

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 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>EMPLOYEES' RETIREMENT PLAN OF MEDCENTRAL HEALTH SYSTEM</u>	1b	Three-digit plan number (PN) ► <u>002</u>
		1c	Effective date of plan <u>07/01/1965</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>MEDCENTRAL HEALTH SYSTEM</u> <u>335 GLESSNER AVE</u> <u>MANSFIELD, OH 44903-2224</u>	2b	Employer Identification Number (EIN) <u>34-0714456</u>
		2c	Plan Sponsor's telephone number <u>419-526-8000</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.	10/12/2017	LISA MEDDOCK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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 3788
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 2069 6a(2) 2057 6b 572 6c 1080 6d 3709 6e 62 6f 3771 6g 6h 6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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

▶ **Round off amounts to nearest dollar.**

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

A Name of plan <u>EMPLOYEES' RETIREMENT PLAN OF MEDCENTRAL HEALTH SYSTEM</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MEDCENTRAL HEALTH SYSTEM</u>	D Employer Identification Number (EIN) <u>34-0714456</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>81623146</u>
b Actuarial value	2b <u>84852567</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>545</u> (2) Vested Funding Target <u>15184482</u> (3) Total Funding Target <u>15184482</u>
b For terminated vested participants	<u>1174</u> <u>18186085</u> <u>18186085</u>
c For active participants	<u>2069</u> <u>41503330</u> <u>42174776</u>
d Total	<u>3788</u> <u>74873897</u> <u>75545343</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.99 %</u>
6 Target normal cost	6 <u>1165000</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/19/2017</u>
	Signature of actuary	Date
<u>LORI A. DEVORE</u>	Type or print name of actuary	<u>17-05257</u>
<u>AON CONSULTING, INC.</u>	Firm name	Most recent enrollment number
<u>445 HUTCHINSON AVE</u> <u>SUITE 900</u> <u>COLUMBUS, OH 43235</u>	Address of the firm	<u>614-436-8100</u>
		Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2016
v. 160205

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>6.67</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		4959821
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.22</u> %		308501
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		5268322
d	Portion of (c) to be added to prefunding balance		5268322
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	5268322

Part III Funding Percentages			
14	Funding target attainment percentage	14	105.34%
15	Adjusted funding target attainment percentage	15	112.32%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.04%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/26/2017	1000000	0			
04/14/2017	1000000	0			
07/14/2017	8860000	0			
09/15/2017	8860000	0			
Totals ►			18(b)	19720000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 17998046
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.43% 2nd segment: 5.91% 3rd segment: 6.65%	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	4
22	Weighted average retirement age	22	62
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6)	31a	1165000
b	Excess assets, if applicable, but not greater than line 31a	31b	1165000
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)	36	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	17998046
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	17998046
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)		
41	If an election was made to use PRA 2010 funding relief for this plan:		
a	Schedule elected	☐ 2 plus 7 years ☐ 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42	Amount of acceleration adjustment	42	
43	Excess installment acceleration amount to be carried over to future plan years	43	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan EMPLOYEES' RETIREMENT PLAN OF MEDCENTRAL HEALTH SYSTEM	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MEDCENTRAL HEALTH SYSTEM	D Employer Identification Number (EIN) 34-0714456

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 BLACKROCK

32-0174431

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation COLUMBIA THREADNEEDLE INVESTMENTS	PO BOX 8081 BOSTON, MA 02266-8081
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation THE TCW GROUP, INC.	865 SOUTH FIGUEROA LOS ANGELES, CA 90017
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation GOLDMAN SACHS AND CO.	13-5108880
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

KOPERNIK FUNDS

P.O. BOX 219009
KANSAS CITY, MO 64121-9009

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

LOOMIS SAYLES FUNDS

P.O. BOX 219594
KANSAS CITY, MO 64121-9594

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

POINTER OFFSHORE III, LTD.

30-0115725

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

FRANKLIN TEMPLETON INVESTMENTS

ONE FRANKLIN PARKWAY
SAN MATEO, CA 94403-1906

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

VANGUARD

P.O. BOX 1101
VALLEY FORGE, PA 19482-1101

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

VIRTUS INVESTMENT PARTNERS

100 PEARL STREET
9TH FLOOR
HARTFORD, CT 06103

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

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

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

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50 70	NONE	225359	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY SMITH BARNEY HOLDING

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 27 33 49 50 55 64 99	NONE	128317	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RYAN LABS, INC

13-3451974

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	100033	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	29000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAZARD ASSET MANAGEMENT

05-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	24339	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VAUGHAN NELSON INVESTMENT MGMT

04-3304963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	21893	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PLANTE & MORAN, PLLC

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	13000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEYTRUST

34-0797057

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25 50	NONE	11726	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIERA CAPITAL INC.

13-2726734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	10839	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SKYBRIDGE

26-0403497

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 50 51	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	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
SKYBRIDGE	28 51 52	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.	
SKYBRIDGE CAPITAL II, LLC 26-0403497	MONTHLY MANAGEMENT FEE EQUAL TO 0.125% (1.50% ON AN ANNUALIZED BASIS) OF ITS NET ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	RACHEL A.BATTAH	b EIN:	13-2834414
c Position:	ENROLLED ACTUARY		
d Address:	325 JOHN H. MCCONNELL BOULEVARD SUITE 350 COLUMBUS, OH 43215-7644	e Telephone:	614-227-5500

Explanation: THE CHANGE IN ACTUARY IS DUE TO REVIEWING PROPOSAL FOR THE WORK AND CHOOSING A NEW ACTUARY.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan EMPLOYEES' RETIREMENT PLAN OF MEDCENTRAL HEALTH SYSTEM	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MEDCENTRAL HEALTH SYSTEM		
		D Employer Identification Number (EIN) 34-0714456

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	2000000	19720000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	271104	267138
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1308698	1368396
(2) U.S. Government securities	1c(2)	9639160	11991625
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	24914247	23982478
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	8315839	8791494
(5) Partnership/joint venture interests	1c(5)	11675115	11321090
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	23572623	20241137
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	81696786	97683358

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	81696786	97683358
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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)	19720000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		19720000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4354	
(B) U.S. Government securities	2b(1)(B)	137558	
(C) Corporate debt instruments	2b(1)(C)	963839	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1105751
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	97414	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	872841	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		970255
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	46033392	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	45589265	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		444127
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	115729	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		115729

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		484648
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		22840510

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5786493	
(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)		5786493
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)	395676	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	157104	
(4) Other	2i(4)	514665	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1067445
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6853938

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		15986572
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		10000000
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 4007401. (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.
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan EMPLOYEES' RETIREMENT PLAN OF MEDCENTRAL HEALTH SYSTEM		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 MEDCENTRAL HEALTH SYSTEM		D Employer Identification Number (EIN) 34-0714456
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 34-1974250		
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 35
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, 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: <u>33.4</u> % Investment-Grade Debt: <u>50.7</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>0.0</u> % Other: <u>15.9</u> % b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☒ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):

Part VII	IRS Compliance Questions
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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 / / .	

Employees' Retirement Plan of MedCentral Health System

**Financial Report
December 31, 2016**

Employees' Retirement Plan of MedCentral Health System

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Independent Auditor's Report

To the OhioHealth Audit Committee
Employees' Retirement Plan of
MedCentral Health System

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Employees' Retirement Plan of MedCentral Health System (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 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 KeyBank National Association (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds certain of the Plan's investment assets and executes related transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2016 and 2015 that the information provided to the plan administrator by the Trustee is complete and accurate.

To the OhioHealth Audit Committee
Employees' Retirement Plan of
MedCentral Health System

Disclaimer of Opinion

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

Emphasis of Matter

As explained in Note 4, the financial statements include investments valued at approximately \$11,437,000 (12 percent of net assets) at December 31, 2016 and \$11,675,000 (15 percent of net assets) at December 31, 2015 whose fair values have been estimated by management in the absence of readily determinable market values. Management's estimates are based on information provided by the Trustee. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedules of assets held at end of year as of December 31, 2016 and reportable transactions for the year ended December 31, 2016 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

Plante & Moran, PLLC

Columbus, Ohio
September 15, 2017

Employees' Retirement Plan of MedCentral Health System

Statement of Net Assets Available for Benefits

	December 31, 2016	December 31, 2015
Assets		
Investments at fair value:		
Money market funds	\$ 1,368,396	\$ 1,308,698
Mutual funds	20,241,137	23,572,623
U.S. government securities	11,991,625	9,639,160
Corporate stocks	8,791,494	8,315,839
Corporate bonds	20,993,773	22,098,054
Foreign bonds	2,554,750	1,931,259
Alternative investments - Limited partnerships (Note 4)	11,321,090	11,675,115
Municipal bonds	433,955	884,934
Total investments at fair value	77,696,220	79,425,682
Contributions receivable	19,720,000	2,000,000
Accrued interest	267,138	271,104
Net Assets Available for Benefits	\$ 97,683,358	\$ 81,696,786

Employees' Retirement Plan of MedCentral Health System

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2016	December 31, 2015
Additions to Net Assets		
Contributions - Employer	\$ 19,720,000	\$ 5,210,000
Investment income (loss):		
Interest and dividends	2,076,006	2,325,940
Net realized and unrealized gains (losses) on investments	1,044,504	(2,696,118)
Total investment income (loss)	3,120,510	(370,178)
Total additions	22,840,510	4,839,822
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	5,786,493	4,582,087
Administrative expenses	1,067,445	1,140,588
Total deductions	6,853,938	5,722,675
Net Increase (Decrease)	15,986,572	(882,853)
Net Assets Available for Benefits		
Beginning of year	81,696,786	82,579,639
End of year	\$ 97,683,358	\$ 81,696,786

Employees' Retirement Plan of MedCentral Health System

Notes to Financial Statements December 31, 2016 and 2015

Note 1 - Plan Description

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

General - Effective January 1, 1997, the Plan, formerly known as the Employees' Retirement Plan of Mansfield General Hospital (Mansfield Plan) was amended and restated to be a cash balance plan and to include the employees of Shelby Memorial Hospital and Crestline Memorial Hospital. Participants of the Crestline Memorial Hospital Employees' Pension Plan (Crestline Plan) and the Employees' Retirement Plan of Shelby Memorial Hospital (Shelby Plan) as of December 31, 1996 became members of the Plan on January 1, 1997. The actuarial equivalent of retirement benefits earned under the provisions of the Mansfield Plan became the opening balance in the cash balance account for each participant under the Plan. Plan participants were also granted benefit service time for service time earned under the provisions of the Mansfield Plan, Crestline Plan, and Shelby Plan. Shelby Memorial Hospital and Crestline Memorial Hospital were previously merged with Mansfield General Hospital to become MedCentral Health System (the "System").

