 70001942						
Verizon Communications	2.625%	02/21/2020	121,560.00	103.4865	124,183.80	2,623.80
120000 Par Value 70001942						
Verizon Communications Inc	3.000%	11/01/2021	33,543.38	105.0375	35,712.75	2,169.37
34000 Par Value 70001943						
Viacom Inc	6.875%	04/30/2036	32,189.21	109.778	31,835.62	-353.59
29000 Par Value 70001943						
Vodafone Group Plc	6.150%	02/27/2037	33,813.44	116.014	35,964.34	2,150.90
31000 Par Value 70001943						
Wachovia Bank Cmo	5.308%	11/15/2048	23,438.90	100.428	22,003.92	-1,434.98
21910.14 Par Value 70001942						

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			Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Watson Pharmaceuticals	1.875%	10/01/2017	119,545.02	100.4993	119,594.17	49.15
119000 Par Value 70001942						
Weatherford	5.875%	07/01/2021	9,536.66	108.6875	8,695.00	-841.66
8000 Par Value 70001944						
Web MD	2.500%	01/31/2018	35,570.24	109.875	36,258.75	688.51
33000 Par Value 70001944						
Wells Fargo & Company	4.600%	04/01/2021	39,568.89	111.7463	40,228.67	659.78
36000 Par Value 70001943						
Wells Fargo & Company	2.550%	12/07/2020	114,647.54	102.914	116,292.82	1,645.28
113000 Par Value 70001942						
WFNMT 2015-A A	0.916%	02/15/2022	50,059.85	99.877	49,938.50	-121.35
50000 Par Value 70001942						
Workday Inc	1.500%	07/15/2020	26,207.79	117.0625	26,924.38	716.59
23000 Par Value 70001944						
Workday Inc	0.750%	07/15/2018	29,145.16	111.00	27,750.00	-1,395.16
25000 Par Value 70001944						
Xerox Corporation	6.350%	05/15/2018	35,772.60	106.9257	34,216.22	-1,556.38
32000 Par Value 70001943						
Yahoo Inc Sr Cv Zero Nt 1		12/01/2018	20,875.00	99.25	19,850.00	-1,025.00
20000 Par Value 70001944						
Total Corporate Debt - Other			6,892,098.71		6,900,627.01	8,528.30
Corporate Stock - Preferred						

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	Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Alcoa Inc 238 Shares 70001944	9,788.94	32.87	7,823.06	-1,965.88
Allergan Plc Pfd Cv Ser A 85 Shares 70001944	85,890.71	833.58	70,854.30	-15,036.41
American Tower Pfd Srs A 5.25% 301 Shares 70001944	31,003.00	112.50	33,862.50	2,859.50
AMG Capital Trust 525 Shares 70001944	32,451.82	54.625	28,678.13	-3,773.69
Amsurg Corp 126 Shares 70001944	17,655.75	144.30	18,181.80	526.05
Anthem Inc 605 Shares 70001944	32,615.55	44.73	27,061.65	-5,553.90
Bank Of America Corp 7.250% Conv Pfd 40 Shares 70001944	45,320.00	1,195.00	47,800.00	2,480.00
Crown Castle Intl Corp 199 Shares 70001944	20,682.07	121.00	24,079.00	3,396.93
Dominion Resources Inc 210 Shares 70001944	10,269.00	51.84	10,886.40	617.40
Exelon Corp 370 Shares 70001944	17,197.60	49.34	18,255.80	1,058.20

