

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
---	--	---

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>BETHESDA RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ►	<u>001</u>
		1c Effective date of plan	<u>01/01/1973</u>
2a Plan sponsor's name (employer, if for a single-employer plan)	2b Employer Identification Number (EIN)		
Mailing address (include room, apt., suite no. and street, or P.O. Box)	<u>31-1108895</u>		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2c Plan Sponsor's telephone number		
<u>BETHESDA, INC.</u>	<u>513-569-5126</u>		
<u>619 OAK STREET</u>	2d Business code (see instructions)		
<u>CINCINNATI, OH 45206-1613</u>	<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.	<u>10/11/2017</u>	<u>BRIAN KRAUSE</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Form 5500 (2016)
v. 160205

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 6709
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) 3061 6a(2) 2783 6b 910 6c 2319 6d 6012 6e 73 6f 6085 6g 6h 46
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 1I 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 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
--	--	---

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>BETHESDA RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BETHESDA, INC.</u>	D Employer Identification Number (EIN) <u>31-1108895</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>228048857</u>
b Actuarial value	2b <u>242207155</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>931</u> (2) Vested Funding Target <u>41995793</u> (3) Total Funding Target <u>41995793</u>
b For terminated vested participants	<u>2717</u> <u>67750319</u> <u>67750319</u>
c For active participants	<u>3061</u> <u>115361922</u> <u>116666086</u>
d Total	<u>6709</u> <u>225108034</u> <u>226412198</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>5.87 %</u>
6 Target normal cost	6 <u>1500000</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>09/28/2017</u>
	Signature of actuary	Date
<u>TRISHA L. BOUSSARI</u>	Type or print name of actuary	<u>17-06986</u>
<u>AON CONSULTING, INC.</u>	Firm name	Most recent enrollment number
<u>4 OVERLOOK POINT</u> <u>LINCOLNSHIRE, IL 60069-3258</u>	Address of the firm	<u>847-295-5000</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)	2596508	19121231
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	800000	0
9	Amount remaining (line 7 minus line 8)	1796508	19121231
10	Interest on line 9 using prior year's actual return of <u>-1.49</u> %	-26768	-284906
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
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>6.09</u> %		0
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		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1769740	18836325

Part III Funding Percentages			
14	Funding target attainment percentage	14	97.87%
15	Adjusted funding target attainment percentage	15	106.97%
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	97.53%
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
Totals ►			18(b)	0	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 0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?		☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		☒ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th 0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost					
21	Discount rate:					
a	Segment rates:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment: 4.43%</td> <td style="width: 33%;">2nd segment: 5.91%</td> <td style="width: 33%;">3rd segment: 6.65%</td> </tr> </table>	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%				
b	Applicable month (enter code)	21b	0			
22	Weighted average retirement age	22	63			
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute					
Part VI	Miscellaneous Items					
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No					
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No					
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No					
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27				
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years					
28	Unpaid minimum required contributions for all prior years	28	0			
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0			
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0			
Part VIII	Minimum Required Contribution For Current Year					
31	Target normal cost and excess assets (see instructions):					
a	Target normal cost (line 6)	31a	1500000			
b	Excess assets, if applicable, but not greater than line 31a	31b	0			
32	Amortization installments:	Outstanding Balance	Installment			
a	Net shortfall amortization installment	0	0			
b	Waiver amortization installment	0	0			
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33				
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	1500000			
		Carryover balance	Prefunding balance			
35	Balances elected for use to offset funding requirement	1500000	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	0			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)	38a	0			
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 BETHESDA RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BETHESDA, INC.	D Employer Identification Number (EIN) 31-1108895

Part I	Service Provider Information (see instructions)
---------------	--

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 CAXTON ASSOCIATES LP
--

22-3430173

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

27-0008048

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation EMERGING SOVEREIGN GROUP, LLC

45-0464126

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation OAK HILL ADVISORS, L.P.