The Plan covers substantially all employees of the System. Under the terms of the Plan, employees age 21 or older are eligible to participate in the Plan after completion of one year of employment, as defined. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is a cash balance defined benefit pension plan, which reports accrued benefits to participants in the form of hypothetical individual account balances. Account balances are increased each year by a percentage, based on the sum of age plus service, of the employee's compensation plus an investment credit rate determined annually, based on the greater of the average yield of the five-year treasury bond over the last quarter of the preceding year or 3.0 percent. The credit rate used by the Plan was 3.0 percent for 2016 and 2015.

In March 2015, the system board elected to freeze the Plan to new participants and benefits effective January 1, 2016, which is reflected in the accumulated plan benefits as of and for the year ended December 31, 2016. Participant account balances will continue to increase by the investment credit rate determined annually.

Eligibility and Vesting - Employees become participants in the Plan following completion of the eligibility requirements as described in the Plan and are fully vested for normal retirement benefits after five years of service.

Pension Benefits - Eligible employees with five or more years of service are entitled to normal annual pension benefits beginning at the participant's normal retirement age of 65 as described in the Plan.

Employees' Retirement Plan of MedCentral Health System

Notes to Financial Statements December 31, 2016 and 2015

Note 1 - Plan Description (Continued)

Funding - Contributions are made by the System in actuarially determined amounts. The System's policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA. No participant contributions are permitted.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by KeyBank National Association or its affiliates. KeyBank National Association is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

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

The U.S. government securities, municipal bonds, foreign bonds, and corporate bonds are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve, as well as other relevant economic measures. Investments in hedge funds are valued at net asset value per share (or its equivalent) of the funds based on audited financial statements of the funds, where available, with adjustments to account for partnership activity and other applicable valuation adjustments. All other investments are valued based on quoted market prices. See Note 4 for additional information.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Various administrative costs are paid by the System.

Employees' Retirement Plan of MedCentral Health System

Notes to Financial Statements December 31, 2016 and 2015

Note 2 - Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. These include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Beneficiaries of employees who have died
- c. Present employees or their beneficiaries

The amount of individual pension benefits is determined by the participant's account balance at the time of retirement. Participants who were also participants in the Mansfield Plan may be eligible to receive additional benefits determined based on years of service and compensation, as defined. The Plan also provides for early retirement, a termination benefit, and payments of benefits to a surviving spouse for participants with at least three years of eligible service and disability benefits for participants with at least 15 years of eligible services.

Actuarial Assumptions - The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation of the Plan at January 1, 2016 and 2015 are summarized as follows:

Actuarial cost method	- The present value of accumulated plan benefits reflects the benefits attributable under the Plan provisions to employees' service rendered to the benefit information date using the traditional unit credit method - 2016 and 2015
Assumed rate of return	- 6.40 percent - 2016; 5.60 percent - 2015
Mortality basis	- RP-2014 employee and annuitant mortality tables projected generationally from 2006 with mortality improvement scale MP-2016 - 2016; Mercer modified MRP 2007 separate annuitant/nonannuitant no collar generational mortality tables using the Mercer modified generational project scale MMP 2007 - 2015.

Employees' Retirement Plan of MedCentral Health System

Notes to Financial Statements December 31, 2016 and 2015

Note 2 - Summary of Significant Accounting Policies (Continued)

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

The changes in assumptions from the prior year valuation include the following: the interest rate increased from 5.60 percent to 6.40 percent, the assumed cash balance crediting rate was updated to 3.0 percent for all years (previously, the 2016 rate was 3.0 percent, and the 2017 rate was 3.02 percent, steadily increasing to 4.30 percent for 2024), the mortality assumption from the Mercer MRP 2007 separate annuitant/nonannuitant no collar generational mortality tables using the Mercer modified generational project scale MMP 2007 - 2015 to the RP-2014 employee and annuitant mortality tables projected generationally from 2006 with mortality improvement scale MP-2016, and a change in the mortality assumption for lump-sum payments from the 2015 plan year IRC section 417(e)(3) mortality table to the 2016 plan year IRC section 417(e)(3).

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 risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics (see above), all of which are subject to change. Due to the uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in the estimates and assumptions in the near term could materially affect the amounts reported in the financial statements.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including September 15, 2017, which is the date the financial statements were available to be issued.

Employees' Retirement Plan of MedCentral Health System

Notes to Financial Statements December 31, 2016 and 2015

Note 3 - Unaudited Information

KeyBank National Association (the "Trustee") holds the Plan's investments, other than the alternative investments and certain short-term investments, and executes all related investment transactions. The investment balances and related investment results included in the accompanying financial statements and schedule of assets held at end of year, other than the alternative investments and certain short-term investments, are based solely on information provided by the Trustee.

The Plan's investments in alternative investments and certain short-term investments totaling \$11,436,957 and \$11,746,375 at December 31, 2016 and 2015, respectively, and related investment (loss) income of \$(354,025) and \$216,865 for the years ended December 31, 2016 and 2015, respectively, were not certified by KeyBank National Association.

Note 4 - Fair Value Measurements

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

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2016 and 2015.

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

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

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

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

Employees' Retirement Plan of MedCentral Health System

Notes to Financial Statements December 31, 2016 and 2015

Note 4 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2016

	Investments (at Fair Value)	Level 1	Level 2	Level 3
Corporate stocks	\$ 8,791,494	\$ 8,791,494	\$ -	\$ -
Money market funds	1,368,396	1,368,396	-	-
Mutual funds	20,241,137	20,241,137	-	-
Corporate bonds	20,993,773	-	20,993,773	-
Foreign bonds	2,554,750	-	2,554,750	-
Municipal bonds	433,955	-	433,955	-
U.S. government securities	11,991,625	-	11,991,625	-
Total investments at fair value	66,375,130	\$ 30,401,027	\$ 35,974,103	\$ -
Investments measured at NAV -				
Alternative investments -				
Limited partnerships	11,321,090			
Total investments	\$ 77,696,220			

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

	Investments (at Fair Value)	Level 1	Level 2	Level 3
Corporate stocks	\$ 8,315,839	\$ 8,315,839	\$ -	\$ -
Money market funds	1,308,698	1,308,698	-	-
Mutual funds	23,572,623	23,572,623	-	-
Corporate bonds	22,098,054	-	22,098,054	-
Foreign bonds	1,931,259	-	1,931,259	-
Municipal bonds	884,934	-	884,934	-
U.S. government securities	9,639,160	-	9,639,160	-
Total investments at fair value	67,750,567	\$ 33,197,160	\$ 34,553,407	\$ -
Investments measured at NAV -				
Alternative investments -				
Limited partnerships	11,675,115			
Total investments	\$ 79,425,682			

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no transfers between levels in 2016 or 2015.

Employees' Retirement Plan of MedCentral Health System

Notes to Financial Statements December 31, 2016 and 2015

Note 4 - Fair Value Measurements (Continued)

Investments in Entities that Calculate Net Asset Value per Share

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

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

Investments Held at December 31, 2016

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency, if Eligible</u>	<u>Redemption Notice Period</u>
Alternative investments - Limited partnerships:				
Pointer Offshore III, Ltd. (I)	\$ 5,986,466	\$ -	Annual	105 Days
Skybridge Multi-Advisor Hedge Fund (I)	<u>5,334,624</u>	<u>-</u>	Quarterly	65 Days
Total	<u>\$ 11,321,090</u>	<u>\$ -</u>		

Investments Held at December 31, 2015

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency, if Eligible</u>	<u>Redemption Notice Period</u>
Alternative investments - Limited partnerships:				
Pointer Offshore III, Ltd. (I)	\$ 6,237,373	\$ -	Annual	105 Days
Skybridge Multi-Advisor Hedge Fund (I)	<u>5,437,742</u>	<u>-</u>	Quarterly	65 Days
Total	<u>\$ 11,675,115</u>	<u>\$ -</u>		

- (I) Multi-strategy hedge funds of funds that target attractive risk-adjusted returns through investments in a well-diversified group of hedge fund managers employing a variety of unique investment strategies. The hedge funds of funds are actively managed investment portfolios, which attempt to produce stable long-term risk-adjusted returns with lower volatility and low correlation as compared to traditional asset classes.

Note 5 - Tax Status

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

Employees' Retirement Plan of MedCentral Health System

Notes to Financial Statements December 31, 2016 and 2015

Note 6 - Plan Termination

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

Note 7 - Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by Aon, the consulting actuary. The calculations of the estimated present value of accumulated plan benefits attributable to participants in the Plan, which were made as of and for the beginning of the plan year ended December 31, 2015, are as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefit payments	\$ 15,081,700
Other vested participants	60,900,110
Total vested benefits	75,981,810

Nonvested benefits	728,907
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Total benefit obligations	\$ 76,710,717
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A summary of significant changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2015 is as follows:

Actuarial present value of accumulated plan benefits - Beginning of year	\$ 81,980,898
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Increase (decrease) during the year attributable to:

Interest accumulation	4,464,379
Benefits paid	(4,582,087)
Changes in actuarial assumptions	(8,124,434)
Benefit accruals and plan experience	2,971,961

Net decrease	(5,270,181)
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Actuarial present value of accumulated plan benefits - End of year	\$ 76,710,717
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Schedule SB Attachment (Form 5500)—2016 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2016

**Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2016**

**MedCentral Health System
Employees' Retirement Plan of MedCentral Health System
Active Employees**

EIN: 34-0714456 PN: 002

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		82 \$26,357	6							
25-29		124 \$32,856	55 \$34,900	1						
30-34		69 \$38,662	92 \$38,963	34 \$38,926	2					
35-39		76 \$40,168	65 \$43,202	77 \$45,696	27 \$46,781					
40-44		56 \$33,545	48 \$44,446	58 \$50,941	60 \$57,703	15	2			
45-49		39 \$38,566	45 \$42,550	62 \$48,325	48 \$52,185	31 \$56,501	24 \$54,083	1		
50-54		34 \$48,892	54 \$49,856	50 \$41,935	39 \$42,674	26 \$49,763	37 \$50,617	26 \$46,887	6	
55-59		34 \$35,719	40 \$38,440	62 \$42,635	49 \$44,622	26 \$55,602	23 \$60,174	30 \$59,216	44 \$62,181	1
60-64		17 \$60,081	40 \$60,081	28 \$39,183	31 \$49,786	19	20 \$60,154	21 \$52,806	28 \$67,393	13
65-69		4	5	9	7	8	6	2	3	6
70+		2	2	3	5		3	2	1	4

