

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</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.)	
	☒ 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 ☐ special extension (enter description)	☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>JOINT TOWNSHIP DISTRICT MEMORIAL HOSPITAL TAX DEFERRED ANNUITY</u>	1b	Three-digit plan number (PN) ► <u>002</u>
		1c	Effective date of plan <u>02/01/1990</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>JOINT TOWNSHIP DISTRICT MEMORIAL HOSPITAL</u> <u>200 SAINT CLAIR AVENUE</u> <u>ST. MARY, OH 45885</u>	2b	Employer Identification Number (EIN) <u>34-1623770</u>
		2c	Plan Sponsor's telephone number <u>419-394-3387</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.	10/05/2017	ARTHUR SWAIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2017	ARTHUR SWAIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
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	5 490
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) 347
a(2) Total number of active participants at the end of the plan year	6a(2) 347
b Retired or separated participants receiving benefits.....	6b 5
c Other retired or separated participants entitled to future benefits	6c 122
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 474
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 5
f Total. Add lines 6d and 6e	6f 479
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 479
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: 2M 2T 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☐ Trust
(4) ☐ General assets of the sponsor	(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	b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☒ <u>1</u> 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)

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 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2016 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan JOINT TOWNSHIP DISTRICT MEMORIAL HOSPITAL TAX DEFERRED ANNUITY	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT TOWNSHIP DISTRICT MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 34-1623770	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-750269	479	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
35846	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid CAPITAL CITY INS GROUP LLC	1335 DUBLIN RD STE 122D COLUMBUS, OH 43215
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35846			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	3820206
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	13399815

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
 (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b Balance at the end of the previous year **7b** 3758337

c Additions: (1) Contributions deposited during the year	7c(1)	201849
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	112008
(4) Transferred from separate account	7c(4)	27283
(5) Other (specify below)	7c(5)	

(6) Total additions **7c(6)** 341140**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 4099477**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	279271
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	

(5) Total deductions **7e(5)** 279271**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 3820206

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (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>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> <div style="text-align: center; font-size: 1.2em;">2016</div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan JOINT TOWNSHIP DISTRICT MEMORIAL HOSPITAL TAX DEFERRED ANNUITY	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT TOWNSHIP DISTRICT MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 34-1623770

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)

RELiance TRUST COMPANY

58-1428634

(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?
19 25 62 99	N/A	0	Yes ☒ No ☐	Yes ☐ No ☒	132	Yes ☐ No ☒

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

MORNINGSTAR ASSOCIATES,LLC

36-4317381

(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?
49	N/A	0	Yes ☒ No ☐	Yes ☐ No ☒	16	Yes ☐ No ☒

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

MASS MUTUAL LIFE INSURANCE CO.

04-1590850

(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?
52 59 60 62 63	N/A	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	52 59 60 62 63	0
(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.	
SEE ATTACHED SCHEDULE C REPORT 04-1590850	SEE ATTACHED FORM 5500 SCHEDULE C REPORT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORNINGSTAR ASSOCIATES, LLC	49	16
(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.	
MASSACHUSETTS MUTUAL LIFE INSURANCE 04-1590850	SEE ATTACHED FORM 5500 SCHEDULE C REPORT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RELIANCE TRUST COMPANY	19 25 99	132
(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.	
MASSACHUSETTS MUTUAL LIFE INSURANCE 04-1590850	SEE ATTACHED FORM 5500 SCHEDULE C REPORT	

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
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(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 <div style="border: 1px solid black; text-align: center; padding: 10px; font-size: 1.2em; font-weight: bold;">2016</div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>JOINT TOWNSHIP DISTRICT MEMORIAL HOSPITAL TAX DEFERRED ANNUITY</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 5px;"> B Three-digit plan number (PN) ► </td> <td style="width:20%; padding: 5px; text-align: center;"> <u>002</u> </td> </tr> <tr style="background-color: #f2f2f2;"> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	<u>002</u>		
B Three-digit plan number (PN) ►	<u>002</u>				
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JOINT TOWNSHIP DISTRICT MEMORIAL HOSPITAL</u>	D Employer Identification Number (EIN) <u>34-1623770</u>				

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNTS II

b Name of sponsor of entity listed in (a): HARTFORD SECURITIES DISTRIBUTION COMPANY

c EIN-PN <u>06-1408044-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13399815</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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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For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>JOINT TOWNSHIP DISTRICT MEMORIAL HOSPITAL TAX DEFERRED ANNUITY</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JOINT TOWNSHIP DISTRICT MEMORIAL HOSPITAL</u>	D Employer Identification Number (EIN) <u>34-1623770</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(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)	1385933	1595692
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	11062307	11804122
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3758337	3820206
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	16206577	17220020

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	16206577	17220020
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	1102773	
(C) Others (including rollovers)	2a(1)(C)	96126	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1198899
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	112008	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		112008
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(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)		173126
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		960703
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2444736

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1431293	
(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)		1431293
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)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1431293

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1013443
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: PLANTE MORAN PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	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.)	4c		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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

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 sections 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 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>JOINT TOWNSHIP DISTRICT MEMORIAL HOSPITAL TAX DEFERRED ANNUITY</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JOINT TOWNSHIP DISTRICT MEMORIAL HOSPITAL</u>	D Employer Identification Number (EIN) <u>34-1623770</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>04-1590850</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

Joint Township District Memorial Hospital Tax Deferred Annuity Plan

**Financial Report
December 31, 2016**

Joint Township District Memorial Hospital Tax Deferred Annuity Plan

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Independent Auditor's Report

To the Plan Administrator
Joint Township District Memorial Hospital
Tax Deferred Annuity Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Joint Township District Memorial Hospital Tax Deferred Annuity Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2016 and 2015 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Massachusetts Mutual Life Insurance Company (MassMutual), on behalf of The Hartford Life Insurance Company (Hartford), and Reliance Trust Company (Reliance), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Hartford and Reliance hold the Plan's investment assets and execute related transactions. The plan administrator has obtained certifications from MassMutual, on behalf of Hartford, and Reliance as of and for the years ended December 31, 2016 and 2015 that the information provided to the plan administrator by MassMutual, on behalf of Hartford, and Reliance is complete and accurate.