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		Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Fiat Chrysler Automobile	7.8750% 12/15/16	16,845.97	59.88	7,485.00	-9,360.97
125 Shares					
70001944					
Frontier Communications		17,356.50	94.82	16,214.22	-1,142.28
171 Shares					
70001944					
Hess Corp		15,886.47	75.78	21,976.20	6,089.73
290 Shares					
70001944					
Nextera Energy Inc	5.799% 09/01/16	22,730.67	66.71	27,818.07	5,087.40
417 Shares					
70001944					
Southwestern Energy Srs B		18,037.51	30.10	11,799.20	-6,238.31
392 Shares					
70001944					
Stanley Black & Decker I	11/17/16	18,908.76	116.10	17,995.50	-913.26
155 Shares					
70001944					
T-Mobile US Inc	5.500% 12/15/17	17,987.55	73.59	19,059.81	1,072.26
259 Shares					
70001944					
Teva Pharmaceutical Indu		28,070.00	827.00	23,156.00	-4,914.00
28 Shares					
70001944					
Tyson Foods Pfd		22,086.70	73.88	30,290.80	8,204.10
410 Shares					
70001944					
Wells Fargo & Co Conv Pfd		48,585.00	1,299.20	53,267.20	4,682.20
41 Shares					
70001944					

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	Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Welltower Inc 204 Shares 70001944	12,421.56	67.80	13,831.20	1,409.64
WPX Energy Inc. 255 Shares 70001944	9,320.31	46.17	11,773.35	2,453.04
Total Corporate Stock - Preferred	551,111.44		542,149.19	-8,962.25
Corporate Stock - Common				
ABOIMED Inc 689 Shares 70001940	60,425.25	109.29	75,300.81	14,875.56
Acadia Health Care Inc 1278 Shares 70001940	99,022.40	55.40	70,801.20	-28,221.20
Acceleron Pharma Inc 1178 Shares 70001940	37,112.99	33.98	40,028.44	2,915.45
Aduro Biotech Inc 1203 Shares 70001940	31,091.45	11.31	13,605.93	-17,485.52
Aes Corp 13583 Shares 70001939	165,061.09	12.48	169,515.84	4,454.75
Akom Inc 1918 Shares 70001940	85,938.81	28.485	54,634.23	-31,304.58
Alaska Air Group Inc 246 Shares 70001941	16,453.71	58.29	14,339.34	-2,114.37
Alleghany Corp 160 Shares 70001941	85,233.01	549.58	87,932.80	2,699.79

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	Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Alliant Corp 2455 Shares 70001941	89,720.92	39.70	97,463.50	7,742.58
Allstate Corp 1350 Shares 70001941	90,959.36	69.95	94,432.50	3,473.14
Alphabet Inc Cl A 244 Shares 70001938	141,647.43	703.53	171,661.32	30,013.89
Altria Group Inc 2355 Shares 70001939	115,771.80	68.96	162,400.80	46,629.00
AMC Networks Inc 440 Shares 70001941	27,403.38	60.42	26,584.80	-818.58
Amdocs Ltd Ord 955 Shares 70001941	54,585.51	57.72	55,122.60	537.09
Anadarko Petroleum Corp 1979 Shares 70001939	149,880.82	53.25	105,381.75	-44,499.07
Annaly Capital Management Inc 10860 Shares 70001941	115,782.80	11.07	120,220.20	4,437.40
Ansys Inc 773 Shares 70001940	71,015.51	90.75	70,149.75	-865.76
Apple Computer Inc 3242 Shares 70001936	387,929.77	95.60	309,935.20	-77,994.57

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JUNE 30, 2016**

	Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Apple Computer Inc 170 Shares 70001944	18,161.90	95.60	16,252.00	-1,909.90
Applied Matis Inc 9447 Shares 70001939	183,022.48	23.97	226,444.59	43,422.11
Aramark 1055 Shares 70001941	34,907.42	33.42	35,258.10	350.68
Arris International PLC 2670 Shares 70001941	61,878.85	20.96	55,963.20	-5,915.65
Assured Guaranty Ltd 1365 Shares 70001941	38,151.75	25.37	34,630.05	-3,521.70
Avnet Inc 1370 Shares 70001941	58,307.20	40.51	55,498.70	-2,808.50
Ball Corp 390 Shares 70001941	28,098.75	72.29	28,193.10	94.35
Bank America Corp 12102 Shares 70001939	204,657.98	13.27	160,593.54	-44,064.44
BankUnited Inc 2105 Shares 70001940	76,716.85	30.72	64,665.60	-12,051.25
Baxter Intl Inc 1231 Shares 70001939	89,050.54	45.22	55,665.82	-33,384.72