N-2,069

Schedule SB Attachment (Form 5500)—2016 Plan Year
 Employees' Retirement Plan of MedCentral Health System
 EIN: 34-0714456 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2015), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2015), without regard to interest rate stabilization
1st Segment Rate	1.34%
2nd Segment Rate	4.03%
3rd Segment Rate	5.06%
Salary Increases	N/A
Cash Balance Interest Crediting Rate	3.00%
Lump Sum Conversion for Minimum Benefits	Based on the underlying interest rates and the applicable mortality table as of the valuation date
Optional Payment Form Election Percentage	
Active Retirements	100% lump sum
Future Vested Deferreds	100% lump sum
Current Vested Deferreds	
– with a Mansfield Plan benefit	70% life annuity, 30% 75% joint and survivor annuity
– with only a cash balance benefit	100% lump sum
Future Deaths	100% lump sum
Future Disableds	100% lump sum
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)

Schedule SB Attachment (Form 5500)—2016 Plan Year
 Employees' Retirement Plan of MedCentral Health System
 EIN: 34-0714456 PN: 002

Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2015 plan year pensionable earnings
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$210,000 and the IRC section 401(a)(17) compensation limit of \$265,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2014 Plan Year	6.38%
2015 Plan Year	5.60%
2016 Plan Year	6.40%
Trust Expenses Included in Target Normal Cost	The administrative and investment expenses paid from the plan's trust for the previous year excluding the PBGC premium plus the expected PBGC premium for the current year. This amount is valued to the nearest \$1,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2016

Schedule SB Attachment (Form 5500)—2016 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Table 1

Retirement Rates

Attained Age	Rate
55-61	7.5%
62	10.0%
63	17.5%
64	27.5%
65	37.5%
66	50.0%
67	20.0%
68	30.0%
69	40.0%
70	100.0%

Table 2

Withdrawal—Sample Rates

Attained Age	Under 3 Years of Service	3+ Years of Service
20	25.48%	17.81%
25	20.93%	13.26%
30	16.90%	9.23%
35	15.34%	7.80%
40	14.04%	7.15%
45	12.74%	6.50%
50	11.96%	5.85%
55	11.31%	5.20%

Table 3

Disability—Sample Rates

Attained Age	Male	Female
20	0.03%	0.03%
25	0.04%	0.05%
30	0.05%	0.08%
35	0.07%	0.14%
40	0.12%	0.21%
45	0.20%	0.32%
50	0.36%	0.53%
55	0.72%	0.95%
60	1.26%	1.16%

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 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information					
1a Name of plan EMPLOYEES' RETIREMENT PLAN OF MEDCENTRAL HEALTH SYSTEM	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/01/1965</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 07/01/1965	
1b Three-digit plan number (PN) ▶	002				
1c Effective date of plan 07/01/1965					
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) MEDCENTRAL HEALTH SYSTEM 335 GLESSNER AVE MANSFIELD OH 44903-2224	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 34-0714456</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 419-526-8000</td> </tr> <tr> <td>2d Business code (see instructions) 622000</td> </tr> </table>	2b Employer Identification Number (EIN) 34-0714456	2c Plan Sponsor's telephone number 419-526-8000	2d Business code (see instructions) 622000	
2b Employer Identification Number (EIN) 34-0714456					
2c Plan Sponsor's telephone number 419-526-8000					
2d Business code (see instructions) 622000					

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

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

SIGN HERE		<u>10/12/2017</u>	LISA MEDDOCK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
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 3,788
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) 2,069
a(2) Total number of active participants at the end of the plan year	6a(2) 2,057
b Retired or separated participants receiving benefits.....	6b 572
c Other retired or separated participants entitled to future benefits	6c 1,080
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 3,709
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 62
f Total. Add lines 6d and 6e	6f 3,771
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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 _____

Employees' Retirement Plan of MedCentral Health System

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 34-0714456, Plan No. 002 Year Ended December 31, 2016

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
	Federated Treasury Obligations:					
	Purchases - 340	\$ 13,009,499	\$ -	\$ 13,009,499	\$ 13,009,499	\$ -
	Sales - 205	-	11,861,049	11,861,049	11,861,049	-
	Federated Prime Cash Obligations Fund:					
	Purchases - 283	6,177,575	-	6,177,575	6,177,575	-
	Sales - 174	-	7,475,399	7,475,399	7,475,399	-

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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

▶ **Round off amounts to nearest dollar.**

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

A Name of plan EMPLOYEES' RETIREMENT PLAN OF MEDCENTRAL HEALTH SYSTEM	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">B Three-digit plan number (PN) ▶</td> <td style="width: 30%; text-align: center;">002</td> </tr> </table>	B Three-digit plan number (PN) ▶	002
B Three-digit plan number (PN) ▶	002		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MEDCENTRAL HEALTH SYSTEM	D Employer Identification Number (EIN) 34-0714456		
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information				
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>			
2	Assets:			
	a Market value.....	2a		81,623,146
	b Actuarial value	2b		84,852,567
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	545	15,184,482	15,184,482
	b For terminated vested participants	1,174	18,186,085	18,186,085
	c For active participants	2,069	41,503,330	42,174,776
	d Total	3,788	74,873,897	75,545,343
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.99%	
6	Target normal cost	6	1,165,000	

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

SIGN HERE	 Signature of actuary	09/19/2017 Date
	Lori A. DeVore Type or print name of actuary	1705257 Most recent enrollment number
	Aon Consulting, Inc. Firm name	614-436-8100 Telephone number (including area code)
	445 Hutchinson Ave Suite 900 Columbus OH 43235 Address of the firm	

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

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

Schedule SB (Form 5500) 2016
v. 160205

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>6.67%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		4,959,821
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.22%</u>		308,501
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance.....		5,268,322
d Portion of (c) to be added to prefunding balance.....		5,268,322
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	5,268,322

Part III Funding Percentages

14 Funding target attainment percentage	14	105.34%
15 Adjusted funding target attainment percentage.....	15	112.32%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.04%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/26/2017	1,000,000	0			
04/14/2017	1,000,000	0			
07/14/2017	8,860,000	0			
09/15/2017	8,860,000	0			
Totals ►			18(b)	19,720,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	17,998,046

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	1,165,000	
b Excess assets, if applicable, but not greater than line 31a	31b	1,165,000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	17,998,046	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	17,998,046	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB Attachment (Form 5500)—2016 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Schedule SB, line 19—Discounted Employer Contributions
Year applied for contributions: 2016

Date	Amount	Days to Discount to 1/1/2016 at 5.99%	Interest Adjusted Contribution
January 26, 2017	\$ 1,000,000	391	\$ 939,744
April 14, 2017	1,000,000	469	928,165
July 14, 2017	8,860,000	560	8,105,449
September 15, 2017	8,860,000	623	8,024,688
Total Contribution	\$ 19,720,000		\$ 17,998,046

Schedule SB Attachment (Form 5500)—2016 Plan Year
 Employees' Retirement Plan of MedCentral Health System
 EIN: 34-0714456 PN: 002

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	7.50%	1.0000	4.13
56	7.50%	0.9250	3.89
57	7.50%	0.8556	3.66
58	7.50%	0.7915	3.44
59	7.50%	0.7321	3.24
60	7.50%	0.6772	3.05
61	7.50%	0.6264	2.87
62	10.00%	0.5794	3.59
63	17.50%	0.5215	5.75
64	27.50%	0.4302	7.57
65	37.50%	0.3119	7.60
66	50.00%	0.1949	6.43
67	20.00%	0.0975	1.31
68	30.00%	0.0780	1.59
69	40.00%	0.0546	1.51
70	100.00%	0.0328	2.29
Weighted Average			61.92

Schedule SB Attachment (Form 5500)—2016 Plan Year
 Employees' Retirement Plan of MedCentral Health System
 EIN: 34-0714456 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month lookback (as of September 2015), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor

1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of September 2015), without regard to interest rate stabilization

1st Segment Rate	1.34%
2nd Segment Rate	4.03%
3rd Segment Rate	5.06%

Salary Increases

N/A

Cash Balance Interest Crediting Rate

3.00%

Lump Sum Conversion for Minimum Benefits

Based on the underlying interest rates and the applicable mortality table as of the valuation date

Optional Payment Form Election Percentage

Active Retirements	100% lump sum
Future Vested Deferreds	100% lump sum
Current Vested Deferreds	
– with a Mansfield Plan benefit	70% life annuity, 30% 75% joint and survivor annuity
– with only a cash balance benefit	100% lump sum
Future Deaths	100% lump sum
Future Disableds	100% lump sum

Retirement Age

Active Participants	See Table 1
Terminated Vested Participants	Age 62

Mortality Rates

Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
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Schedule SB Attachment (Form 5500)—2016 Plan Year
 Employees' Retirement Plan of MedCentral Health System
 EIN: 34-0714456 PN: 002

Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2015 plan year pensionable earnings
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$210,000 and the IRC section 401(a)(17) compensation limit of \$265,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2014 Plan Year	6.38%
2015 Plan Year	5.60%
2016 Plan Year	6.40%
Trust Expenses Included in Target Normal Cost	The administrative and investment expenses paid from the plan's trust for the previous year excluding the PBGC premium plus the expected PBGC premium for the current year. This amount is valued to the nearest \$1,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2016

Schedule SB Attachment (Form 5500)—2016 Plan Year
 Employees' Retirement Plan of MedCentral Health System
 EIN: 34-0714456 PN: 002

Table 1

Retirement Rates

Attained Age	Rate
55-61	7.5%
62	10.0%
63	17.5%
64	27.5%
65	37.5%
66	50.0%
67	20.0%
68	30.0%
69	40.0%
70	100.0%

Table 2

Withdrawal—Sample Rates

Attained Age	Under 3 Years of Service	3+ Years of Service
20	25.48%	17.81%
25	20.93%	13.26%
30	16.90%	9.23%
35	15.34%	7.80%
40	14.04%	7.15%
45	12.74%	6.50%
50	11.96%	5.85%
55	11.31%	5.20%

Table 3

Disability—Sample Rates

Attained Age	Male	Female
20	0.03%	0.03%
25	0.04%	0.05%
30	0.05%	0.08%
35	0.07%	0.14%
40	0.12%	0.21%
45	0.20%	0.32%
50	0.36%	0.53%
55	0.72%	0.95%
60	1.26%	1.16%

Schedule SB Attachment (Form 5500)—2016 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

General Information

Original Effective Date:	July 1, 1965
Effective Date of Last Amendment:	January 1, 2016
Plan Year:	January 1 to December 31
Employer Fiscal Year	July 1 to June 30
Employer ID Number:	34-0714456
Plan Administrator's ID Number:	34-0714456
Plan Number:	002
Plan Administrator:	MedCentral Health System

Eligibility

All covered employees become participants on the as of the January 1 or July 1 after attaining age 21 and completing a year of employment with at least 1,000 hours of service. No new employees will be eligible on or after January 1, 2016.