13-4077194

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

GMO

72-1566419

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

JANA PARTNERS LLC

42-1553256

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

KING STREET CAPITAL MANAGEMENT L.P

13-3978904

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

KING STREET MASTER ADVISORS, LLC

26-3871197

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

LIBREMAX CAPITAL, LLC

27-2436175

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

OAKTREE CAPITAL MANAGEMENT, L.P.

26-0189082

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

PORTFOLIO ADVISORS, LLC

06-1487853

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

SEI TRUST COMPANY

06-1271230

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

PASSPORT CAPITAL, LLC

94-3368567

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

PIMCO

33-0629048

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

REGIMENT CAPITAL MANAGEMENT, LLC

222 BERKLEY STREET
12TH FLOOR
BOSTON, MA 02116

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

SCHRODER INVESTMENT MGMT NA, INC.

13-4064414

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

SIGULER GUFF ADVISERS LLC

13-3855629

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

SYSTEMATICA INVESTMENTS LIMITED

98-1295768

(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)

HEWITT ASSOCIATES LLC

36-2235791

(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	234958	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET BANK

04-1867445

(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?
26 50	NONE	86053	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIAM BLAIR INVESTMENT TRUST

27-6331814

(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	82519	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)

ERNST AND YOUNG

34-6565596

(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	42650	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ABERDEEN ASSET MANAGEMENT

51-0368279

(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	41947	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FORT WASHINGTON INVESTMENT ADVISORS

31-1301863

(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 52 68 71	NONE	38317	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

WESTFIELD CAPITAL MANAGEMENT CO

ONE FINANCIAL CENTER
23RD FLOOR
BOSTON, MA 02111

(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	38013	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(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	20854	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON TRUST COMPANY

04-2755549

(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	14335	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

RELiance TRUST COMPnAY

46-6625485

(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	12232	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK INSTITUTIONAL TRUST CO

94-3112180

(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 24 28 50 51	NONE	8909	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PERFECTION PRINTING

9560 LESAINt DRIVE
FAIRFIELD, OH 45014

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5682	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 BETHESDA RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BETHESDA, INC.	D Employer Identification Number (EIN) 31-1108895	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	215513	116478
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2054295	3914957
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	13462595	12323408
(5) Partnership/joint venture interests	1c(5)	112884316	113015609
(6) Real estate (other than employer real property).....	1c(6)	6702317	6180338
(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)	47819553	37517740
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	45125781	42126909

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	228264370	215195439

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	48394	38178
i Acquisition indebtedness	1i		
j Other liabilities	1j	14197	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	62591	38178

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	228201779	215157261
---	-----------	-----------	-----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4462	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	187974	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		192436
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	96601	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2002524	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2099125
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	820878	
(B) Other	2b(5)(B)	11121442	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		11942320

		(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)		1517664
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		15751545

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26592935	
(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)		26592935
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)	363661	
(2) Contract administrator fees.....	2i(2)	286364	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)	1553103	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2203128
j Total expenses. Add all expense amounts in column (b) and enter total	2j		28796063

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-13044518
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: ERNST & YOUNG LLP

(2) EIN: 34-6565596

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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		515237
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 3986210. (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 <u>BETHESDA RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BETHESDA, INC.</u>	D Employer Identification Number (EIN) <u>31-1108895</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3581074</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>547</u>

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

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

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>26.0</u> % Investment-Grade Debt: <u>18.0</u> % High-Yield Debt: <u>2.0</u> % Real Estate: <u>1.0</u> % Other: <u>53.0</u> %	
b	Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☒ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
c	What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):	

Part VII IRS Compliance Questions

20a	Is the plan a 401(k) plan? 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 / / .		

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

Bethesda Retirement Plan
Years Ended December 31, 2016 and 2015
With Report of Independent Auditors

Ernst & Young LLP



Building a better
working world

Bethesda Retirement Plan
Financial Statements and Supplemental Schedules

Years Ended December 31, 2016 and 2015

Contents

Report of Independent Auditors.....	1
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements.....	5
Supplemental Schedules	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	15
Schedule H, Line 4j – Schedule of Reportable Transactions.....	21

Report of Independent Auditors

The Retirement Plan Committee
Bethesda, Inc. and Subsidiaries

We have audited the accompanying financial statements of the Bethesda Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Bethesda Retirement Plan at December 31, 2016, and the changes in its net assets available for benefits for the year then ended, and the financial status of the Bethesda Retirement Plan at December 31, 2015, and the changes in its financial status for the year then ended in conformity with U.S. generally accepted accounting principles.

Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental schedules of assets (held at end of year) as of December 31, 2016, and reportable transactions for the year then ended, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Ernst & Young LLP

October 11, 2017

Bethesda Retirement Plan

Statements of Net Assets Available for Benefits

	December 31	
	2016	2015
Assets		
Investments:		
Investments at fair value	\$ 215,078,961	\$ 228,048,857
Total investments, at fair value	215,078,961	228,048,857
Receivables:		
Accrued income	116,478	215,513
Total assets	215,195,439	228,264,370
Liabilities and net assets available for benefits		
Accrued administrative fees	38,178	48,394
Payable for investment purchased	–	14,197
Total liabilities	38,178	62,591
Net assets available for benefits	\$ 215,157,261	\$ 228,201,779

See accompanying notes.

Bethesda Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	December 31	
	2016	2015
Additions		
Interest and dividends	\$ 2,291,562	\$ 5,050,462
Net appreciation (depreciation) in fair value of investments	13,459,983	(8,109,175)
Total additions net of investment losses	15,751,545	(3,058,713)
 Deductions		
Benefits paid to participants	26,592,935	16,578,010
Administrative expenses	2,203,128	1,818,299
Total deductions	28,796,063	18,396,309
 Transfer from Good Samaritan Retirement Plan	–	209,927
Transfer to TriHealth, Inc. Retirement Plan	–	(3,983,158)
 Decrease in net assets available for benefits	(13,044,518)	(25,228,253)
Net assets available for benefits at beginning of year	228,201,779	253,430,032
Net assets available for benefits at end of year	\$ 215,157,261	\$ 228,201,779

See accompanying notes.

Bethesda Retirement Plan

Notes to Financial Statements

December 31, 2016

1. Description of the Plan

The following description of the Bethesda Retirement Plan (the Plan) provides general information about the Plan's provisions. Bethesda Hospital, Inc. (the Company) is the plan sponsor. Participants should refer to the plan document and summary plan description for a more complete description of the Plan's provisions, copies of which may be obtained from the plan sponsor. The Good Samaritan Hospital of Cincinnati, Ohio, which sponsors the Good Samaritan Retirement Plan, and TriHealth, Inc., which sponsors the TriHealth, Inc. Retirement Plan, are related parties to the Company. The Plan received plan assets of \$209,927 from the Good Samaritan Retirement Plan during the year ended December 31, 2015, as the result of personnel transfers between the related plan sponsors. Furthermore, the Plan transferred plan assets of \$3,983,158 to the TriHealth, Inc. Retirement Plan during the year ended December 31, 2015, as the result of personnel transfers between the related plan sponsors. There were no transfers of plan assets for the year ended December 31, 2016.

General

The Plan is a non-contributory defined benefit plan that covers substantially all employees of the Company and certain other subsidiaries of Bethesda, Inc., parent to the Company. The Plan provides for retirement, death, and disability benefits, and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The following description of the Plan outlines only general information. Information about the plan agreement, the vesting and benefit provisions, and the guaranty of the Pension Benefit Guaranty Corporation (PBGC) is contained in the pamphlet *Bethesda Retirement Plan Summary Plan Description*. Copies of this pamphlet are available from the TriHealth, Inc. Human Resources department.

The Retirement Plan Committee is responsible for the general administration of the Plan. The Board of Directors of the Company approved the freeze of the Plan effective January 1, 2015. As a result, the active participants in the Plan will no longer accrue future benefits, but will be provided interest credits until they commence their benefits.

Eligibility and Vesting

An eligible employee became a participant in the Plan upon completion of 1,000 hours of service with the Company. Active participants become fully vested upon the earlier of the completion of three years of service or attainment of age 65.