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	Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Beacon Roofing Supply Inc 1741 Shares 70001940	57,316.56	45.47	79,163.27	21,846.71
Bed Bath & Beyond Inc 1270 Shares 70001941	56,397.65	43.22	54,889.40	-1,508.25
Bemis Inc 930 Shares 70001941	46,142.14	51.49	47,885.70	1,743.56
Berkshire Hathaway Inc-CI B 2390 Shares 70001936	331,471.88	144.79	346,048.10	14,576.22
Bio Rad Labs Inc CI A 445 Shares 70001941	65,871.75	143.02	63,643.90	-2,227.85
Block H & R Inc 2235 Shares 70001941	45,832.25	23.00	51,405.00	5,572.75
Bright Horizons Family Solutions 1079 Shares 70001940	69,021.26	66.31	71,548.49	2,527.23
Bristol Myers Squibb Co 2223 Shares 70001939	148,585.32	73.55	163,501.65	14,916.33
Brown & Brown Inc 770 Shares 70001941	27,463.90	37.47	28,851.90	1,388.00
Burlington Stores Inc 1551 Shares 70001940	81,974.07	66.71	103,467.21	21,493.14

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JUNE 30, 2016**

	Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
BWX Technologies Inc com 840 Shares 70001941	27,938.40	35.77	30,046.80	2,108.40
C M S Energy Corp 1325 Shares 70001941	54,159.38	45.86	60,764.50	6,605.12
C S X Corp 3433 Shares 70001939	115,692.10	26.08	89,532.64	-26,159.46
Ca Inc 1740 Shares 70001941	55,480.07	32.83	57,124.20	1,644.13
Cardinal Health Inc 970 Shares 70001941	75,125.83	78.01	75,669.70	543.87
Caseys General Stores Inc 152 Shares 70001941	17,927.15	131.51	19,989.52	2,062.37
Charles Schwab Corp 3480 Shares 70001938	97,619.57	25.31	88,078.80	-9,540.77
Chevron Corporation 1202 Shares 70001939	116,638.49	104.83	126,005.66	9,367.17
Cit Group Inc 2405 Shares 70001941	80,338.22	31.91	76,743.55	-3,594.67
Citigroup Inc 3298 Shares 70001938	185,314.62	42.39	139,802.22	-45,512.40

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	Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Citrix Sys Inc 320 Shares 70001941	26,663.74	80.09	25,628.80	-1,034.94
Clubcorp Hldgs Inc 3230 Shares 70001940	64,284.49	13.00	41,990.00	-22,294.49
Cognizant Technology Solutions Corp 3785 Shares 70001938	240,050.77	57.24	216,653.40	-23,397.37
Conagra Foods Inc 860 Shares 70001941	38,463.50	47.81	41,116.60	2,653.10
Copa Holdings Sa 575 Shares 70001941	47,638.56	52.26	30,049.50	-17,589.06
Core Labs N V 1225 Shares 70001936	142,541.00	123.89	151,765.25	9,224.25
Core-Mark Holdings 1228 Shares 70001940	36,387.68	46.86	57,544.08	21,156.40
Corning Inc 9412 Shares 70001939	187,855.04	20.48	192,757.76	4,902.72
Costco Wholesale Corp New 838 Shares 70001939	115,183.10	157.04	131,599.52	16,416.42
Criteo S A 857 Shares 70001940	37,652.30	45.92	39,353.44	1,701.14