Service

A year of service is granted for a plan year if an employee is paid for at least 1,000 hours of work in the plan year.

Normal Retirement Date

For those who become participants after January 1, 1997, the last day of the month in which an employee attains age 65 or the fifth anniversary of his or her participation if later. For those who were participants on or before January 1, 1997, the last day of the month in which an employee attains age 65.

Normal Retirement Benefit

The account balance with accruals to Normal Retirement. The account balance is a cash balance account which is determined based on Compensation Credits and Interest Credits provided by the plan. Minimum benefits apply to participants who were eligible for benefits as of December 31, 1996.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Compensation Credits

Participants will have their accounts credited on the last day of the plan year with a percentage of pay that varies based on attained age as of December 31. The schedule of contribution percentages is as follows:

Age	Pay Credits
0-29	2.5%
30-49	3.0%
40-49	4.0%
50-59	5.0%
60+	6.0%

No Compensation Credits will be credited after December 31, 2015.

Interest Credits

Interest will be credited to the cash balance account on the last day of the plan year. The interest is based on the average of 30-year Treasury bills for the December preceding plan year. This amount will not be less than 3%. Interest is granted on the cash balance account as of the beginning of the plan year. Interest is credited through the end of the month preceding the date of distribution.

Delayed Retirement

A participant is eligible to retire any time after reaching the Normal Retirement Date. The benefit is based on the cash balance account as of the Delayed Retirement date.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be based on the cash balance account as of the date of determination. Minimum benefits apply to participants who were eligible for benefits as of December 31, 1996.

Early Retirement

A participant is eligible to retire anytime on or after the attainment of age 55 and completion of three or more years of service. The benefit is the cash balance account with accruals to the date of determination.

Disability Retirement

Upon termination of employment due to disability after completion of 15 years of service, such participant shall continue to earn Interest Credits under the plan. Such participant is entitled to receive the vested account balance upon severance of employment due to the disability.

Death Benefit

If a participant dies after becoming vested but before retiring, the surviving beneficiary is entitled to a pre-retirement death benefit. For married participants, this benefit is an annuity determined as if the participant had terminated employment the day prior to death, survived to the early retirement date, elected a joint and one-half survivor annuity, and died the following day. The surviving spouse may elect to receive 50% of the deceased participant's Account Balance in lieu of the monthly benefit. The beneficiary or estate of an unmarried participant shall receive 50% of the participant's Account Balance upon the participant's death.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Severance Benefit

Upon the termination of employment, a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 3	0%
3 or more	100%

The cash balance account will continue to earn Interest Credits until this participant's Normal Retirement Date.

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one-half the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with 75% of the reduced benefit or the same reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid for 120 months certain and thereafter for life.
- (4) A single life annuity
- (5) A lump sum settlement.

The conversion of the cash balance account to a single life annuity is based on the applicable mortality table and the applicable interest rate as prescribed by the Secretary of Treasury as provided in Code Section 417(e) for the December preceding the plan year containing the Annuity Start Date. All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity on the UP-1984 Mortality Table and an interest rate of 8.0%. The UP-1984 Mortality Table includes a three year setback for the participant and no setback for the beneficiary.

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

The above description is a summary only; for additional details, reference should be made to the formal plan document.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the cash balance interest crediting rate from 3.00% for 2015 and 2016, 3.02% for 2017, 3.20% for 2018, 3.39% for 2019, 3.57% for 2020, 3.75% for 2021, 3.93% for 2022, 4.12% for 2023, and 4.30% for years after 2023 to 3.00% for all years.
- A change in the expected return on plan assets from 5.60% for 2015 to 6.40% for 2016.
- With the freeze of benefit accruals, assumptions such as salary scale and compensation limit increases are no longer applicable.
- The trust expenses included in the Target Normal Cost was changed from the previous year's expenses to the previous year's expenses excluding the PBGC premium plus the expected PBGC premium for the current year.

These changes were made to better reflect the anticipated plan experience.

Schedule SB Attachment (Form 5500)—2016 Plan Year
 Employees' Retirement Plan of MedCentral Health System
 EIN: 34-0714456 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2016

**Schedule SB, Line 26—Schedule of Active Participant Data
 As of January 1, 2016**

**MedCentral Health System
 Employees' Retirement Plan of MedCentral Health System
 Active Employees**

EIN: 34-0714456 PN: 002

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		82 \$26,357	6							
25-29		124 \$32,856	55 \$34,900	1						
30-34		69 \$38,662	92 \$38,963	34 \$38,926	2					
35-39		76 \$40,168	65 \$43,202	77 \$45,696	27 \$46,781					
40-44		56 \$33,545	48 \$44,446	58 \$50,941	60 \$57,703	15	2			
45-49		39 \$38,566	45 \$42,550	62 \$48,325	48 \$52,185	31 \$56,501	24 \$54,083	1		
50-54		34 \$48,892	54 \$49,856	50 \$41,935	39 \$42,674	26 \$49,763	37 \$50,617	26 \$46,887	6	
55-59		34 \$35,719	40 \$38,440	62 \$42,635	49 \$44,622	26 \$55,602	23 \$60,174	30 \$59,216	44 \$62,181	1
60-64		17	40 \$60,081	28 \$39,183	31 \$49,786	19	20 \$60,154	21 \$52,806	28 \$67,393	13
65-69		4	5	9	7	8	6	2	3	6
70+		2	2	3	5		3	2	1	4

N-2,069

Schedule SB Attachment (Form 5500)—2016 Plan Year
 Employees' Retirement Plan of MedCentral Health System
 EIN: 34-0714456 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2016

Date	Amount	Days to Discount to 1/1/2016 at 5.99%	Interest Adjusted Contribution
January 26, 2017	\$ 1,000,000	391	\$ 939,744
April 14, 2017	1,000,000	469	928,165
July 14, 2017	8,860,000	560	8,105,449
September 15, 2017	8,860,000	623	8,024,688
Total Contribution	\$ 19,720,000		\$ 17,998,046

Schedule SB Attachment (Form 5500)—2016 Plan Year
 Employees' Retirement Plan of MedCentral Health System
 EIN: 34-0714456 PN: 002

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	7.50%	1.0000	4.13
56	7.50%	0.9250	3.89
57	7.50%	0.8556	3.66
58	7.50%	0.7915	3.44
59	7.50%	0.7321	3.24
60	7.50%	0.6772	3.05
61	7.50%	0.6264	2.87
62	10.00%	0.5794	3.59
63	17.50%	0.5215	5.75
64	27.50%	0.4302	7.57
65	37.50%	0.3119	7.60
66	50.00%	0.1949	6.43
67	20.00%	0.0975	1.31
68	30.00%	0.0780	1.59
69	40.00%	0.0546	1.51
70	100.00%	0.0328	2.29
Weighted Average			61.92

Schedule SB Attachment (Form 5500)—2016 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

General Information

Original Effective Date:	July 1, 1965
Effective Date of Last Amendment:	January 1, 2016
Plan Year:	January 1 to December 31
Employer Fiscal Year	July 1 to June 30
Employer ID Number:	34-0714456
Plan Administrator's ID Number:	34-0714456
Plan Number:	002
Plan Administrator:	MedCentral Health System

Eligibility

All covered employees become participants on the as of the January 1 or July 1 after attaining age 21 and completing a year of employment with at least 1,000 hours of service. No new employees will be eligible on or after January 1, 2016.

Service

A year of service is granted for a plan year if an employee is paid for at least 1,000 hours of work in the plan year.

Normal Retirement Date

For those who become participants after January 1, 1997, the last day of the month in which an employee attains age 65 or the fifth anniversary of his or her participation if later. For those who were participants on or before January 1, 1997, the last day of the month in which an employee attains age 65.

Normal Retirement Benefit

The account balance with accruals to Normal Retirement. The account balance is a cash balance account which is determined based on Compensation Credits and Interest Credits provided by the plan. Minimum benefits apply to participants who were eligible for benefits as of December 31, 1996.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Compensation Credits

Participants will have their accounts credited on the last day of the plan year with a percentage of pay that varies based on attained age as of December 31. The schedule of contribution percentages is as follows:

Age	Pay Credits
0-29	2.5%
30-49	3.0%
40-49	4.0%
50-59	5.0%
60+	6.0%

No Compensation Credits will be credited after December 31, 2015.

Interest Credits

Interest will be credited to the cash balance account on the last day of the plan year. The interest is based on the average of 30-year Treasury bills for the December preceding plan year. This amount will not be less than 3%. Interest is granted on the cash balance account as of the beginning of the plan year. Interest is credited through the end of the month preceding the date of distribution.

Delayed Retirement

A participant is eligible to retire any time after reaching the Normal Retirement Date. The benefit is based on the cash balance account as of the Delayed Retirement date.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be based on the cash balance account as of the date of determination. Minimum benefits apply to participants who were eligible for benefits as of December 31, 1996.

Early Retirement

A participant is eligible to retire anytime on or after the attainment of age 55 and completion of three or more years of service. The benefit is the cash balance account with accruals to the date of determination.

Disability Retirement

Upon termination of employment due to disability after completion of 15 years of service, such participant shall continue to earn Interest Credits under the plan. Such participant is entitled to receive the vested account balance upon severance of employment due to the disability.

Death Benefit

If a participant dies after becoming vested but before retiring, the surviving beneficiary is entitled to a pre-retirement death benefit. For married participants, this benefit is an annuity determined as if the participant had terminated employment the day prior to death, survived to the early retirement date, elected a joint and one-half survivor annuity, and died the following day. The surviving spouse may elect to receive 50% of the deceased participant's Account Balance in lieu of the monthly benefit. The beneficiary or estate of an unmarried participant shall receive 50% of the participant's Account Balance upon the participant's death.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Severance Benefit

Upon the termination of employment, a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 3	0%
3 or more	100%

The cash balance account will continue to earn Interest Credits until this participant's Normal Retirement Date.

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one-half the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with 75% of the reduced benefit or the same reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid for 120 months certain and thereafter for life.
- (4) A single life annuity
- (5) A lump sum settlement.

The conversion of the cash balance account to a single life annuity is based on the applicable mortality table and the applicable interest rate as prescribed by the Secretary of Treasury as provided in Code Section 417(e) for the December preceding the plan year containing the Annuity Start Date. All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity on the UP-1984 Mortality Table and an interest rate of 8.0%. The UP-1984 Mortality Table includes a three year setback for the participant and no setback for the beneficiary.