To the Plan Administrator
Joint Township District Memorial Hospital
Tax Deferred Annuity Plan

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets held at end of year as of December 31, 2016 is required by the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

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 schedule, other than that derived from the information certified by MassMutual, on behalf of Hartford, and Reliance have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Morse, PLLC

Columbus, Ohio
August 24, 2017

Joint Township District Memorial Hospital Tax Deferred Annuity Plan

Statement of Net Assets Available for Benefits

	December 31, 2016	December 31, 2015
Assets		
Participant-directed investments:		
Pooled separate accounts at fair value	\$ 13,399,814	\$ 12,448,240
Fully benefit-responsive unallocated insurance contract at contract value	<u>3,820,206</u>	<u>3,758,337</u>
Net Assets Available for Benefits	<u>\$ 17,220,020</u>	<u>\$ 16,206,577</u>

Joint Township District Memorial Hospital Tax Deferred Annuity Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2016	December 31, 2015
Additions to Net Assets		
Contributions - Employee	\$ 1,198,899	\$ 1,123,694
Investment income (loss):		
Interest and dividends	112,008	108,438
Net realized and unrealized gains (losses) on investments	<u>1,133,829</u>	<u>(65,601)</u>
Total investment income	<u>1,245,837</u>	<u>42,837</u>
Total additions	2,444,736	1,166,531
Deductions from Net Assets - Benefits paid directly to participants or beneficiaries	<u>1,431,293</u>	<u>1,289,747</u>
Net Increase (Decrease)	1,013,443	(123,216)
Net Assets Available for Benefits		
Beginning of year	<u>16,206,577</u>	<u>16,329,793</u>
End of year	<u>\$ 17,220,020</u>	<u>\$ 16,206,577</u>

Joint Township District Memorial Hospital Tax Deferred Annuity Plan

**Notes to Financial Statements
December 31, 2016 and 2015**

Note 1 - Plan Description

The following description of Joint Township District Memorial Hospital Tax Deferred Annuity Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering all employees of Joint Township District Memorial Hospital (the "Hospital"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Contributions to the Plan are invested as directed by the participants in any one or more investment alternatives. The Plan provides for employee salary deferrals subject to maximum tax-deferred limitations established by the Internal Revenue Code. Participants may also make contributions to the Plan in the form of a rollover of funds from another qualified plan.

Eligible employees receive supplemental and matching contributions made by the Hospital contributed to the Joint Township District Memorial Hospital Employees' Pension Plan.

Participant Accounts - Each participant's account is credited with allocations of the Plan's earnings and expenses. Allocation of earnings and expenses is based on participants' account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately 100 percent vested in employee salary and rollover contributions and any income or loss thereon.

Payment of Benefits - The Plan allows participants to select optional forms of payment upon early retirement or normal retirement as stipulated in the plan document. A participant could select a lump-sum payment or purchase an annuity that would provide a monthly retirement benefit for life (or other specified period of time), and this annuity payment may continue to a spouse or other beneficiary upon the employee's death. A terminated participant may leave the monies invested until a later time, receive a lump-sum payout, or roll over the monies into another qualified plan.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by Hartford Life Insurance Company or its affiliates. Hartford is the custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Termination - While it has not expressed any intent to do so, the Hospital has the right under the Plan to terminate the Plan subject to the provisions set forth in the plan agreement and ERISA.

Joint Township District Memorial Hospital Tax Deferred Annuity Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are held in pooled separate accounts and an unallocated insurance contract that is maintained by Hartford. The pooled separate accounts are valued at net asset value per share (or its equivalent) of the accounts, which is based on the fair value of the accounts' underlying net assets. The unallocated contract is a benefit-responsive group annuity contract issued by Hartford that invests in the general assets of Hartford. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees.

See Note 6 for additional information.

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Administrative expenses for both years ended December 31, 2016 and 2015 were paid by the Hospital. Additionally, the Hospital provides certain accounting and administrative services at no cost to the Plan.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

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

Joint Township District Memorial Hospital Tax Deferred Annuity Plan

**Notes to Financial Statements
December 31, 2016 and 2015**

Note 2 - Summary of Significant Accounting Policies (Continued)

New Accounting Pronouncements - During 2016, the Plan adopted Accounting Standards Update (ASU) Nos. 2015-07, *Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)*, and 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965)* - I. Fully Benefit-Responsive Investment Contracts, II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient. ASU No. 2015-07 amended ASC 820, *Fair Value Measurements*, and removed the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share as a practical expedient. Parts I and II of ASU No. 2015-12 are applicable to the Plan. Part I requires the fully benefit-responsive investment contract be recorded contract value without presentation of fair value or the difference between fair value and contract value and reduces the related disclosures. Part II modifies the investment disclosures under ASC 820 and 962. These standards were adopted retrospectively and had no impact on the Plan's net assets or changes in net assets.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including August 24, 2017, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

Massachusetts Mutual Life Insurance Company (MassMutual) was appointed by The Hartford Life Insurance Company (Hartford) to provide administrative services for insurance contracts held by The Hartford Life Insurance Company.

The Plan uses two custodians, Hartford and Reliance Trust Company (Reliance), to hold the Plan's investments. MassMutual functions as a recordkeeper for both assets held by Hartford and Reliance. Hartford and Reliance held the Plan's investments and executed all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information certified by MassMutual, including information provided on behalf of Hartford and Reliance.

Note 4 - Unallocated Insurance Contract

The Plan invests in a benefit-responsive investment contract with Hartford. Hartford maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Joint Township District Memorial Hospital Tax Deferred Annuity Plan

**Notes to Financial Statements
December 31, 2016 and 2015**

Note 4 - Unallocated Insurance Contract (Continued)

Interest rates are established and declared for new contributions that will be received in a calendar quarter. The rate is based on the return Hartford expects on new investments made by it and held with the Hartford general account. When establishing interest credit rates for these contracts, Hartford considers past general account investments, adjusted for portfolio turnover and withdrawals for benefit payments. The crediting rate will always equal or exceed the contractually guaranteed rate.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3 percent for the Hartford contract. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with Hartford. Such events include the following: (i) amendments to the plan documents (including complete or partial plan termination or merger with another plan); (ii) changes to the Plan's prohibition on competing investment options or deletion of equity wash provision; (iii) bankruptcy of the plan sponsor or other plan sponsor events (e.g., divestitures or spin-offs of a subsidiary) which cause a significant withdrawal from the Plan; or (iv) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Liquidation of the entire contract may cause a one-time adjustment to the aggregate contract value, resulting in a fair value different from contract value. The unallocated insurance contract does not permit the insurance companies to terminate the agreement prior to the scheduled maturity. This total liquidation is a contingent event, which cannot be initiated by the plan participants and can only be initiated by the plan trustee upon termination of the Plan or complete termination of the contract.