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	Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Crown Castle Intl Corp New 520 Shares 70001941	47,387.50	101.43	52,743.60	5,356.10
DBV Technologies S A 1362 Shares 70001940	42,342.97	32.62	44,428.44	2,085.47
Dentsply Sirona Inc 850 Shares 70001940	47,343.56	62.04	52,734.00	5,390.44
Dentsply Sirona Inc 740 Shares 70001941	45,708.02	62.04	45,909.60	201.58
Depomed Inc 3534 Shares 70001940	70,404.81	19.62	69,337.08	-1,067.73
Discovery Communications Cl C 2300 Shares 70001941	59,739.28	23.85	54,855.00	-4,884.28
Echostar Holding Corp 1355 Shares 70001941	55,020.05	39.70	53,793.50	-1,226.55
Electronics For Imaging Inc 813 Shares 70001940	34,121.61	43.04	34,991.52	869.91
Ellie Mae Inc 837 Shares 70001940	56,230.52	91.65	76,711.05	20,480.53
EPAM Systems Inc 1544 Shares 70001940	113,243.32	64.31	99,294.64	-13,948.68

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	Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Euronet Worldwide Inc 439 Shares 70001940	34,321.33	69.19	30,374.41	-3,946.92
Express Scripts Hldg 2315 Shares 70001936	211,081.70	75.80	175,477.00	-35,604.70
Express Scripts Hldg 1331 Shares 70001939	115,017.57	75.80	100,889.80	-14,127.77
Fairfax Financial Holdings 133 Shares 70001941	68,096.00	539.02	71,689.66	3,593.66
Finisar Corporation 250 Shares 70001944	4,585.18	17.51	4,377.50	-207.68
Fireeye Inc 2942 Shares 70001940	118,100.20	16.47	48,454.74	-69,645.46
First Republic Bank 715 Shares 70001941	51,746.05	69.99	50,042.85	-1,703.20
Firstenergy Corp 815 Shares 70001941	27,708.37	34.91	28,451.65	743.28
Fleetmatics Group PLC (Ireland) 1020 Shares 70001940	46,863.69	43.33	44,196.60	-2,667.29
Fmc Corp 2308 Shares 70001939	85,865.39	46.31	106,883.48	21,018.09

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	Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
FNF Group	84,132.00	37.50	85,500.00	1,368.00
2280 Shares 70001941				
Fortinet Inc	109,307.80	31.59	82,291.95	-27,015.85
2605 Shares 70001940				
Fossil Group Inc	59,657.87	28.53	38,800.80	-20,857.07
1360 Shares 70001941				
Globus Medical Inc	69,574.26	23.83	64,269.51	-5,304.75
2697 Shares 70001940				
Halliburton Co	93,651.20	45.29	135,462.39	41,811.19
2991 Shares 70001939				
Honeywell Intl Inc	141,499.94	116.32	159,242.08	17,742.24
1369 Shares 70001939				
Humana Inc	189,672.57	179.88	172,864.68	-16,807.89
961 Shares 70001939				
J P Morgan Chase & Co	134,485.35	62.14	121,732.26	-12,753.09
1959 Shares 70001939				
Juniper Networks Inc	120,295.52	22.49	100,350.38	-19,945.14
4462 Shares 70001939				
Kellogg Co	53,099.84	81.65	57,971.50	4,871.66
710 Shares 70001941				

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	Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Kraft Heinz Co 2970 Shares 70001938	219,873.85	88.48	262,785.60	42,911.75
La Quinta Holdings Inc 3814 Shares 70001940	85,799.31	11.40	43,479.60	-42,319.71
Laboratory Corp America Holdings 755 Shares 70001941	96,234.41	130.27	98,353.85	2,119.44
Lam Research Corp 370 Shares 70001941	29,820.34	84.06	31,102.20	1,281.86
Lam Research Corp 330 Shares 70001944	26,700.30	84.06	27,739.80	1,039.50
Liberty Braves Group 385 Shares 70001941	5,543.73	14.66	5,644.10	100.37
Liberty Media Group - C 965 Shares 70001941	18,340.60	18.97	18,306.05	-34.55
Liberty Sirius Group - C 1680 Shares 70001941	53,154.02	30.87	51,861.60	-1,292.42
Liberty Ventures 1900 Shares 70001941	71,246.58	37.07	70,433.00	-813.58
Ligand Pharmaceuticals 943 Shares 70001940	93,295.32	119.27	112,471.61	19,176.29