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

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Schedule SB Attachment (Form 5500)—2016 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

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Employees' Retirement Plan of MedCentral Health System

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN: 34-0714456 Plan Number: 002 December 31, 2016

Description of Assets	Maturity Date	Shares/ Face Value	Cost	Market/ Current Value
Money market funds:				
Morgan Stanley Bank NA			\$ 115,867	\$ 115,867
Federated Treasury Obligations			1,252,529	1,252,529
Total money market funds			1,368,396	1,368,396
U.S. government securities:				
FANNIE MAE DTD 04/30/2015 250.20000% 12/25/2024	12/25/2024	40,000	39,500	38,535
UNITED STATES TREAS NTS DTD 11/16/2016 162.50000% 10/31/2023	10/31/2023	185,000	181,520	177,983
UNITED STATES TREAS BDS DTD 02/01/2017 225.00000% 08/15/2046	8/15/2046	95,000	81,032	79,878
UNITED STATES TREAS BDS DTD 05/10/2016 300.00000% 11/15/2045	11/15/2045	400,000	428,705	394,532
UNITED STATES TREAS BDS DTD 07/16/2015 250.00000% 02/15/2045	2/15/2045	45,000	39,450	40,083
UNITED STATES TREAS BDS DTD 08/03/2016 250.00000% 02/15/2046	2/15/2046	640,000	648,501	568,698
UNITED STATES TREAS BDS DTD 11/04/2016 250.00000% 05/15/2046	5/15/2046	555,000	567,801	493,212
UNITED STATES TREAS NTS DTD 01/13/2015 162.50000% 12/31/2019	12/31/2019	20,000	20,253	20,098
UNITED STATES TREAS NTS DTD 01/28/2016 112.50000% 01/15/2019	1/15/2019	35,000	35,074	34,933
UNITED STATES TREAS NTS DTD 02/08/2017 200.00000% 11/15/2026	11/15/2026	115,000	110,252	110,647
UNITED STATES TREAS NTS DTD 02/10/2016 112.50000% 01/15/2019	1/15/2019	245,000	246,876	244,532
UNITED STATES TREAS NTS DTD 03/04/2015 137.50000% 02/29/2020	2/29/2020	35,000	34,647	34,833
UNITED STATES TREAS NTS DTD 03/17/2016 100.00000% 03/15/2019	3/15/2019	50,000	49,928	49,735
UNITED STATES TREAS NTS DTD 03/27/2014 162.50000% 03/31/2019	3/31/2019	60,000	59,695	60,476
UNITED STATES TREAS NTS DTD 04/15/2016 150.00000% 02/28/2023	2/28/2023	35,000	34,970	33,663
UNITED STATES TREAS NTS DTD 04/26/2016 225.00000% 11/15/2025	11/15/2025	370,000	377,026	365,260
UNITED STATES TREAS NTS DTD 04/27/2016 212.50000% 09/30/2021	9/30/2021	25,000	25,849	25,222
UNITED STATES TREAS NTS DTD 04/28/2016 125.00000% 03/31/2021	3/31/2021	190,000	189,651	185,613
UNITED STATES TREAS NTS DTD 04/28/2016 225.00000% 11/15/2025	11/15/2025	100,000	100,587	98,719
UNITED STATES TREAS NTS DTD 04/29/2016 87.50000% 04/15/2019	4/15/2019	260,000	259,487	257,665
UNITED STATES TREAS NTS DTD 05/06/2016 162.50000% 02/15/2026	2/15/2026	90,000	88,368	84,094
UNITED STATES TREAS NTS DTD 05/09/2016 62.50000% 04/30/2018	4/30/2018	400,000	399,375	398,048
UNITED STATES TREAS NTS DTD 05/10/2016 137.50000% 04/30/2021	4/30/2021	105,000	105,626	103,003
UNITED STATES TREAS NTS DTD 05/16/2016 137.50000% 01/31/2021	1/31/2021	50,000	50,291	49,201
UNITED STATES TREAS NTS DTD 05/20/2015 137.50000% 04/30/2020	4/30/2020	50,000	49,495	49,678
UNITED STATES TREAS NTS DTD 06/01/2016 87.50000% 05/15/2019	5/15/2019	65,000	64,675	64,378
UNITED STATES TREAS NTS DTD 06/03/2015 150.00000% 05/31/2020	5/31/2020	60,000	59,456	59,817
UNITED STATES TREAS NTS DTD 06/23/2016 137.50000% 05/31/2021	5/31/2021	40,000	40,184	39,205
UNITED STATES TREAS NTS DTD 07/01/2015 162.50000% 06/30/2020	6/30/2020	35,000	34,874	35,016
UNITED STATES TREAS NTS DTD 07/09/2015 112.50000% 06/15/2018	6/15/2018	40,000	40,225	40,039
UNITED STATES TREAS NTS DTD 07/15/2015 212.50000% 06/30/2022	6/30/2022	180,000	180,858	180,634
UNITED STATES TREAS NTS DTD 08/04/2015 87.50000% 07/15/2018	7/15/2018	185,000	183,988	184,408
UNITED STATES TREAS NTS DTD 08/05/2015 212.50000% 05/15/2025	5/15/2025	180,000	178,381	176,456
UNITED STATES TREAS NTS DTD 08/09/2016 112.50000% 07/31/2021	7/31/2021	35,000	34,989	33,832
UNITED STATES TREAS NTS DTD 08/10/2015 162.50000% 07/31/2020	7/31/2020	235,000	235,125	234,845
UNITED STATES TREAS NTS DTD 08/18/2015 200.00000% 07/31/2022	7/31/2022	175,000	175,793	174,358
UNITED STATES TREAS NTS DTD 09/03/2015 100.00000% 08/15/2018	8/15/2018	75,000	75,020	74,900
UNITED STATES TREAS NTS DTD 09/15/2016 87.50000% 09/15/2019	9/15/2019	135,000	135,000	133,233
UNITED STATES TREAS NTS DTD 09/16/2014 100.00000% 09/15/2017	9/15/2017	50,000	49,930	50,078
UNITED STATES TREAS NTS DTD 09/18/2013 150.00000% 08/31/2018	8/31/2018	955,000	948,440	960,969
UNITED STATES TREAS NTS DTD 09/22/2015 137.50000% 08/31/2020	8/31/2020	175,000	174,015	173,182
UNITED STATES TREAS NTS DTD 09/23/2016 112.50000% 08/31/2021	8/31/2021	160,000	159,675	154,594
UNITED STATES TREAS NTS DTD 10/04/2016 162.50000% 05/15/2026	5/15/2026	75,000	74,249	69,938
UNITED STATES TREAS NTS DTD 10/16/2015 62.50000% 09/30/2017	9/30/2017	55,000	55,021	54,922

Employees' Retirement Plan of MedCentral Health System

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN: 34-0714456 Plan Number: 002

December 31, 2016

Description of Assets	Maturity Date	Shares/ Face Value	Cost	Market/ Current Value
U.S. government securities (continued):				
UNITED STATES TREAS NTS DTD 10/20/2016 112.50000% 09/30/2021	9/30/2021	90,000	\$ 89,431	\$ 86,811
UNITED STATES TREAS NTS DTD 10/27/2016 150.00000% 08/15/2026	8/15/2026	85,000	83,293	78,177
UNITED STATES TREAS NTS DTD 10/28/2016 100.00000% 10/15/2019	10/15/2019	60,000	59,981	59,358
UNITED STATES TREAS NTS DTD 10/28/2016 150.00000% 08/15/2026	8/15/2026	145,000	140,716	133,361
UNITED STATES TREAS NTS DTD 10/30/2015 200.00000% 08/15/2025	8/15/2025	175,000	173,526	169,517
UNITED STATES TREAS NTS DTD 11/16/2016 125.00000% 10/31/2021	10/31/2021	5,000	4,892	4,848
UNITED STATES TREAS NTS DTD 11/18/2015 187.50000% 10/31/2022	10/31/2022	25,000	24,745	24,668
UNITED STATES TREAS NTS DTD 11/21/2016 100.00000% 11/15/2019	11/15/2019	35,000	34,631	34,579
UNITED STATES TREAS NTS DTD 11/21/2016 125.00000% 10/31/2021	10/31/2021	35,000	34,563	33,939
UNITED STATES TREAS NTS DTD 12/14/2015 137.50000% 10/31/2020	10/31/2020	430,000	424,390	424,724
UNITED STATES TREAS NTS DTD 12/16/2014 187.50000% 11/30/2021	11/30/2021	40,000	39,987	39,892
UNITED STATES TREASURY DTD 02/01/2013 .00000% 05/15/2033	5/15/2033	395,000	206,289	244,288
UNITED STATES TREASURY DTD 05/30/2013 .00000% 05/15/2042	5/15/2042	375,000	137,944	165,488
UNITED STATES TREASURY DTD 06/18/2013 .00000% 08/15/2034	8/15/2034	435,000	224,759	258,251
UNITED STATES TREASURY DTD 06/18/2013 .00000% 08/15/2035	8/15/2035	390,000	194,439	223,057
UNITED STATES TREASURY DTD 06/18/2013 .00000% 08/15/2038	8/15/2038	640,000	278,419	327,616
UNITED STATES TREASURY DTD 09/07/2012 .00000% 08/15/2033	8/15/2033	330,000	184,206	202,607
UNITED STATES TREASURY DTD 09/07/2012 .00000% 08/15/2036	8/15/2036	395,000	198,452	218,245
UNITED STATES TREASURY DTD 09/07/2012 .00000% 08/15/2037	8/15/2037	390,000	188,705	207,203
UNITED STATES TREASURY DTD 09/07/2012 .00000% 08/15/2039	8/15/2039	335,000	151,346	165,098
UNITED STATES TREASURY DTD 09/07/2012 .00000% 11/15/2040	11/15/2040	285,000	123,630	133,049
UNITED STATES TREASURY DTD 09/08/2015 .00000% 11/15/2044	11/15/2044	650,000	259,721	266,767
UNITED STATES TREASURY DTD 10/02/2014 .00000% 02/15/2044	2/15/2044	325,000	124,966	136,029
UNITED STATES TREASURY DTD 11/05/2014 .00000% 11/15/2041	11/15/2041	910,000	382,722	410,137
UNITED STATES TREASURY DTD 11/20/2013 .00000% 11/15/2042	11/15/2042	750,000	222,120	325,643
UNITED STATES TREASURY DTD 11/27/2012 .00000% 02/15/2032	2/15/2032	380,000	227,590	245,210
UNITED STATES TREASURY DTD 11/30/2016 .00000% 08/15/2045	8/15/2045	475,000	192,499	190,627
UNITED STATES TREASURY DTD 12/28/2012 .00000% 05/15/2039	5/15/2039	185,000	83,805	91,558
UNITED STATES TREASURY NTS DTD 10/20/2015 137.50000% 09/30/2020	9/30/2020	200,000	200,068	197,733
Total U.S. government securities			11,815,692	11,991,625
Corporate bonds:				
21ST CENTURY FOX AMERICA INC	11/15/2026	20,000	19,961	19,606
ACTIVISION BLIZZARD INC	9/15/2021	45,000	45,106	43,913
AIR LEASE CORP	1/15/2020	20,000	19,929	19,702
ALLSTATE CORP	12/15/2046	150,000	148,808	153,183
AMERICAN EXPRESS CREDIT CORP	5/26/2020	270,000	270,579	269,849
AMERICAN INTL GROUP INC	4/1/2026	45,000	44,978	45,791
AMERICREDIT AUTO RECEIVABLES TRUST	5/9/2022	70,000	69,980	71,339
AMERICREDIT AUTO RECEIVABLES TRUST	6/8/2021	35,000	34,991	35,401
AMERICREDIT AUTO RECEIVABLES TRUST	9/8/2022	50,000	49,986	49,182
AMERICREDIT AUTO RECEIVABLES TRUST	12/8/2022	190,000	189,963	186,730
AMERIPRISE FINANCIAL INC	9/15/2026	120,000	120,800	114,528
AMGEN INC	8/19/2023	40,000	39,952	37,628
ANHEUSER-BUSCH INBEV FIN INC	2/1/2036	225,000	222,723	236,671
ANHEUSER-BUSCH INBEV FIN INC	2/1/2026	195,000	203,067	197,962
ANHEUSER-BUSCH INBEV FIN INC	2/1/2026	55,000	55,145	55,835
APPLE INC	5/13/2045	225,000	226,512	231,147
AT&T INC	12/1/2022	185,000	183,849	177,382