Bethesda Retirement Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Benefits

Participants are entitled to monthly pension benefits beginning at the age of 55. Under the Plan's formula, a participant's benefit was calculated based on an accumulation of credits that are earned each year based on the participant's age and years of service multiplied by the average five highest consecutive years of compensation through January 1, 2015. Participants were able to also receive an additional benefit if their pay is over the Social Security Covered Compensation Limit.

After reaching age 55, terminated participants may elect to receive the value of their accumulated plan benefits as a lump-sum distribution or as an annuity payable monthly. Terminated participants whose accumulated plan benefits are less than \$5,000 will automatically receive their benefits in the form of lump-sum payments.

Funding

The Company has agreed to contribute voluntarily such additional amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants. The Company's present intention is to make annual contributions in amounts sufficient to fund the Plan's current year service cost and the initial past service cost plus interest over a period of 30 years. The Plan has met the ERISA minimum funding requirements for both 2016 and 2015.

Plan Termination

Although it has not expressed an intention to do so, the Company reserves the right under the Plan to discontinue its contributions at any time, and to terminate the Plan subject to the provisions of ERISA. Upon termination, the net assets available for benefits of the Plan will be allocated for payment to the participants in an order of priority as prescribed by ERISA and its related regulations and the plan document.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets available for benefits to provide for accumulated plan benefits, and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC, as well as the priority of those benefits. Some benefits may be fully or partially provided for by the then-existing net assets available for benefits of the Plan and the PBGC guarantee, while other benefits may not be provided for at all.

Bethesda Retirement Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies

Payable for Investment Purchase

The Plan follows trade-date accounting for the purchase and sale of investments. As a result, at the dates of the statements of net assets available for benefits, certain investment purchases and sale transactions have been initiated but not settled.

Basis of Accounting

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

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is defined under Financial Accounting Standards Board (FASB) Accounting Standards Codification Topic (ASC) 820, *Fair Value Measurement*, as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 4 for further discussion of fair value measurements.

To measure fair value, a hierarchy has been established that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs. As such, the hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

Bethesda Retirement Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

In accordance with ASC 820, assets and liabilities measured at fair value are categorized into the following fair value hierarchy:

Level 1 – Fair value is based on unadjusted quoted prices for identical assets or liabilities in an active market that the Plan has the ability to access at the measurement date.

Level 2 – Fair value is based on quoted prices in markets that are not active, quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability.

- Quoted prices for similar assets and liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

Level 3 – Fair value is based on prices or valuation techniques, which require inputs that are both significant to the fair value measurements and unobservable. These inputs reflect management's judgment about the assumptions that a market participant would use in pricing the investment, and are based on the best available information, some of which may be internally developed.

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in its entirety.

Management is responsible for determining the Plan's valuation policies and analyzing information provided by the investment custodians and issuers that is used to determine the fair value of the Plan's investments.

Bethesda Retirement Plan

Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The global financial markets and banking system are subject to volatility, which could adversely impact the Plan. Certain of the Plan's assets and liabilities are exposed to various risks, such as interest rate, market, and credit risks.

New Accounting Pronouncements

In August 2014, the FASB issued Accounting Standards Update No. (ASU) 2014-15, *Presentation of Financial Statements – Going Concern (Subtopic 205-40): Disclosure of Uncertainties about an Entity's Ability to Continue as a Going Concern*. ASU 2014-15 defines management's responsibility to evaluate whether there is substantial doubt about an organization's ability to continue as a going concern and to provide related footnote disclosures. In connection with preparing financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about an organization's ability to continue as a going concern within one year after the date that the financial statements are issued. ASU 2014-15 is effective for fiscal years ending after December 15, 2016. Management has performed this assessment as of the date these financial statements were available to be issued and no going concern uncertainties were identified.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (Note 3) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits, which include benefits expected to be paid to retired or terminated employees or their beneficiaries, are based on credits earned using the employee's age and highest five-year average compensation through the date of the plan freeze. Participants also may receive an additional benefit if their pay is over the Social Security Covered Compensation Limit. Benefits payable under all circumstances — retirement, death, disability, and termination of employment — are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Bethesda Retirement Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits

Hewitt Associates, the Plan's independent actuary, estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information as of December 31, 2015, is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits	\$ 40,539,209
---	---------------

Other vested benefits	155,500,913
-----------------------	-------------

Total vested benefits	196,040,122
-----------------------	-------------

Non-vested benefits	1,287,192
---------------------	-----------

Total actuarial present value of accumulated plan benefits	<u>\$ 197,327,314</u>
--	-----------------------

The changes in accumulated plan benefits between January 1, 2015 and December 31, 2015 were as follows:

Actuarial present value of accumulated plan benefits

at January 1, 2015	\$ 195,795,071
--------------------	----------------

Increase during the year attributed to:

Interest accumulated	14,044,994
----------------------	------------

Benefits paid	(16,578,010)
---------------	--------------

Assumption changes ^(b)	(428,561)
-----------------------------------	-----------

Other changes ^(a)	4,493,810
------------------------------	-----------

Net increase	1,532,233
--------------	-----------

Actuarial present value of accumulated plan

benefits at December 31, 2015	<u>\$ 197,327,314</u>
-------------------------------	-----------------------

^(a)The other changes component represents the normal operations of the pension plan. It consists primarily of the increase due to ongoing benefit accruals and those items of plan experience that are not associated with plan asset performance.

Bethesda Retirement Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

^(b)The assumption changes reflect the following a change in the future 30-year Treasury Rate from 3.11% as of January 1, 2015 to 2.29% as of January 1, 2016 to better anticipate future experience. The interest rate decreased from 7.50% for the 2015 valuation to 7.00% for the 2016 valuation to better anticipate future experience.

Significant assumptions underlying the actuarial valuation are as follows:

Assumed annual rate of return on investments	7.00%
Mortality basis	Healthy and disabled – RP-2014 (base year 2006) mortality table projected generationally with scale MP-2015. Disabled – RP-2014 (base year 2006) disabled retiree mortality table projected generationally with scale MP-2015.
Retirement rate – active participants	Various rates, ranging from 6% at age 55 to 100% at age 70 and over

These 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 actuary estimated the accumulated plan benefits as of January 1, 2016. There were no significant changes to the Plan that would have changed the valuations had they been performed as of December 31, 2015.

Bethesda Retirement Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements

The following tables set forth by level, within the fair value hierarchy, the Plan's assets carried at fair value as of December 31 (in thousands):

	2016				2015			
	Level 1	Level 2	Level 3	Total	Level 1	Level 2	Level 3	Total
Assets								
Cash and cash equivalents	\$ 3,915	\$ –	\$ –	\$ 3,915	\$ 2,054	\$ –	\$ –	\$ 2,054
Marketable equity securities:								
Domestic	12,323	–	–	12,323	13,463	–	–	13,463
Mutual funds:								
Fixed income	27,764	–	–	27,764	37,129	–	–	37,129
Multi-asset	9,754	–	–	9,754	10,691	–	–	10,691
Total assets at fair value	<u>\$ 53,756</u>	<u>\$ –</u>	<u>\$ –</u>	<u>\$ 53,756</u>	<u>\$ 63,337</u>	<u>\$ –</u>	<u>\$ –</u>	<u>\$ 63,337</u>
Investments measured at net asset value (NAV):								
Real estate investment trusts (a)				6,180				6,702
Hedge funds (b)				23,557				25,005
Private equity funds (c)				16,783				18,659
Limited partnerships (d)				113,016				112,884
Commingled fund (e)				1,787				1,462
Total assets at fair value				<u>\$ 215,079</u>				<u>\$ 228,049</u>