Note 5 - Tax Status

The Internal Revenue Service (IRS) is not currently accepting applications for individual 403(b) plan determination letters. The plan administrator has indicated the Plan will apply for a determination letter when the IRS allows such applications to be made. The plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of Internal Revenue Code Section 403(b). Therefore, no provision for income taxes has been included in the Plan's financial statements.

Joint Township District Memorial Hospital

Tax Deferred Annuity Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 6 - Fair Value Measurements

Investments in Entities that Calculate Net Asset Value per Share

The Plan holds shares or interests in pooled separate accounts, for which fair values are estimated based on the net asset value per share (or its equivalent) of the accounts.

At year end, the fair value of those investments is as follows:

	December 31, 2016	December 31, 2015
	Fair Value	Fair Value
Equity funds (1)	\$ 8,185,709	\$ 7,582,319
Balanced funds (2)	1,087,017	3,850,461
Bond funds (3)	4,127,088	1,015,460
Total	<u>\$ 13,399,814</u>	<u>\$ 12,448,240</u>

- (1) This class represents investments in actively managed pooled separate accounts that invest primarily in equity securities, which may include common stocks, options, and futures.
- (2) This class represents investments in actively managed pooled separate accounts with investments in both equity and debt securities. The investments may include common stock, corporate bonds, U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures.
- (3) This class represents investments in an actively managed pooled separate account that invests primarily in debt securities. The investments may include U.S. government securities, convertibles, privately issued mortgage-based securities, corporate bonds, and other debt securities.

There were no unfunded commitments or redemption restrictions on the investments described above.

Joint Township District Memorial Hospital

Tax Deferred Annuity Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 34-1623770, Plan No. 001

December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Reliance Trust Company**	Pooled separate accounts:		
	Mass Investors Trust-R3	*	\$ 7,951
	The Hartford Global Health A	*	131,827
	BlackRock LifePath Retirement Institutional	*	654,858
	BlackRock LifePath 2020 Institutional	*	794,742
	BlackRock LifePath 2030 Institutional	*	1,875,195
	BlackRock LifePath 2040 Institutional	*	598,070
	American Funds Bond Fund of America R3	*	179,272
	American Funds Growth Fund of America	*	974,824
	American Funds Capital World GI Fund R3	*	718,841
	American Funds EuroPacific R3	*	380,373
	American Funds Income Fund R3	*	204,223
	American Funds AMCAP-R3	*	176,992
	Invesco Van Kampen Comstock Fund A	*	1,122,018
	Invesco Van Kampen Equity and Income Fund A	*	400,540
	Invesco Small Cap Discovery A	*	137,112
	Eaton Vance Income Fund of Boston A	*	110,421
	Oppenheimer Small & Mid Capital Value A	*	326,257
	Oppenheimer Global Fund A	*	40,022
	Oppenheimer Gold & Special Minerals - A	*	8,097
	Goldman Sachs Mid Capital Value A	*	251,877
	Janus Forty S	*	340,530
	Invesco Real Estate Fund A	*	28,929
	PIMCO Total Return Fund A	*	223,962
	Prudential Jennison Mid Capital Growth A	*	119,172
	Nuveen Small Capital Index A	*	31,459
	American Century Investments Small Cap Value A	*	71,412
	MFS International Value R3	*	108,165
	PIMCO Real Return Fund A	*	14,773
	MFS Government Securities R3	*	656
	Nuveen Mid Cap Index A	*	15,304
	American Century Heritage A	*	262,058
	Invesco International Growth - A	*	9,390
	BlackRock Global Allocation - A	*	9,785
	Select Harris Focused Value - R4	*	917,082
	Premier Barings High Yield	*	557,933
	MM S&P 500 Index-I	*	1,595,692
The Hartford Life Insurance Company**	Unallocated insurance contract - Hartford General (Fixed Rate)	*	3,820,206
Total			\$ 17,220,020

* Cost information not required

** Indicates party-in-interest to the Plan

Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator (“you”) in completing the Form 5500 Schedule C¹ by identifying different types of compensation paid with respect to the product utilized by your plan.

As permitted under the Schedule C rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate or a formula or rate.

- Where an actual dollar amount of compensation is disclosed, no further notation regarding compensation calculations is generally provided.
- Where an estimate of the compensation amount is disclosed, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount.
- Where a formula or rate is provided to report compensation, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount. This formula or rate may be disclosed to describe the compensation to which it applies under the Schedule C rules. Alternatively, for purposes of Schedule C disclosure or in connection with your fiduciary review of the compensation paid with respect to the services, products and investment options utilized by the plan, you may calculate and disclose an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies.

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2016 - 12/31/2016 and indirect compensation is presented on a calendar year basis ending 12/31/2016.

This report includes compensation actually paid to or by MassMutual within the indicated plan year as part of your MassMutual-serviced product. *(Note: If the plan year period or plan year end indicated in this Schedule C reporting package is incorrect, please notify your MassMutual customer service representative immediately).* This report does not include amounts deducted from plan assets and paid to third parties (other than MassMutual). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here from other service providers as is described below.

Please note that we have provided suggested service codes with respect to services provided through our product. Please review all Schedule C and other Form 5500 materials with your experienced benefits counsel and other professionals to determine the most appropriate codes for your plan. In addition, please note that because plans with fewer than 100 participants (as of the beginning of the plan year) are generally not required to file Schedule C, you should refer to the instructions provided by the IRS for Schedule C and/or review the applicability of Schedule C to your plan with your experienced tax/benefits counsel, to determine whether it is necessary for the plan to report the information contemplated by this report.

Please contact your MassMutual Service Team should you require additional information regarding the compensation paid to or by MassMutual with respect to your plan.

Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice, advice to plans regarding compliance with ERISA reporting compliance, or accounting or other professional services. As described above, the information contained in this report may not cover all of the compensation received by the plan’s service providers. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

¹Please refer to the Schedule C of the Form 5500 and its instructions (available at: <http://www.dol.gov/ebsa/5500main.html>), and please confer with experienced benefits counsel and other professionals, to determine the applicability of Schedule C to your plan.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION
Joint Township District Memorial Hospital Tax Deferred Annuity (750269)
EIN #: 34-1623770

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2016 - 12/31/2016 and indirect compensation is presented on a calendar year basis ending 12/31/2016.

For use with lines 2(h), 3(c), 3(d), 3(e)

Total Direct Compensation Paid **\$0.00**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

Recipient: Massachusetts Mutual Life Insurance Company EIN: 04-1590850

Service Codes: 15, 23, 37, 38, 54, 55, 59, 60, 62, 63, 64, 65, 66, 99, 50 (if direct compensation amount reflected below)

Direct Compensation **\$0.00**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2016 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Massachusetts Mutual Life Insurance Company ("MMLIC") are the net result of aggregating direct compensation after the effects of adjustments processed in 2016, some of which may have pertained to prior years.

Indirect Compensation

Float compensation **\$267.28**

Bank accounts and investments associated with short-term investment pool

This is an estimate based on the annual average rate of float (0.929% for 2016) earned on the bank accounts and investments associated with the short-term investment pool for the 2016 calendar year multiplied by an estimate of the assets related to uncashed checks.* This estimate does not include float earned for any other reason (e.g., if amounts remitted cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

* Uncashed check assets will continue to remain in a float-earning bank account until such time direction is received from the Plan Sponsor, subject to applicable regulation. The Plan Sponsor should consult with the Plan's/Plan Sponsor's tax advisor or benefits counsel to determine if assets attributable to uncashed checks should be included on the Form 5500 filing.

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. MassMutual's Code of Conduct generally restricts MassMutual employees from giving to or receiving gifts from customers and/or business partners having a value of over \$100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the calendar year, including MassMutual, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-MassMutual parties may not be available to MassMutual.

Please consult with your legal or tax advisors if you have any questions.

Compensation paid with respect to Funds

<i>Investment Option Name</i>	<i>EIN</i>	<i>Revenue Sharing Rate (%) Paid to MassMutual (rates as of 12/31/2016)</i>	<i>Underlying Fund Gross Expense Ratio as of the Fund's Year End*</i>
AB DISCOVERY GROWTH-A	13-6021421	.55	0.99%
AM CENTURY SC VALUE-A	43-1646043	.6	1.51%
AMERICAN CENTURY HERITAGE A	44-6006315	.6	1.25%
AMERICAN FUNDS AMCAP-R3	95-2482877	.65	1.02%
AMERICAN FUNDS BOND FUND AM R3	95-2884967	.65	0.91%
AMERICAN FUNDS CAPWLD G&I R3	95-1411037	.65	1.09%
AMERICAN FUNDS EUROPACIFIC R3	95-1411037	.65	1.14%
AMERICAN FUNDS GROWTH FUND R3	52-0792143	.65	0.98%
AMERICAN FUNDS INCOME FUND-R3	06-0867264	.65	0.92%
BLACKROCK GLOBAL ALLOCATN-A	22-2937779	.55	1.14%
BLACKROCK LP DY 2020-INSTL	51-0318674	.2	0.98%
BLACKROCK LP DY 2030-INSTL	51-0318674	.2	0.98%
BLACKROCK LP DY 2040-INSTL	51-0318674	.2	0.99%
BLACKROCK LP DY RETI-INST	51-0318674	.2	0.98%
DAVIS NEW YORK VENTURE-A	13-2601967	0.25%+ .10% + \$12/participant	0.89%
EATON VANCE INC FND BOSTON-A	13-2706484	.55	1.00%
GENERAL ACCOUNT	N/A		0.00%
GOLDMAN SACHS MID CAP VALUE-A	13-4166989	.55	1.16%
INVESCO COMSTOCK-A	84-0933032	.55	0.86%
INVESCO EQUITY AND INCOME-A	76-0343427	.55	0.81%
INVESCO INTERNATIONAL GROWTH-A	76-0352823	.55	1.32%
INVESCO REAL ESTATE-A	76-0343427	.55	1.25%
INVESCO SMALL CAP DISCOVERY-A	76-0343427	.55	1.38%
JANUS FORTY-S	84-0592523	.5	1.19%
MASS INVESTORS TRUST-R3	04-1590600	.63	0.72%
MFS GOVERNMENT SECURITIES-R3	04-3158862	.63	0.88%
MFS INTERNATIONAL VALUE-R3	04-3158862	.63	1.09%
MM S&P 500 INDEX-I	04-2483041		0.12%
NUVEEN MID CAP INDEX A	41-1418224	.4	0.79%
NUVEEN SMALL CAP IND-A	41-1418224	.4	1.00%
OPPENHEIMER GLOBAL-A	13-2649093	.55	1.15%
OPPENHEIMER GOLD&SPEC MNRALS-A	13-3155639	.55	1.19%
OPPENHEIMER MID-CAP VAL-A	13-6977079	.55	1.18%

<i>Investment Option Name</i>	<i>EIN</i>	<i>Revenue Sharing Rate (%) Paid to MassMutual (rates as of 12/31/2016)</i>	<i>Underlying Fund Gross Expense Ratio as of the Fund's Year End*</i>
PIMCO REAL RETURN-A	95-2632339	.4	0.98%
PIMCO TOTAL RETURN-A	95-2632339	.4	0.86%
PIONEER HIGH YIELD-A	04-3500606	.55	1.17%
PREMIER BARINGS HIGH YLD-R5	04-2483041	.15	0.68%
PRUDENTIAL JENN MIDCAP GRWTH-A	22-2540245	.5	1.06%
SELECT HARRIS FOCUSED VALUE-R4	04-2483041	.5	1.18%
SSGA S&P 500 INDEX-N	42-1704580		0.16%
THE HARTFORD HEALTHCARE-A	22-2937447	.65	1.29%

Under the variable investment options available through your plan's group annuity contract or funding agreement, contract values are invested in Massachusetts Mutual Life Insurance Company separate accounts that, in turn, invest in underlying registered investment companies (i.e., mutual funds) and collective investment funds.