Employees' Retirement Plan of MedCentral Health System

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN: 34-0714456 Plan Number: 002

December 31, 2016

Description of Assets	Maturity Date	Shares/ Face Value	Cost	Market/ Current Value
Corporate bonds (continued):				
AT&T INC	2/15/2021	40,000	\$ 43,985	\$ 42,307
AT&T INC	6/15/2045	131,000	133,572	116,725
BANK OF AMERICA CORP	1/5/2021	40,000	46,196	44,535
BANK OF AMERICA CORP	7/1/2020	210,000	245,906	230,906
BANK OF AMERICA N A	3/26/2018	90,000	90,073	90,084
BANK OF NEW YORK MELLON CORP	10/30/2028	50,000	50,250	47,542
BANK OF NY MELLON CORP	5/3/2021	90,000	90,576	88,335
BEAR STEARNS CO INC	2/1/2018	50,000	62,193	52,912
BEAR STEARNS CO INC	2/1/2018	95,000	118,166	100,533
BERKSHIRE HATHAWAY FINANCE CORP	1/15/2021	105,000	120,958	113,163
BERKSHIRE HATHAWAY FINANCE CORP	1/15/2021	105,000	120,958	113,163
BERKSHIRE HATHAWAY INC	2/11/2023	145,000	144,020	146,710
BIOGEN INC	9/15/2022	30,000	30,116	30,794
BUCKEYE PARTNERS L P	1/15/2018	40,000	42,190	41,569
BUNGE LTD FINANCE CORP	8/15/2026	45,000	45,353	43,213
CAPITAL ONE N A	9/13/2019	120,000	120,049	118,636
CELGENE CORP	8/15/2025	10,000	9,903	10,143
CELGENE CORP	10/15/2020	200,000	210,666	209,088
CHEVRON CORP	5/16/2019	30,000	30,000	29,877
CHEVRON CORP	5/16/2023	15,000	15,000	14,788
CHEVRON CORP	6/24/2023	105,000	100,982	107,549
CHRYSLER CAPITAL AUTO RECEIVABLES TR	9/15/2023	60,000	59,989	59,179
CISCO SYSTEMS INC	9/20/2026	120,000	120,343	114,133
CITIGROUP INC	3/9/2026	60,000	61,868	62,015
CITIGROUP INC	4/27/2025	35,000	34,187	34,290
CITIGROUP INC	3/30/2021	110,000	111,319	109,748
CITIGROUP INC	9/29/2027	45,000	47,299	45,713
CITIGROUP INC	12/8/2021	25,000	24,957	24,933
COMCAST CORP	1/15/2033	125,000	124,234	130,084
COMCAST CORP	3/1/2024	90,000	89,909	92,899
COMCAST CORP	1/15/2027	20,000	19,976	18,437
COMM MORTGAGE TRUST	3/10/2047	255,000	242,081	213,691
COMM MORTGAGE TRUST	3/10/2046	110,000	104,689	99,656
COMM MORTGAGE TRUST	7/10/2048	250,000	242,266	222,849
CONOCO INC	4/15/2029	260,000	353,696	326,966
CONSOLIDATED EDISON CO N Y INC	3/15/2044	110,000	122,150	114,521
CR BARD INC	1/15/2021	200,000	229,002	214,092
CREDIT SUISSE MORTGAGE TRUST	9/15/2037	90,000	87,170	82,889
CRONOS CONTAINERS PROGRAM LTD	4/18/2028	76,000	75,999	73,704
CSMC TRUST	9/15/2038	210,000	210,000	203,096
CSX CORP	11/1/2026	25,000	24,899	23,403
DANAHER CORP	9/15/2045	160,000	181,165	166,694
DELL EQUIPMENT FINANCE TRUST	7/22/2021	90,000	89,985	89,861
DRIVE AUTO RECEIVABLES TRUST	8/15/2023	170,000	173,984	170,938
DRIVE AUTO RECEIVABLES TRUST	8/15/2023	110,000	112,531	110,607
DRIVE AUTO RECEIVABLES TRUST	3/15/2024	70,000	69,986	69,476
ENERGY TRANSFER PARTNERS L P	7/1/2038	163,000	195,432	188,994
EQUIFAX INC	6/1/2021	20,000	19,990	19,600
EXELON GENERATION CO LLC	10/1/2039	100,000	121,137	100,687
FEDEX CORP	4/1/2026	60,000	62,282	59,588

Employees' Retirement Plan of MedCentral Health System

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN: 34-0714456 Plan Number: 002

December 31, 2016

Description of Assets	Maturity Date	Shares/ Face Value	Cost	Market/ Current Value
Corporate bonds (continued):				
FLORIDA POWER & LIGHT CO	2/1/2041	155,000	\$ 192,439	\$ 182,616
FLUOR CORP	9/15/2021	225,000	231,217	230,774
FMR LLC	12/14/2040	160,000	185,750	197,083
FORD MOTOR CO	12/8/2026	65,000	65,132	65,683
FRANKLIN RESOURCES INC	9/15/2022	355,000	352,573	355,692
GE CAPITAL INTL FUNDING	11/15/2035	221,000	253,330	231,588
GENERAL ELECT CAP CORP	8/7/2019	100,000	116,268	110,487
GENERAL ELECT CAP CORP	3/15/2032	65,000	77,604	86,523
GENERAL ELECTRIC CO	3/11/2044	240,000	268,757	257,635
GILEAD SCIENCES INC	9/1/2036	160,000	162,016	153,419
GOLDMAN SACHS GROUP INC	2/25/2026	30,000	29,931	30,088
GOLDMAN SACHS GROUP INC	2/15/2019	180,000	205,277	199,544
GOLDMAN SACHS GROUP INC	3/15/2020	190,000	214,618	206,148
GS MORTGAGE SECURITIES TRUST	10/10/2049	30,000	30,728	28,488
HOME DEPOT INC	2/15/2024	175,000	189,292	184,237
HOSPITALITY PROPERTIES TR	3/15/2025	30,000	31,433	29,243
HSBC BANK USA N A	11/1/2034	155,000	184,627	180,456
HUNTINGTON BANCSHARES	1/14/2022	30,000	29,955	29,097
HUNTINGTON BANCSHARES INC	8/2/2018	110,000	111,890	111,071
INTEL CORP	7/29/2025	225,000	229,444	237,321
JOHN DEERE CAPITAL CORP	6/10/2026	125,000	125,678	120,161
JOHNSON S C & SON INC	9/1/2040	185,000	210,364	196,581
JPMORGAN CHASE & CO	1/15/2018	240,000	282,816	250,351
JPMBB COMMERCIAL MTG SECS TRUST	4/17/2047	130,000	110,013	108,717
JPMORGAN CHASE & CO	1/23/2020	130,000	130,000	129,695
JPMORGAN CHASE & CO	9/23/2022	225,000	225,596	227,540
JPMORGAN CHASE & CO	12/1/2027	25,000	24,957	24,255
JPMORGAN CHASE COML MTG SECS	11/27/2049	50,000	46,234	45,411
JPMORGAN CHASE COML MTG SECS	4/27/2044	60,000	58,884	59,545
KINDER MORGAN ENERGY PARTNERS LP	9/1/2039	90,000	101,551	98,816
L-3 COMMUNICATIONS CORP	12/15/2026	30,000	29,942	29,820
LAM RESEARCH CORP	6/15/2021	20,000	19,983	19,892
LAZARD GROUP LLC	3/1/2027	45,000	44,821	42,643
LOEWS CORP	4/1/2026	110,000	112,858	111,817
LOEWS CORP	4/1/2026	40,000	41,973	40,661
LOWES COMPANIES INC	10/15/2035	95,000	112,432	112,163
MARKEL CORP	7/1/2022	105,000	115,138	113,270
MASTERCARD INC	4/1/2024	220,000	220,721	226,290
MATTEL INC	8/15/2021	35,000	35,032	34,162
MAY DEPARTMENT STORES CO	7/15/2024	200,000	256,424	229,164
MEDTRONIC INC	3/15/2035	200,000	219,929	211,586
MERCK & CO INC	2/10/2025	250,000	243,670	245,465
METLIFE INC	11/13/2043	80,000	79,812	86,613
MICROSOFT CORP	11/3/2025	195,000	206,308	197,178
MIDAMERICAN ENERGY CO	9/15/2043	95,000	104,696	105,086
MIDAMERICAN ENERGY CO	10/15/2024	220,000	226,002	227,403
MONSANTO CO	8/15/2025	40,000	46,256	44,760
MORGAN STANLEY CAPITAL I TRUST	11/15/2049	230,000	236,887	224,667
MORGAN STANLEY	1/26/2020	85,000	96,463	92,151
MOTOROLA SOLUTIONS INC	5/15/2022	60,000	60,394	60,646