- (a) The investment objective is to invest in commercial real estate properties and real estate related assets. These real estate investments trusts are locked up for the term of the fund, or deemed to have no immediate liquidity
- (b) The investment objective is to invest in hedge funds. Hedge funds redeem at net asset value (NAV) as of statement of net assets available for benefits date and have quarterly redemption option with 45-day notice.
- (c) The investment objective is to achieve long-term capital appreciation through a diversified portfolio of leveraged buyout, growth equity, venture capital, structured equity, and distressed debt investment opportunities throughout the globe. These private equity funds are locked up for the term of the fund, or deemed to have no immediate liquidity. At December 31, 2016, the Plan has committed capital yet to be called of \$11,332,489 to private equity funds over the next one to three years.
- (d) The investment objective is to achieve long-term capital growth. These limited partnerships redeem at NAV as of the dates of the statements of net assets available for benefits with monthly redemption option with 10-day notice. There are currently no redemption restrictions on these investments.
- (e) The investment objective is to invest in commingled fund. The commingled fund redeem at NAV as of the statement of net assets available for benefits date with monthly redemption option with 10 day notice. There are currently no redemption restrictions.

Bethesda Retirement Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

The following is a description of the valuation techniques and inputs used for plan assets measured at fair value.

The Plan's financial instruments based on quoted market prices in markets that are active, with reasonable levels of price transparency, include marketable equity securities (domestic and foreign), mutual funds (fixed income, equity, and multi-asset), and cash and cash equivalents. Such instruments are classified within Level 1 of the fair value hierarchy. The Plan does not adjust the quoted market price for such financial instruments.

Investments measured at NAV, which consist of hedge funds, private equity funds, limited partnerships, real estate investment trusts, and commingled funds, are not necessarily readily marketable, and may include short sales on securities and trading in future contracts, options, foreign currency contracts, other derivative instruments, and private equity investments. However, Plan management has determined that the NAV is an appropriate estimate of the fair value based on the fact that the investments are audited and accounted for at fair value by the administrators. These investments are entered into for further diversification of the portfolio.

5. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated September 27, 2016, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Bethesda Retirement Plan

Notes to Financial Statements (continued)

6. Related-Party and Parties-in-Interest Transactions

Certain of the Plan's assets are invested in funds managed by the trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

7. Administrative Expenses

The Plan incurs administrative expenses directly related to the Plan, which consist primarily of trustee fees for investments, PBGC fees, and actuarial fees. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses. Expenses relating to purchases, sales, or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate. All other administrative expenses are paid by the Company on behalf of the Plan.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported on the statements on net assets available for benefits.

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

9. Subsequent Events

Management has evaluated and disclosed subsequent events through October 11, 2017, which is the date the accompanying financial statements were available to be issued. No recognized or non-recognized subsequent events were identified for recognition or disclosure in the accompanying financial statements.

Supplemental Schedules

Bethesda Retirement Plan

EIN 31-0537122 Plan #001

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

December 31, 2016

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
CASH			
US DOLLAR		\$ 538,792	\$ 538,792
TOTAL CASH		538,792	538,792
MONEY MARKET FUNDS			
* COLTV SHORT TERM INVT FD	3,376,165	3,376,165	3,376,165
TOTAL MONEY MARKET FUNDS		3,376,165	3,376,165
DOMESTIC EQUITY SECURITIES			
AGRIUM INC COM	1,296	114,135	130,313
ADR NOVARTIS AG	3,037	261,089	221,215
#REORG/ARIAD PHARMACEUTICALS CASH MERGER 02-16-2017	5,200	45,257	64,688
ABBOTT LAB COM	2,620	93,674	100,634
ABBOTT LAB COM	3,230	138,866	124,064
ALPHABET INC CAP STK CL A CAP STK CL A	106	40,548	84,000
ALPHABET INC CAP STK CL A CAP STK CL A	234	134,759	185,433
ALPHABET INC CAP STK CL C CAP STK CL C	191	75,647	147,418
ALPHABET INC CAP STK CL C CAP STK CL C	235	134,046	181,378
AMAZON COM INC COM	226	131,745	169,471
AMAZON COM INC COM	374	117,716	280,451
AMETEK INC NEW COM	1,880	92,246	91,368
APPLE INC COM STK	2,509	225,400	290,592
APPLE INC COM STK	1,607	136,401	186,123
AT&T INC COM	3,772	140,421	160,423
AVNET INC COM	2,535	95,158	120,691
BAKER HUGHES INC COM	1,890	88,736	122,793
BANK NEW YORK MELLON CORP COM STK	5,370	147,641	254,431
BANK OF AMERICA CORP	6,450	124,250	142,545
BERKSHIRE HATHAWAY INC-CL B	2,714	356,998	442,328
BERRY PLASTICS GROUP INC COM	2,490	101,640	121,338
BIO RAD LABS INC CL A	964	114,247	175,718