The above list includes any investment option held by the plan on at least one month end during the 2016 calendar year. To arrive at an estimate of the dollar amount that MassMutual received from each investment option, multiply the rate of fees received from each investment option by your plan's year-end balance (or if the investment option was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the investment option at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

* This amount is the sum of the fund's distribution, management and other fees, which are also identified in the fund's prospectus. Please note that some of the funds available through your service contract or arrangement are funds from The Hartford Financial Services Group, Inc.'s proprietary family of mutual funds (The Hartford Mutual Funds). These proprietary mutual funds have contracts for services with companies that are affiliated with Hartford Securities Distribution Company Inc.

The Hartford-affiliated companies that provide these services, and are compensated in connection with those services, are listed below. For more information about these proprietary mutual funds, see the applicable fund prospectus.

Hartford Affiliate	Services	Compensation
Hartford Investment Financial Services, LLC	Principal Underwriter to The Hartford Mutual Funds	As Principal Underwriter paid by the Fund in the form of dealer concessions
Hartford Administrative Services Company	Transfer Agent to The Hartford Mutual Funds	Paid by the Fund in the form of fees for services
HL Investment Advisors, LLC	Investment Manager to The Hartford Mutual Funds	Paid by the Fund in the form of investment advisory fees based on assets under management

In addition, please note that some of the funds available through your service contract or arrangement are funds from the Oppenheimer family of mutual funds, which are affiliated with MassMutual (The Oppenheimer Funds). These affiliated mutual funds have contracts for services with companies that are affiliated with MassMutual. The MassMutual-affiliated companies that provide these services, and are compensated in connection with those services, are listed below. For more information about these affiliated mutual funds, see the applicable fund prospectus.

MassMutual Affiliate	Services	Compensation
OppenheimerFunds Distributor, Inc.	Principal Underwriter to The Oppenheimer Funds	As Principal Underwriter paid by the Fund in the form of dealer concessions
OFI Global Asset Management, Inc.	Transfer Agent to The Oppenheimer Funds	Paid by the Fund in the form of fees for services
Shareholder Services, Inc. (doing business as OppenheimerFunds Services)	Sub-Transfer Agent to The Oppenheimer Funds	Paid by the Transfer Agent in the form of fees for services
OFI Global Asset Management, Inc.	Investment Adviser to The Oppenheimer Funds	Paid by the Fund in the form of investment advisory fees based on

Joint Township District Memorial Hospital Tax Deferred Annuity Plan

**Financial Report
December 31, 2016**

Joint Township District Memorial Hospital Tax Deferred Annuity Plan

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Independent Auditor's Report

To the Plan Administrator
Joint Township District Memorial Hospital
Tax Deferred Annuity Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Joint Township District Memorial Hospital Tax Deferred Annuity Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2016 and 2015 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Massachusetts Mutual Life Insurance Company (MassMutual), on behalf of The Hartford Life Insurance Company (Hartford), and Reliance Trust Company (Reliance), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Hartford and Reliance hold the Plan's investment assets and execute related transactions. The plan administrator has obtained certifications from MassMutual, on behalf of Hartford, and Reliance as of and for the years ended December 31, 2016 and 2015 that the information provided to the plan administrator by MassMutual, on behalf of Hartford, and Reliance is complete and accurate.

To the Plan Administrator
Joint Township District Memorial Hospital
Tax Deferred Annuity Plan

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets held at end of year as of December 31, 2016 is required by the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

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 schedule, other than that derived from the information certified by MassMutual, on behalf of Hartford, and Reliance have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Morse, PLLC

Columbus, Ohio
August 24, 2017

Joint Township District Memorial Hospital Tax Deferred Annuity Plan

Statement of Net Assets Available for Benefits

	December 31, 2016	December 31, 2015
Assets		
Participant-directed investments:		
Pooled separate accounts at fair value	\$ 13,399,814	\$ 12,448,240
Fully benefit-responsive unallocated insurance contract at contract value	3,820,206	3,758,337
Net Assets Available for Benefits	\$ 17,220,020	\$ 16,206,577

Joint Township District Memorial Hospital **Tax Deferred Annuity Plan**

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2016	December 31, 2015
Additions to Net Assets		
Contributions - Employee	\$ 1,198,899	\$ 1,123,694
Investment income (loss):		
Interest and dividends	112,008	108,438
Net realized and unrealized gains (losses) on investments	1,133,829	(65,601)
Total investment income	1,245,837	42,837
Total additions	2,444,736	1,166,531
Deductions from Net Assets - Benefits paid directly to participants or beneficiaries	1,431,293	1,289,747
Net Increase (Decrease)	1,013,443	(123,216)
Net Assets Available for Benefits		
Beginning of year	16,206,577	16,329,793
End of year	<u><u>\$ 17,220,020</u></u>	<u><u>\$ 16,206,577</u></u>

Joint Township District Memorial Hospital Tax Deferred Annuity Plan

**Notes to Financial Statements
December 31, 2016 and 2015**

Note 1 - Plan Description

The following description of Joint Township District Memorial Hospital Tax Deferred Annuity Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering all employees of Joint Township District Memorial Hospital (the "Hospital"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Contributions to the Plan are invested as directed by the participants in any one or more investment alternatives. The Plan provides for employee salary deferrals subject to maximum tax-deferred limitations established by the Internal Revenue Code. Participants may also make contributions to the Plan in the form of a rollover of funds from another qualified plan.

Eligible employees receive supplemental and matching contributions made by the Hospital contributed to the Joint Township District Memorial Hospital Employees' Pension Plan.

Participant Accounts - Each participant's account is credited with allocations of the Plan's earnings and expenses. Allocation of earnings and expenses is based on participants' account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately 100 percent vested in employee salary and rollover contributions and any income or loss thereon.

Payment of Benefits - The Plan allows participants to select optional forms of payment upon early retirement or normal retirement as stipulated in the plan document. A participant could select a lump-sum payment or purchase an annuity that would provide a monthly retirement benefit for life (or other specified period of time), and this annuity payment may continue to a spouse or other beneficiary upon the employee's death. A terminated participant may leave the monies invested until a later time, receive a lump-sum payout, or roll over the monies into another qualified plan.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by Hartford Life Insurance Company or its affiliates. Hartford is the custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Termination - While it has not expressed any intent to do so, the Hospital has the right under the Plan to terminate the Plan subject to the provisions set forth in the plan agreement and ERISA.