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	Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Lkq Corp 4960 Shares 70001938	149,308.74	31.70	157,232.00	7,923.26
Lkq Corp 2013 Shares 70001940	61,055.30	31.70	63,812.10	2,756.80
Loews Corp 2220 Shares 70001941	89,573.23	41.09	91,219.80	1,646.57
Lowes Cos Inc 2119 Shares 70001939	147,609.54	79.17	167,761.23	20,151.69
Madison Square Garden Co 460 Shares 70001941	76,727.82	172.51	79,354.60	2,626.78
Marathon Oil Corp 2224 Shares 70001939	59,625.44	15.01	33,382.24	-26,243.20
Marathon Petroleum Corp 1607 Shares 70001939	82,664.08	37.96	61,001.72	-21,662.36
Marathon Petroleum Corp 1615 Shares 70001941	57,006.07	37.96	61,305.40	4,299.33
Maximus Inc Com 1579 Shares 70001940	99,399.20	55.37	87,429.23	-11,969.97
Mead Johnson Nutrition Co 1790 Shares 70001938	156,530.01	90.75	162,442.50	5,912.49

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	Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Mednax Inc 830 Shares 70001941	56,511.05	72.43	60,116.90	3,605.85
Metlife Inc 2119 Shares 70001939	120,486.34	39.83	84,399.77	-36,086.57
Michael Kors Holding Ltd. 875 Shares 70001941	36,377.16	49.48	43,295.00	6,917.84
Micron Technology Inc 3490 Shares 70001941	40,937.70	13.76	48,022.40	7,084.70
Middleby Corp 1247 Shares 70001940	141,035.70	115.25	143,716.75	2,681.05
Molson Coors-B 184 Shares 70001941	18,376.32	101.13	18,607.92	231.60
Monro Muffler Brake Inc 1504 Shares 70001940	96,836.75	63.56	95,594.24	-1,242.51
Morgan Stanley 4437 Shares 70001939	153,787.63	25.98	115,273.26	-38,514.37
MSG Network Inc Cl A 2870 Shares 70001941	48,080.20	15.34	44,025.80	-4,054.40
Nabors Industries Ltd 1710 Shares 70001941	14,947.80	10.05	17,185.50	2,237.70

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	Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Netapp Inc 2605 Shares 70001941	66,889.37	24.59	64,056.95	-2,832.42
Nevro Corp 554 Shares 70001940	33,099.00	73.76	40,863.04	7,764.04
News Corp Cl B 4475 Shares 70001941	55,551.31	11.67	52,223.25	-3,328.06
News Corp/New CL A 1305 Shares 70001941	14,901.66	11.35	14,811.75	-89.91
NextEra Energy 1863 Shares 70001939	189,573.34	130.40	242,935.20	53,361.86
Nimble Storage Inc 2483 Shares 70001940	74,840.55	7.96	19,764.68	-55,075.87
Nordstrom Inc 1470 Shares 70001939	110,882.10	38.05	55,933.50	-54,948.60
Ocwen Financial Corp 3500 Shares 70001941	6,236.85	1.71	5,985.00	-251.85
Omnicell Inc 2441 Shares 70001940	92,611.54	34.23	83,555.43	-9,056.11
Pacira Pharmaceuticals 731 Shares 70001940	49,515.35	33.73	24,656.63	-24,858.72