Bethesda Retirement Plan

EIN 31-0537122 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
DOMESTIC EQUITY SECURITIES (continued)			
BIOGEN INC COMMON STOCK	483	\$ 136,286	\$ 136,969
BRISTOL MYERS SQUIBB CO COM	1,880	122,149	109,867
BRISTOL MYERS SQUIBB CO COM	3,562	204,221	208,163
CARNIVAL CORP COM PAIRED	1,920	66,511	99,955
CELGENE CORP COM	1,600	148,876	185,200
CHARTER COMMUNICATIONS INC NEW CL A CL A	516	115,012	148,567
CHUBB LTD ORD CHF24.15	745	92,739	98,429
CISCO SYSTEMS INC	4,973	113,699	150,284
CME GROUP INC COM STK	785	75,760	90,550
COMCAST CORP NEW-CL A	1,769	96,964	122,149
CONSTELLATION BRANDS INC CL A CL A	630	83,272	96,585
DANAHER CORP COM	930	71,301	72,391
DOW CHEMICAL CO COM	2,710	143,687	155,066
EAST WEST BANCORP INC COM	1,710	52,162	86,919
EXXON MOBIL CORP COM	1,075	85,016	97,030
FACEBOOK INC CL A CL A	1,450	100,124	166,823
GENERAL ELECTRIC CO	7,565	193,556	239,054
GENERAL ELECTRIC CO	2,730	87,374	86,268
GILEAD SCIENCES INC	1,490	121,383	106,699
GOLDMAN SACHS GROUP INC COM	656	100,585	157,079
HALLIBURTON CO COM	2,655	107,701	143,609
HD SUPPLY HLDGS INC. COM	2,530	94,247	107,550
HILL-ROM HLDGS INC COM STK	1,740	101,491	97,684
INSTALLED BLDG PRODS INC COM	1,950	65,398	80,535
INTEL CORP COM	2,080	77,159	75,442
INTERNATIONAL BUSINESS MACHS CORP COM	668	96,606	110,881
JOHNSON & JOHNSON COM USD1	1,179	110,178	135,833
JONES LANG LASALLE INC COM STK	990	98,532	100,030
KELLOGG CO COM USD0.25	1,270	99,470	93,612
LENNOX INTL INC COM	640	74,199	98,029
LKQ CORP COM LKQ CORP	2,400	80,930	73,560
MARRIOTT INTL INC NEW COM STK CL A	440	33,604	36,379
MC DONALDS CORP COM	780	92,125	94,942
MERRIMACK PHARMACEUTICALS INC COM .	9,770	76,699	39,862
METTLER-TOLEDO INTL INC COM	271	85,529	113,430
MICROSOFT CORP COM	3,430	182,605	213,140
MICROSOFT CORP COM	3,131	115,543	194,560