Joint Township District Memorial Hospital Tax Deferred Annuity Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are held in pooled separate accounts and an unallocated insurance contract that is maintained by Hartford. The pooled separate accounts are valued at net asset value per share (or its equivalent) of the accounts, which is based on the fair value of the accounts' underlying net assets. The unallocated contract is a benefit-responsive group annuity contract issued by Hartford that invests in the general assets of Hartford. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees.

See Note 6 for additional information.

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Administrative expenses for both years ended December 31, 2016 and 2015 were paid by the Hospital. Additionally, the Hospital provides certain accounting and administrative services at no cost to the Plan.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

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

Joint Township District Memorial Hospital Tax Deferred Annuity Plan

**Notes to Financial Statements
December 31, 2016 and 2015**

Note 2 - Summary of Significant Accounting Policies (Continued)

New Accounting Pronouncements - During 2016, the Plan adopted Accounting Standards Update (ASU) Nos. 2015-07, *Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)*, and 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965)* - I. Fully Benefit-Responsive Investment Contracts, II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient. ASU No. 2015-07 amended ASC 820, *Fair Value Measurements*, and removed the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share as a practical expedient. Parts I and II of ASU No. 2015-12 are applicable to the Plan. Part I requires the fully benefit-responsive investment contract be recorded contract value without presentation of fair value or the difference between fair value and contract value and reduces the related disclosures. Part II modifies the investment disclosures under ASC 820 and 962. These standards were adopted retrospectively and had no impact on the Plan's net assets or changes in net assets.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including August 24, 2017, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

Massachusetts Mutual Life Insurance Company (MassMutual) was appointed by The Hartford Life Insurance Company (Hartford) to provide administrative services for insurance contracts held by The Hartford Life Insurance Company.

The Plan uses two custodians, Hartford and Reliance Trust Company (Reliance), to hold the Plan's investments. MassMutual functions as a recordkeeper for both assets held by Hartford and Reliance. Hartford and Reliance held the Plan's investments and executed all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information certified by MassMutual, including information provided on behalf of Hartford and Reliance.

Note 4 - Unallocated Insurance Contract

The Plan invests in a benefit-responsive investment contract with Hartford. Hartford maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Joint Township District Memorial Hospital Tax Deferred Annuity Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 4 - Unallocated Insurance Contract (Continued)

Interest rates are established and declared for new contributions that will be received in a calendar quarter. The rate is based on the return Hartford expects on new investments made by it and held with the Hartford general account. When establishing interest credit rates for these contracts, Hartford considers past general account investments, adjusted for portfolio turnover and withdrawals for benefit payments. The crediting rate will always equal or exceed the contractually guaranteed rate.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3 percent for the Hartford contract. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with Hartford. Such events include the following: (i) amendments to the plan documents (including complete or partial plan termination or merger with another plan); (ii) changes to the Plan's prohibition on competing investment options or deletion of equity wash provision; (iii) bankruptcy of the plan sponsor or other plan sponsor events (e.g., divestitures or spin-offs of a subsidiary) which cause a significant withdrawal from the Plan; or (iv) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Liquidation of the entire contract may cause a one-time adjustment to the aggregate contract value, resulting in a fair value different from contract value. The unallocated insurance contract does not permit the insurance companies to terminate the agreement prior to the scheduled maturity. This total liquidation is a contingent event, which cannot be initiated by the plan participants and can only be initiated by the plan trustee upon termination of the Plan or complete termination of the contract.

Note 5 - Tax Status

The Internal Revenue Service (IRS) is not currently accepting applications for individual 403(b) plan determination letters. The plan administrator has indicated the Plan will apply for a determination letter when the IRS allows such applications to be made. The plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of Internal Revenue Code Section 403(b). Therefore, no provision for income taxes has been included in the Plan's financial statements.

Joint Township District Memorial Hospital

Tax Deferred Annuity Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 6 - Fair Value Measurements

Investments in Entities that Calculate Net Asset Value per Share

The Plan holds shares or interests in pooled separate accounts, for which fair values are estimated based on the net asset value per share (or its equivalent) of the accounts.

At year end, the fair value of those investments is as follows:

	December 31, 2016	December 31, 2015
	Fair Value	Fair Value
Equity funds (1)	\$ 8,185,709	\$ 7,582,319
Balanced funds (2)	1,087,017	3,850,461
Bond funds (3)	4,127,088	1,015,460
Total	<u>\$ 13,399,814</u>	<u>\$ 12,448,240</u>

- (1) This class represents investments in actively managed pooled separate accounts that invest primarily in equity securities, which may include common stocks, options, and futures.
- (2) This class represents investments in actively managed pooled separate accounts with investments in both equity and debt securities. The investments may include common stock, corporate bonds, U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures.
- (3) This class represents investments in an actively managed pooled separate account that invests primarily in debt securities. The investments may include U.S. government securities, convertibles, privately issued mortgage-based securities, corporate bonds, and other debt securities.

There were no unfunded commitments or redemption restrictions on the investments described above.

Joint Township District Memorial Hospital

Tax Deferred Annuity Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 34-1623770, Plan No. 001

December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Reliance Trust Company**	Pooled separate accounts:		
	Mass Investors Trust-R3	*	\$ 7,951
	The Hartford Global Health A	*	131,827
	BlackRock LifePath Retirement Institutional	*	654,858
	BlackRock LifePath 2020 Institutional	*	794,742
	BlackRock LifePath 2030 Institutional	*	1,875,195
	BlackRock LifePath 2040 Institutional	*	598,070
	American Funds Bond Fund of America R3	*	179,272
	American Funds Growth Fund of America	*	974,824
	American Funds Capital World GI Fund R3	*	718,841
	American Funds EuroPacific R3	*	380,373
	American Funds Income Fund R3	*	204,223
	American Funds AMCAP-R3	*	176,992
	Invesco Van Kampen Comstock Fund A	*	1,122,018
	Invesco Van Kampen Equity and Income Fund A	*	400,540
	Invesco Small Cap Discovery A	*	137,112
	Eaton Vance Income Fund of Boston A	*	110,421
	Oppenheimer Small & Mid Capital Value A	*	326,257
	Oppenheimer Global Fund A	*	40,022
	Oppenheimer Gold & Special Minerals - A	*	8,097
	Goldman Sachs Mid Capital Value A	*	251,877
	Janus Forty S	*	340,530
	Invesco Real Estate Fund A	*	28,929
	PIMCO Total Return Fund A	*	223,962
	Prudential Jennison Mid Capital Growth A	*	119,172
	Nuveen Small Capital Index A	*	31,459
	American Century Investments Small Cap Value A	*	71,412
	MFS International Value R3	*	108,165
	PIMCO Real Return Fund A	*	14,773
	MFS Government Securities R3	*	656
	Nuveen Mid Cap Index A	*	15,304
	American Century Heritage A	*	262,058
	Invesco International Growth - A	*	9,390
	BlackRock Global Allocation - A	*	9,785
	Select Harris Focused Value - R4	*	917,082
	Premier Barings High Yield	*	557,933
	MM S&P 500 Index-I	*	1,595,692
The Hartford Life Insurance Company**	Unallocated insurance contract - Hartford General (Fixed Rate)	*	3,820,206
Total			\$ 17,220,020