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	Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Paypal Hldgs Inc 3000 Shares 70001936	102,580.80	36.51	109,530.00	6,949.20
PDC Energy Inc 517 Shares 70001940	28,652.14	57.61	29,784.37	1,132.23
Philip Morris International 1481 Shares 70001939	121,588.44	101.72	150,647.32	29,058.88
Pool Corporation 937 Shares 70001940	67,130.08	94.03	88,106.11	20,976.03
Ppl Corporation 2540 Shares 70001941	96,388.68	37.75	95,885.00	-503.68
Pra Group Inc 1715 Shares 70001940	108,877.59	24.14	41,400.10	-67,477.49
Priceline.Com Inc 201 Shares 70001936	229,696.08	1,248.41	250,930.41	21,234.33
Progressive Corp Ohio 2505 Shares 70001941	83,416.00	33.50	83,917.50	501.50
Proofpoint Inc 584 Shares 70001940	37,999.38	63.09	36,844.56	-1,154.82
Prothena Corp PLC 324 Shares 70001940	16,420.22	34.96	11,327.04	-5,093.18

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	Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Prudential Finl Inc 1459 Shares 70001939	129,507.58	71.34	104,085.06	-25,422.52
QLIK Technologies 1220 Shares 70001940	44,615.40	29.58	36,087.60	-8,527.80
Qualcomm Inc 2828 Shares 70001938	183,830.34	53.57	151,495.96	-32,334.38
Qualcomm Inc 2653 Shares 70001939	135,965.03	53.57	142,121.21	6,156.18
Rambus Inc 4260 Shares 70001940	65,305.80	12.08	51,460.80	-13,845.00
Rexam PLC - Sponsored ADR 1195 Shares 70001941	55,170.28	43.1115	51,518.24	-3,652.04
Roadrunner Transportation Systems Inc 1960 Shares 70001940	49,106.43	7.46	14,621.60	-34,484.83
Ross Stores Inc 1815 Shares 70001938	97,859.90	56.69	102,892.35	5,032.45
RSP Permian Inc 895 Shares 70001940	25,862.64	34.89	31,226.55	5,363.91
Sage Therapeutics Inc 633 Shares 70001940	45,788.01	30.13	19,072.29	-26,715.72

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	Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Scana Corp New 795 Shares 70001941	54,405.98	75.66	60,149.70	5,743.72
Schlumberger Ltd 2885 Shares 70001938	237,557.41	79.08	228,145.80	-9,411.61
Seachange Intl Inc 2220 Shares 70001940	16,405.80	3.19	7,081.80	-9,324.00
Silicon Laboratories Inc 1231 Shares 70001940	69,674.60	48.74	59,998.94	-9,675.66
Smith A O Corp 1081 Shares 70001940	79,155.46	88.11	95,246.91	16,091.45
Spectranetics Corp 3007 Shares 70001940	77,378.87	18.71	56,260.97	-21,117.90
Stericycle Inc 1961 Shares 70001938	243,256.36	104.12	204,179.32	-39,077.04
Synchronoss Technologies 2297 Shares 70001940	105,109.21	31.86	73,182.42	-31,926.79
Synopsys Inc 1175 Shares 70001941	60,289.60	54.08	63,544.00	3,254.40
Sysco Corp 560 Shares 70001941	27,308.57	50.74	28,414.40	1,105.83

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	Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Teradata Corp 3389 Shares 70001939	127,155.28	25.07	84,962.23	-42,193.05
Texas Roadhouse Inc-Class A 2002 Shares 70001940	74,474.64	45.60	91,291.20	16,816.56
The Keyw Holding Corp 1716 Shares 70001940	16,835.71	9.94	17,057.04	221.33
Tjx Cos Inc 1020 Shares 70001936	78,371.70	77.23	78,774.60	402.90
Tyson Foods Inc Class A 2777 Shares 70001939	123,993.05	66.79	185,475.83	61,482.78
Union Pac Corp 991 Shares 70001939	96,097.27	87.25	86,464.75	-9,632.52
United Technologies Corp 1157 Shares 70001939	126,485.49	102.55	118,650.35	-7,835.14
United Therapeutics Corp Del 520 Shares 70001941	59,642.48	105.92	55,078.40	-4,564.08
Unumprovident Corp 4613 Shares 70001939	167,867.07	31.79	146,647.27	-21,219.80
Valero Energy Corp 2328 Shares 70001939	140,401.68	51.00	118,728.00	-21,673.68