Employees' Retirement Plan of MedCentral Health System

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN: 34-0714456 Plan Number: 002

December 31, 2016

Description of Assets	Maturity Date	Shares/ Face Value	Cost	Market/ Current Value
Corporate bonds (continued):				
MVW OWNER TRUST	4/20/2030	20,868	\$ 20,865	\$ 20,897
MVW OWNER TRUST	4/20/2030	52,171	52,162	52,241
NASDAQ INC	6/30/2026	15,000	14,986	14,901
NBCUNIVERSAL MEDIA LLC	4/1/2021	105,000	111,802	113,434
NOVARTIS CAPITAL CORP	9/21/2022	220,000	210,483	217,307
NYSE EURONEXT	10/5/2017	80,000	80,502	80,449
OMNICOM GROUP INC	5/1/2022	165,000	168,601	169,457
ORACLE CORP	4/15/2038	175,000	244,751	228,653
PACIFICORP	10/15/2037	100,000	138,642	129,535
PEOPLES UNITED FINANCIAL INC	12/6/2022	45,000	45,504	45,253
PEPSICO INC	4/14/2046	175,000	195,550	186,389
PFIZER INC	12/15/2026	135,000	133,850	133,272
PFIZER INC	12/15/2036	115,000	115,693	117,823
PLAINS ALL AMERN PIPELINE L P	12/15/2026	10,000	9,972	10,145
PRICELINE GROUP INC	6/1/2026	20,000	20,041	19,780
PUBLIC SVC NEW HAMP	11/1/2023	200,000	206,928	203,872
RAYTHEON CO	12/15/2041	205,000	230,492	225,717
ROCHE HOLDING INC	9/30/2024	190,000	202,228	194,490
SANTANDER DRIVE AUTO RECEIVABLES TR	4/15/2022	220,000	219,966	228,239
SANTANDER DRIVE AUTO RECEIVABLES TR	8/15/2022	170,000	169,946	167,781
SANTANDER DRIVE AUTO RECEIVABLES TR	8/15/2022	50,000	49,984	49,347
SFAVE COMMERCIAL MTG SECS TRUST	1/5/2035	150,000	155,701	143,425
SHOPS AT CRYSTALS TRUST	7/5/2036	60,000	55,857	54,399
SIERRA RECEIVABLES FUNDING CO LLC	3/20/2030	22,952	22,951	22,854
SIERRA RECEIVABLES FUNDING CO LLC	8/20/2031	14,665	14,664	14,661
SOUTH CAROLINA ELEC & GAS CO	2/1/2041	110,000	131,011	127,411
SOUTHERN COPPER CORP	4/23/2025	35,000	34,986	34,511
SOUTHWESTERN PUBLIC SERVICE CO	8/15/2041	175,000	202,631	185,031
SPRINGLEAF MORTGAGE LOAN TRUST	9/25/2057	220,000	217,249	219,335
SPRINGLEAF MTG LN TR	12/25/2065	65,000	62,095	65,167
SPRINGLEAF MTG LN TR	12/25/2065	165,000	157,627	165,425
SPRINT SPECTRUM CO LLC / II LLC	3/20/2023	90,000	91,044	90,168
SPRINT SPECTRUM CO LLC / II LLC	3/20/2023	120,000	121,050	120,224
STARWOOD RETAIL PROPERTY TRUST	11/15/2027	80,000	80,000	78,846
STRYKER CORP	11/1/2025	165,000	164,540	163,952
SUNOCO LOGISTICS PARTNER	2/15/2022	185,000	186,635	195,673
SUNTRUST BANKS INC	1/27/2022	30,000	29,962	30,013
TJX COS INC	5/15/2023	120,000	114,484	117,544
TOYOTA MOTOR CREDIT CORP	1/12/2022	215,000	232,634	222,108
UNITED TECHNOLOGIES CORP	11/1/2046	180,000	178,684	171,304
UNITEDHEALTH GROUP INC	10/15/2017	105,000	105,630	105,153
UNITEDHEALTH GROUP INC	11/15/2037	170,000	221,473	222,370
UNITEDHEALTH GROUP INC	10/15/2017	105,000	105,630	105,153
US BANCORP	3/15/2022	145,000	140,454	147,836
VALLEY NATIONAL BANCORP	9/27/2023	40,000	39,901	41,473
VERIZON COMMUNICATIONS INC	9/15/2020	40,000	44,316	42,804
VIRGINIA ELECTRIC & POWER CO	11/30/2037	225,000	296,780	289,796
VISA INC	12/14/2025	110,000	110,037	110,483
VOYA FINANCIAL INC	6/15/2026	40,000	39,992	39,111
WALGREENS BOOTS ALLIANCE	6/1/2023	40,000	40,111	39,736

Employees' Retirement Plan of MedCentral Health System

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN: 34-0714456 Plan Number: 002

December 31, 2016

Description of Assets	Maturity Date	Shares/ Face Value	Cost	Market/ Current Value
Corporate bonds (continued):				
WALT DISNEY CO	6/1/2044	110,000	\$ 111,735	\$ 113,724
WATSON PHARMACEUTICALS INC	10/1/2017	65,000	64,702	65,124
WATSON PHARMACEUTICALS INC	10/1/2017	70,000	69,679	70,134
WELLPOINT INC	5/15/2022	100,000	95,886	100,051
WELLPOINT INC	2/15/2017	105,000	109,576	105,117
WELLPOINT INC	2/15/2017	105,000	109,576	105,117
WELLS FARGO & CO	7/22/2027	125,000	127,674	128,571
WELLS FARGO & CO	2/13/2023	75,000	75,101	75,270
WELLS FARGO & CO	2/13/2023	225,000	226,781	225,810
WELLS FARGO COMMERCIAL MTG TRUST	12/15/2059	90,000	91,722	90,478
WF-RBS COMMERCIAL MTG TRUST	12/15/2045	75,000	71,284	67,598
WYETH	2/1/2024	55,000	67,306	66,965
Total corporate bonds			21,480,180	20,993,773
Corporate stock:				
ACI WORLDWIDE INC		1,227	29,309	22,270
ADVANCED AUTO PARTS INC		911	122,199	154,068
ADVANCED ENERGY INDUSTRIES INC		512	17,824	28,032
AFFILIATED MANAGERS GROUP INC		150	25,732	21,795
ALIGN TECHNOLOGY INC		597	32,559	57,390
ALLIANCE DATA SYSTEMS CORP		200	43,315	45,700
ALPHABET INC		416	264,433	329,659
ARAMARK		1,500	53,389	53,580
ARES CAPITAL CORP		4,400	73,207	72,556
ARISTA NETWORKS INC		447	36,197	43,256
AUTOLIV INC		322	21,189	36,434
AVERY DENNISON CORP		500	25,289	35,110
B/E AEROSPACE INC		384	18,378	23,113
BAKER HUGHES INC		475	31,378	30,861
BANK OF THE OZARKS INC		555	24,688	29,187
BED BATH & BEYOND INC		873	39,121	35,479
BERRY GLOBAL GROUP INC		602	25,957	29,335
BOSTON BEER INC		136	26,167	23,100
BROADRIDGE FINL SOLUTIONS INC		609	33,744	40,377
BROADRIDGE FINL SOLUTIONS INC		375	15,962	24,863
BROADSOFT INC		723	27,502	29,824
BURLINGTON STORES INC		492	29,404	41,697
CACI INTL INC		350	25,748	43,505
CAESARSTONE LTD		1,450	54,878	41,543
CARTERS INC		349	36,632	30,150
CATALENT INC		1,925	48,845	51,898
CBRE GROUP INC		1,576	32,096	49,628
CENTENE CORP		659	24,197	37,240
CENTENE CORP		550	38,216	31,081
CHECK POINT SOFTWARE TECH LTD		500	32,872	42,230
CHEMICAL FINL CORP		1,075	38,317	58,233
CHENIERE ENERGY INC		685	26,684	28,380
CHINA LODGING GROUP		465	18,167	24,106
CINEMARK HOLDINGS INC		452	18,146	17,339

Employees' Retirement Plan of MedCentral Health System

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

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December 31, 2016

Description of Assets	Maturity Date	Shares/ Face Value	Cost	Market/ Current Value
Corporate stock (continued):				
CISCO SYS INC		11,160	\$ 286,249	\$ 337,255
COCA COLA CO		5,830	240,851	241,712
COMMSCOPE HOLDING CO INC		725	15,813	26,970
CONSTELLIUM N V		6,125	67,886	36,138
CONTINENTAL RESOURCES INC		1,075	48,074	55,406
COPART INC		3,665	138,329	203,078
CORE LABORATORIES N V		153	25,268	18,366
CROWN HOLDINGS INC		1,000	40,196	52,570
CROWN HOLDINGS INC		4,045	216,457	212,646
CSRA INC		1,019	32,771	32,445
DAVE & BUSTERS ENTERTAINMENT INC		608	24,266	34,230
DECKERS OUTDOOR CORP		1,580	81,713	87,516
DELPHI AUTOMOTIVE PLC		1,195	81,882	80,483
DEXCOM INC		545	25,766	32,537
DIAMONDBACK ENERGY INC		357	28,932	36,078
DOLBY LABORATORIES INC		631	21,397	28,515
DUNKIN BRANDS GROUP INC		769	40,341	40,326
EAGLE MATERIALS INC		276	26,415	27,194
EBAY INC		7,955	183,068	236,184
EMCOR GROUP INC		451	25,764	31,913
ENDO INTERNATIONAL PLC		1,400	54,310	23,058
ENTEGRISS INC		1,922	17,921	34,404
ENVISION HEALTHCARE CORP		1,000	57,074	63,290
FIDELITY NATIONAL INFO SVCS INC		950	60,445	71,858
FIRST AMERICAN FINANCIAL CORP		1,225	30,593	44,872
FIRST DATA CORP		2,750	44,730	39,023
FIRST REPUBLIC BANK		756	30,202	69,658
FISERV INC		275	10,359	29,227
FOOT LOCKER INC		935	46,731	66,282
FORTINET INC		1,146	41,703	34,518
GALLAGHER ARTHUR J & CO		1,400	63,526	72,744
GARTNER INC		324	16,337	32,747
GENPACT LTD		869	23,488	21,151
GLOBAL PAYMENTS INC		456	21,698	31,651
GLOBAL PAYMENTS INC		775	30,471	53,793
GRAND CANYON EDUCATION INC		1,000	38,530	58,450
GUIDEWIRE SOFTWARE INC		244	12,995	12,037
HARTFORD FINL SVCS GROUP INC		800	32,289	38,120
HAWAIIAN HOLDINGS INC		685	32,951	39,045
HD SUPPLY HOLDINGS INC		1,087	30,317	46,208
HD SUPPLY HOLDINGS INC		1,150	30,022	48,887
HERTZ GLOBAL HOLDINGS INC		435	34,226	9,379
HORIZON PHARMA INC		893	28,275	14,449
IAC / INTERACTIVECORP		505	24,124	32,719
ICON PLC		510	28,366	38,352
IDEXX LABS CORP		372	28,063	43,624
IMAX CORP		757	25,321	23,770
INTERACTIVE BROKERS GROUP INC		471	10,978	17,196
INVESTORS BANCORP INC		3,850	41,140	53,708
IONIS PHARMACEUTICALS INC		742	28,454	35,490