* Cost information not required

** Indicates party-in-interest to the Plan

Joint Township District Memorial Hospital Tax Deferred Annuity Plan

**Financial Report
December 31, 2016**

Joint Township District Memorial Hospital Tax Deferred Annuity Plan

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Independent Auditor's Report

To the Plan Administrator
Joint Township District Memorial Hospital
Tax Deferred Annuity Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Joint Township District Memorial Hospital Tax Deferred Annuity Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2016 and 2015 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Massachusetts Mutual Life Insurance Company (MassMutual), on behalf of The Hartford Life Insurance Company (Hartford), and Reliance Trust Company (Reliance), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Hartford and Reliance hold the Plan's investment assets and execute related transactions. The plan administrator has obtained certifications from MassMutual, on behalf of Hartford, and Reliance as of and for the years ended December 31, 2016 and 2015 that the information provided to the plan administrator by MassMutual, on behalf of Hartford, and Reliance is complete and accurate.

To the Plan Administrator
Joint Township District Memorial Hospital
Tax Deferred Annuity Plan

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets held at end of year as of December 31, 2016 is required by the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

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 schedule, other than that derived from the information certified by MassMutual, on behalf of Hartford, and Reliance have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Morse, PLLC

Columbus, Ohio
August 24, 2017

Joint Township District Memorial Hospital Tax Deferred Annuity Plan

Statement of Net Assets Available for Benefits

	December 31, 2016	December 31, 2015
Assets		
Participant-directed investments:		
Pooled separate accounts at fair value	\$ 13,399,814	\$ 12,448,240
Fully benefit-responsive unallocated insurance contract at contract value	<u>3,820,206</u>	<u>3,758,337</u>
Net Assets Available for Benefits	<u>\$ 17,220,020</u>	<u>\$ 16,206,577</u>

Joint Township District Memorial Hospital Tax Deferred Annuity Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2016	December 31, 2015
Additions to Net Assets		
Contributions - Employee	\$ 1,198,899	\$ 1,123,694
Investment income (loss):		
Interest and dividends	112,008	108,438
Net realized and unrealized gains (losses) on investments	<u>1,133,829</u>	<u>(65,601)</u>
Total investment income	<u>1,245,837</u>	<u>42,837</u>
Total additions	2,444,736	1,166,531
Deductions from Net Assets - Benefits paid directly to participants or beneficiaries	<u>1,431,293</u>	<u>1,289,747</u>
Net Increase (Decrease)	1,013,443	(123,216)
Net Assets Available for Benefits		
Beginning of year	<u>16,206,577</u>	<u>16,329,793</u>
End of year	<u>\$ 17,220,020</u>	<u>\$ 16,206,577</u>

Joint Township District Memorial Hospital Tax Deferred Annuity Plan

**Notes to Financial Statements
December 31, 2016 and 2015**

Note I - Plan Description

The following description of Joint Township District Memorial Hospital Tax Deferred Annuity Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering all employees of Joint Township District Memorial Hospital (the "Hospital"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Contributions to the Plan are invested as directed by the participants in any one or more investment alternatives. The Plan provides for employee salary deferrals subject to maximum tax-deferred limitations established by the Internal Revenue Code. Participants may also make contributions to the Plan in the form of a rollover of funds from another qualified plan.

Eligible employees receive supplemental and matching contributions made by the Hospital contributed to the Joint Township District Memorial Hospital Employees' Pension Plan.

Participant Accounts - Each participant's account is credited with allocations of the Plan's earnings and expenses. Allocation of earnings and expenses is based on participants' account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately 100 percent vested in employee salary and rollover contributions and any income or loss thereon.

Payment of Benefits - The Plan allows participants to select optional forms of payment upon early retirement or normal retirement as stipulated in the plan document. A participant could select a lump-sum payment or purchase an annuity that would provide a monthly retirement benefit for life (or other specified period of time), and this annuity payment may continue to a spouse or other beneficiary upon the employee's death. A terminated participant may leave the monies invested until a later time, receive a lump-sum payout, or roll over the monies into another qualified plan.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by Hartford Life Insurance Company or its affiliates. Hartford is the custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Termination - While it has not expressed any intent to do so, the Hospital has the right under the Plan to terminate the Plan subject to the provisions set forth in the plan agreement and ERISA.

Joint Township District Memorial Hospital Tax Deferred Annuity Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are held in pooled separate accounts and an unallocated insurance contract that is maintained by Hartford. The pooled separate accounts are valued at net asset value per share (or its equivalent) of the accounts, which is based on the fair value of the accounts' underlying net assets. The unallocated contract is a benefit-responsive group annuity contract issued by Hartford that invests in the general assets of Hartford. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees.

See Note 6 for additional information.

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Administrative expenses for both years ended December 31, 2016 and 2015 were paid by the Hospital. Additionally, the Hospital provides certain accounting and administrative services at no cost to the Plan.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

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

Joint Township District Memorial Hospital Tax Deferred Annuity Plan

**Notes to Financial Statements
December 31, 2016 and 2015**

Note 2 - Summary of Significant Accounting Policies (Continued)

New Accounting Pronouncements - During 2016, the Plan adopted Accounting Standards Update (ASU) Nos. 2015-07, *Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)*, and 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965)* - I. Fully Benefit-Responsive Investment Contracts, II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient. ASU No. 2015-07 amended ASC 820, *Fair Value Measurements*, and removed the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share as a practical expedient. Parts I and II of ASU No. 2015-12 are applicable to the Plan. Part I requires the fully benefit-responsive investment contract be recorded contract value without presentation of fair value or the difference between fair value and contract value and reduces the related disclosures. Part II modifies the investment disclosures under ASC 820 and 962. These standards were adopted retrospectively and had no impact on the Plan's net assets or changes in net assets.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including August 24, 2017, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

Massachusetts Mutual Life Insurance Company (MassMutual) was appointed by The Hartford Life Insurance Company (Hartford) to provide administrative services for insurance contracts held by The Hartford Life Insurance Company.