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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2016**

	Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Vanguard US Total Stock Market Index 16995 Shares 70001946	1,772,558.74	107.16	1,821,184.20	48,625.46
Verisk Analytics Inc Cl A 2055 Shares 70001938	153,426.30	81.08	166,619.40	13,193.10
Verizon Communications 4017 Shares 70001939	190,566.48	55.84	224,309.28	33,742.80
Virtusa Corp 1559 Shares 70001940	79,345.79	28.88	45,023.92	-34,321.87
Visa Inc-Class A 2435 Shares 70001938	170,876.77	74.17	180,603.95	9,727.18
Waste Connections Inc 1732 Shares 70001940	82,703.00	72.05	124,790.60	42,087.60
Watsco Inc Cl-A 802 Shares 70001940	99,302.40	140.69	112,833.38	13,530.98
WEC Energy Group Inc 1115 Shares 70001941	65,447.82	65.30	72,809.50	7,361.68
Wells Fargo & Co New 2973 Shares 70001939	169,966.41	47.33	140,712.09	-29,254.32
Western Digital Corp 1425 Shares 70001941	63,150.73	47.26	67,345.50	4,194.77

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2016**

	Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Western Union-Wi 2365 Shares 70001941	45,900.87	19.18	45,360.70	-540.17
Wex Inc 367 Shares 70001940	42,700.45	88.67	32,541.89	-10,158.56
Whole Foods Mkt Inc 2590 Shares 70001941	83,604.94	32.02	82,931.80	-673.14
Williams Cos Inc 2375 Shares 70001939	131,218.75	21.63	51,371.25	-79,847.50
Willis Towers Watson Pub LTD 635 Shares 70001941	80,074.01	124.31	78,936.85	-1,137.16
Xcel Energy Inc 1305 Shares 70001941	53,202.02	44.78	58,437.90	5,235.88
Total Corporate Stock - Common	17,793,982.23		17,169,659.35	-624,322.88
Mutual Funds				
Harbor International Fund 40587.235 Shares 70001945	2,862,685.99	58.75	2,384,500.06	-478,185.93
Invesco Premier Portfolio-Ins 981506 Shares 70001946	981,506.00	1.00	981,506.00	0.00
Morgan Stanley Bank Deposit 381014.53 Par Value 70001938	381,014.53	100.00	381,014.53	0.00
Morgan Stanley Bank Deposit 217837.61 Par Value 70001939	217,837.61	100.00	217,837.61	0.00

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2016**

	Prior Period Ending Market Value (Aggregate Market Value)	Current Market Unit Price	Current Market Value	Unrealized Gain/(Loss)
Morgan Stanley Bank Deposit 183485.12 Par Value 70001940	183,485.12	100.00	183,485.12	0.00
Morgan Stanley Bank Deposit 99843.34 Par Value 70001941	99,843.34	100.00	99,843.34	0.00
Morgan Stanley Bank Deposit 202271.22 Par Value 70001942	202,271.22	100.00	202,271.22	0.00
Morgan Stanley Bank Deposit 82055.68 Par Value 70001943	82,055.68	100.00	82,055.68	0.00
Morgan Stanley Bank Deposit 72737.36 Par Value 70001944	72,737.36	100.00	72,737.36	0.00
Morgan Stanley Bank Deposit 2.07 Par Value 70001945	2.07	100.00	2.07	0.00
Morgan Stanley Bank Deposit 27939.18 Par Value 70001946	27,939.18	100.00	27,939.18	0.00
Total Mutual Funds	5,111,378.10		4,633,192.17	-478,185.93
TOTAL INVESTMENTS MARKET VALUE	33,885,658.30		32,866,525.30	-1,025,553.00
TOTAL ACCRUED INCOME	81,836.85		81,836.85	
NET ASSETS	33,967,495.15		32,948,362.15	-1,025,553.00