Employees' Retirement Plan of MedCentral Health System

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN: 34-0714456 Plan Number: 002

December 31, 2016

Description of Assets	Maturity Date	Shares/ Face Value	Cost	Market/ Current Value
Corporate stock (continued):				
JC PENNEY CO INC		2,295	\$ 19,771	\$ 19,071
KAPSTONE PAPER & PACKAGING CORP		1,188	13,261	26,195
KAR AUCTION SERVICES INC		825	17,607	35,162
MADISON SQUARE GARDEN CO		728	114,840	124,859
MANHATTAN ASSOCIATES INC		409	11,473	21,689
MARKETAXESS HOLDINGS INC		167	11,068	24,536
MEDIDATA SOLUTIONS INC		618	28,595	30,696
MEDNAX INC		825	57,201	54,995
MERCADOLIBRE INC		410	53,279	64,017
MICHAELS COS INC		1,592	40,482	32,556
MICRON TECHNOLOGY INC		1,725	35,524	37,812
MIDDLEBY CORP		352	38,595	45,341
MILACRON HOLDINGS CORP		2,325	42,314	43,315
MOHAWK INDS INC		275	52,838	54,912
MOLSON COORS BREWING CO		2,100	167,400	204,351
MOMENTA PHARMACEUTICALS INC		1,314	19,243	19,776
MOTOROLA SOLUTIONS INC		3,170	239,933	262,761
NASDAQ INC		500	19,403	33,560
NAVIENT CORP		2,209	32,495	36,294
NCR CORP NEW		850	23,169	34,476
NEW RESIDENTIAL INVESTMENT CORP		4,350	53,365	68,382
NEWELL BRANDS INC		1,402	62,084	62,599
NORDSON CORP		426	27,133	47,733
NORDSTROM INC		704	37,832	33,743
OLD DOMINION FIGHT LINES INC		529	29,069	45,383
OPHTHOTECH CORP		720	40,125	3,478
OWENS CORNING INC		379	20,109	19,541
PACKAGING CORP OF AMERICA		550	27,361	46,651
PACWEST BANCORP		950	40,575	51,718
PENTAIR PLC		875	53,635	49,061
PFIZER INC		8,400	258,978	272,832
POWER INTEGRATIONS INC		467	29,352	31,686
PREMIER INC		1,525	49,830	46,299
PRESTIGE BRANDS HOLDINGS INC		427	24,570	22,247
PROCTER & GAMBLE CO		2,405	180,652	202,212
PROTO LABS INC		391	27,964	20,078
PVH CORP		300	32,539	27,072
QEP RESOURCES INC		2,575	45,427	47,406
QUINTILES IMS HOLDINGS INC		439	29,828	33,386
RADIUS HEALTH INC		386	19,478	14,680
REINSURANCE GROUP OF AMERICA INC		450	29,251	56,624
RELiance STEEL & ALUMINUM CO		625	43,118	49,713
RINGCENTRAL INC		1,225	25,472	25,235
RSP PERMIAN INC		655	26,285	29,226
SABRE CORP		1,712	48,809	42,714
SEI INVESTMENTS CO		800	28,085	39,488
SERVICEMASTER GLOBAL HOLDINGS INC		1,050	31,372	39,554
SIGNET JEWELERS LTD		350	28,554	32,991
SKYWORKS SOLUTIONS INC		2,535	159,735	189,263
SNAP ON INC		275	28,456	47,099

Employees' Retirement Plan of MedCentral Health System

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN: 34-0714456 Plan Number: 002

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Description of Assets	Maturity Date	Shares/ Face Value	Cost	Market/ Current Value
Corporate stock (continued):				
SPLUNK INC		667	\$ 38,233	\$ 34,117
SUPERIOR ENERGY SVCS INC		1,116	20,232	18,838
SUPERNUS PHARMACEUTICALS INC		1,058	16,574	26,715
SYNCHRONY FINANCIAL		1,775	55,568	64,379
TABLEAU SOFTWARE INC		562	42,258	23,688
TAILORED BRANDS INC		725	34,717	18,524
TERADATA CORP		804	25,921	21,845
TOTAL SYS SVCS INC		856	20,203	41,970
TRIMBLE INC		1,139	32,656	34,341
UNITED RENTALS INC		496	38,390	52,368
UNITED RENTALS INC		300	27,632	31,674
VEEVA SYSTEMS INC		471	13,185	19,170
VWR CORP		2,200	58,479	55,066
WABTEC CORP		449	19,591	37,276
WALGREENS BOOTS ALLIANCE INC		3,200	262,790	264,832
WESTROCK CO		500	30,018	25,385
WILLIAMS SONOMA INC		753	38,221	36,438
WPX ENERGY INC		3,425	43,098	49,902
WYNDHAM WORLDWIDE CORP		474	25,738	36,199
XYLEM INC		574	24,513	28,424
ZOETIS INC		4,700	173,300	251,584
Total corporate stock			7,657,669	8,791,494
Mutual funds:				
COLUMBIA SELECT LARGE CAP GROWTH		235,521	3,873,211	3,342,039
GOLDMAN SACHS MLP ENERGY		14	110	116
KOPERNIK GLOBAL ALL-CAP FUND		116,061	1,161,113	1,171,059
LOOMIS SAYLES BOND FUND		61,133	913,263	828,964
METROPOLITAN WEST T/R BOND FD		99,727	1,081,366	1,050,121
TCW TOTAL RETURN BOND FUND		106,147	1,085,523	1,048,733
VANGUARD FTSE ALL-WORLD EX-US		85,625	4,119,773	3,782,905
VANGUARD TOTAL STK MKT INDX FD		51,324	5,168,297	5,918,692
VIRTUS VONTOBEL EMRG MKTS OPP FUND I		130,404	1,256,919	1,180,152
VIRTUS VONTOBEL FOREIGN OPPORTUNITIES I		71,367	1,921,712	1,918,356
Total mutual funds			20,581,287	20,241,137
Foreign bonds:				
ACTAVIS FUNDING SCS	3/15/2022	150,000	156,933	152,252
ALIBABA GROUP HOLDING LTD	11/28/2019	70,000	71,077	70,315
ALIBABA GROUP HOLDING LTD	11/28/2019	25,000	25,484	25,113
AMERICA MOVIL S A B DE C V	7/16/2022	235,000	245,462	231,407
AMERICA MOVIL SAB DE CV	10/16/2019	70,000	75,888	75,018
BNP PARIBAS / BNP PARIBAS US	12/12/2018	200,000	200,814	201,570
BNP PARIBAS / BNP PARIBAS US	12/12/2018	85,000	84,976	85,667
BP CAPITAL MARKETS P L C	5/4/2026	195,000	199,959	190,451
BP CAPITAL MARKETS PLC	5/10/2023	15,000	14,728	14,726
BP CAPITAL MARKETS PLC	11/28/2023	30,000	30,050	30,300
CNOOC FINANCE 2013 LTD	5/9/2023	235,000	236,751	226,822

Employees' Retirement Plan of MedCentral Health System

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN: 34-0714456 Plan Number: 002

December 31, 2016

Description of Assets	Maturity Date	Shares/ Face Value	Cost	Market/ Current Value
Foreign bonds (continued):				
ELECTRICITE DE FRANCE S A	10/13/2045	70,000	\$ 75,056	\$ 70,825
ENBRIDGE INC	12/1/2026	10,000	9,936	10,239
HSBC HOLDINGS PLC	11/23/2026	20,000	20,096	20,148
LYONDELLBASELL IND NV	4/15/2019	225,000	244,468	237,746
ORANGE S A	9/14/2021	100,000	107,698	105,592
POTASH CORP OF SASKATCHEWAN INC	12/15/2026	30,000	30,160	30,190
SHELL INTERNATIONAL FINANCE B V	9/12/2026	125,000	122,963	117,283
SHIRE ACQUISITIONS INVTS IRELAND DAC	9/23/2021	125,000	125,156	120,749
STATOIL ASA	5/15/2043	95,000	85,791	90,615
STATOILHYDRO ASA	4/15/2019	205,000	245,167	220,110
TOTAL CAPITAL INTERNATIONAL S A	6/28/2017	65,000	65,926	65,107
TRANS-CANADA PIPELINES LTD	1/15/2019	115,000	118,218	117,399
UNITED MEXICAN STATES	10/2/2023	45,000	47,183	45,106
Total foreign bonds			2,639,940	2,554,750
Municipal bonds:				
BAY AREA TOLL AUTH CALIF TOLL	4/1/2049	150,000	197,951	203,778
CALIFORNIA ST	4/1/2039	155,000	231,376	230,177
Total municipal bonds			429,327	433,955
Alternative investments - Limited partnerships:				
Long and short equities hedge funds:				
Pointer Offshore III, Ltd.			4,820,000	5,986,466
Skybridge Multi-Advisor Hedge Fund			4,870,000	5,334,624
Total alternative investments - Limited partnerships			9,690,000	11,321,090
Total investments - At fair value			\$ 75,662,491	\$ 77,696,220

Schedule SB Attachment (Form 5500)—2016 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the cash balance interest crediting rate from 3.00% for 2015 and 2016, 3.02% for 2017, 3.20% for 2018, 3.39% for 2019, 3.57% for 2020, 3.75% for 2021, 3.93% for 2022, 4.12% for 2023, and 4.30% for years after 2023 to 3.00% for all years.
- A change in the expected return on plan assets from 5.60% for 2015 to 6.40% for 2016.
- With the freeze of benefit accruals, assumptions such as salary scale and compensation limit increases are no longer applicable.
- The trust expenses included in the Target Normal Cost was changed from the previous year's expenses to the previous year's expenses excluding the PBGC premium plus the expected PBGC premium for the current year.

These changes were made to better reflect the anticipated plan experience.