The Plan uses two custodians, Hartford and Reliance Trust Company (Reliance), to hold the Plan's investments. MassMutual functions as a recordkeeper for both assets held by Hartford and Reliance. Hartford and Reliance held the Plan's investments and executed all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information certified by MassMutual, including information provided on behalf of Hartford and Reliance.

Note 4 - Unallocated Insurance Contract

The Plan invests in a benefit-responsive investment contract with Hartford. Hartford maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Joint Township District Memorial Hospital Tax Deferred Annuity Plan

**Notes to Financial Statements
December 31, 2016 and 2015**

Note 4 - Unallocated Insurance Contract (Continued)

Interest rates are established and declared for new contributions that will be received in a calendar quarter. The rate is based on the return Hartford expects on new investments made by it and held with the Hartford general account. When establishing interest credit rates for these contracts, Hartford considers past general account investments, adjusted for portfolio turnover and withdrawals for benefit payments. The crediting rate will always equal or exceed the contractually guaranteed rate.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3 percent for the Hartford contract. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with Hartford. Such events include the following: (i) amendments to the plan documents (including complete or partial plan termination or merger with another plan); (ii) changes to the Plan's prohibition on competing investment options or deletion of equity wash provision; (iii) bankruptcy of the plan sponsor or other plan sponsor events (e.g., divestitures or spin-offs of a subsidiary) which cause a significant withdrawal from the Plan; or (iv) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Liquidation of the entire contract may cause a one-time adjustment to the aggregate contract value, resulting in a fair value different from contract value. The unallocated insurance contract does not permit the insurance companies to terminate the agreement prior to the scheduled maturity. This total liquidation is a contingent event, which cannot be initiated by the plan participants and can only be initiated by the plan trustee upon termination of the Plan or complete termination of the contract.

Note 5 - Tax Status

The Internal Revenue Service (IRS) is not currently accepting applications for individual 403(b) plan determination letters. The plan administrator has indicated the Plan will apply for a determination letter when the IRS allows such applications to be made. The plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of Internal Revenue Code Section 403(b). Therefore, no provision for income taxes has been included in the Plan's financial statements.

Joint Township District Memorial Hospital

Tax Deferred Annuity Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 6 - Fair Value Measurements

Investments in Entities that Calculate Net Asset Value per Share

The Plan holds shares or interests in pooled separate accounts, for which fair values are estimated based on the net asset value per share (or its equivalent) of the accounts.

At year end, the fair value of those investments is as follows:

	December 31, 2016	December 31, 2015
	Fair Value	Fair Value
Equity funds (1)	\$ 8,185,709	\$ 7,582,319
Balanced funds (2)	1,087,017	3,850,461
Bond funds (3)	4,127,088	1,015,460
Total	<u>\$ 13,399,814</u>	<u>\$ 12,448,240</u>

- (1) This class represents investments in actively managed pooled separate accounts that invest primarily in equity securities, which may include common stocks, options, and futures.
- (2) This class represents investments in actively managed pooled separate accounts with investments in both equity and debt securities. The investments may include common stock, corporate bonds, U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures.
- (3) This class represents investments in an actively managed pooled separate account that invests primarily in debt securities. The investments may include U.S. government securities, convertibles, privately issued mortgage-based securities, corporate bonds, and other debt securities.

There were no unfunded commitments or redemption restrictions on the investments described above.

Joint Township District Memorial Hospital

Tax Deferred Annuity Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 34-1623770, Plan No. 001

December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Reliance Trust Company**	Pooled separate accounts:		
	Mass Investors Trust-R3	*	\$ 7,951
	The Hartford Global Health A	*	131,827
	BlackRock LifePath Retirement Institutional	*	654,858
	BlackRock LifePath 2020 Institutional	*	794,742
	BlackRock LifePath 2030 Institutional	*	1,875,195
	BlackRock LifePath 2040 Institutional	*	598,070
	American Funds Bond Fund of America R3	*	179,272
	American Funds Growth Fund of America	*	974,824
	American Funds Capital World GI Fund R3	*	718,841
	American Funds EuroPacific R3	*	380,373
	American Funds Income Fund R3	*	204,223
	American Funds AMCAP-R3	*	176,992
	Invesco Van Kampen Comstock Fund A	*	1,122,018
	Invesco Van Kampen Equity and Income Fund A	*	400,540
	Invesco Small Cap Discovery A	*	137,112
	Eaton Vance Income Fund of Boston A	*	110,421
	Oppenheimer Small & Mid Capital Value A	*	326,257
	Oppenheimer Global Fund A	*	40,022
	Oppenheimer Gold & Special Minerals - A	*	8,097
	Goldman Sachs Mid Capital Value A	*	251,877
	Janus Forty S	*	340,530
	Invesco Real Estate Fund A	*	28,929
	PIMCO Total Return Fund A	*	223,962
	Prudential Jennison Mid Capital Growth A	*	119,172
	Nuveen Small Capital Index A	*	31,459
	American Century Investments Small Cap Value A	*	71,412
	MFS International Value R3	*	108,165
	PIMCO Real Return Fund A	*	14,773
	MFS Government Securities R3	*	656
	Nuveen Mid Cap Index A	*	15,304
	American Century Heritage A	*	262,058
	Invesco International Growth - A	*	9,390
	BlackRock Global Allocation - A	*	9,785
	Select Harris Focused Value - R4	*	917,082
	Premier Barings High Yield	*	557,933
	MM S&P 500 Index-I	*	1,595,692
The Hartford Life Insurance Company**	Unallocated insurance contract - Hartford General (Fixed Rate)	*	3,820,206
Total			\$ 17,220,020

* Cost information not required

** Indicates party-in-interest to the Plan