Bethesda Retirement Plan

EIN 31-0537122 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
DOMESTIC EQUITY SECURITIES (continued)			
MONDELEZ INTL INC COM	4,965	\$ 139,016	\$ 220,098
NEKTAR THERAPEUTICS COM	1,760	29,936	21,595
NEWELL BRANDS INC COM	2,620	114,359	116,983
ON SEMICONDUCTOR CORP COM	7,850	77,485	100,166
ORACLE CORP COM	4,212	165,324	161,951
PALO ALTO NETWORKS INC COM USD0.0001	515	58,443	64,401
PAYPAL HLDGS INC COM	2,260	87,695	89,202
RED HAT INC COM	1,470	87,479	102,459
RYDER SYS INC COM	860	59,270	64,018
SALESFORCE COM INC COM STK	1,940	119,794	132,812
SALESFORCE COM INC COM STK	1,064	74,139	72,841
SCHLUMBERGER LTD COM COM	1,502	129,571	126,093
SCHWAB CHARLES CORP COM NEW	1,580	62,844	62,363
SERVICENOW INC COM USD0.001	840	61,343	62,446
SIMON PROPERTY GROUP INC COM	1,021	192,459	181,401
SMUCKER J M CO COM NEW	923	96,214	118,199
STAG INDL INC COM	2,700	61,986	64,449
STERICYCLE INC COM	1,704	159,423	131,276
STERIS PLC NEW STERIS LTD COMSTK	1,880	139,272	126,693
SYSCO CORP COM	3,664	116,297	202,876
TESORO CORP	500	46,109	43,725
THE PRICELINE GROUP INC	86	96,365	126,081
TJX COS INC COM NEW	1,490	109,595	111,944
TRANSDIGM GROUP INC COM	415	99,420	103,318
TWENTY-FIRST CENTURY FOX INC CL A	5,109	158,310	143,256
UNION PAC CORP COM	1,188	98,051	123,172
UNION PAC CORP COM	1,330	104,090	137,894
UNITED CONTL HLDGS INC COM STK	1,700	93,795	123,896
UNITED PARCEL SVC INC CL B	1,120	114,288	128,397
VAIL RESORTS INC COM	460	57,021	74,203
VANTIV INC COM USD0.00001 A	1,140	55,057	67,967
VISA INC COM CL A STK	1,970	123,976	153,699
VISTA OUTDOOR INC COM	3,839	150,150	141,659
WALT DISNEY CO	910	93,172	94,840
WATSCO INC COM	615	91,822	91,094
WESCO INTL INC COM	1,670	127,869	111,139

Bethesda Retirement Plan

EIN 31-0537122 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
DOMESTIC EQUITY SECURITIES (continued)			
WORLD FUEL SERVICE COM STK USD0.01	2,271	\$ 88,759	\$ 104,262
TOTAL DOMESTIC EQUITY SECURITIES		9,453,511	12,323,408
MUTUAL FUNDS – FIXED INCOME			
PIMCO EXTENDED DURATION INST	1,668,904	19,117,810	17,389,982
PIMCO LONG DURATION TOT R IS	1,413,291	10,990,347	10,373,556
TOTAL MUTUAL FUNDS – FIXED INCOME		30,108,157	27,763,538
MUTUAL FUNDS – MULTI-ASSET			
GMO BENCHMARK FREE ALLOCATION	392,523	10,376,696	9,754,202
TOTAL MUTUAL FUNDS – MULTI-ASSET		10,376,696	9,754,202
REAL ESTATE INVESTMENT TRUST FUNDS			
AETHER REAL ASSETS III LP	553,107	553,107	617,191
AEW PARTNERS VI	284,651	284,651	1,976,022
BLUE VISTA SPONSOR EQUITY FUND II	1	1	283,373
CF INVENTRUST PROPERTIES CORP	445,744	4,423,070	1,399,637
WCP REAL ESTATE FUND II	9,493	9,493	1,904,115
TOTAL REAL ESTATE INVESTMENT TRUST FUNDS		5,270,322	6,180,338
HEDGE FUNDS			
BLUE TREND FUND LP	1,275,000	1,275,000	1,249,176
CAXTON GLOBAL INV (INSTITUTIONAL) LTDCL T-1 (UNRESTRICTED)SHS A (01-2012) FD	18,364	2,493,361	2,577,591
CRITERION CAPITAL PARTNERS LTD CL A2-90012470-2	25,250	2,525,000	2,855,568
ESG CROSS BORDER EQUITY OFFSHORE LTD CL A1 UNREST SER 19 FUND	2,000	2,000,000	1,659,659
GCA CREDIT OPPORTUNITIES OFFSHORE LTD CL A SER 01MAY2009	1,091	2,206,065	2,383,601
GLEACHER DIVERSIFIED STRATEGIES FD CLA SER 1	30	35,716	34,147
HUDSON BAY INTERNATIONAL FUND LTD A-UR252-1	900	900,000	877,113
JANA OFFSHORE PARTNERS LTD CL A NON RESTRICTED SER 01/2002	692	2,980,487	2,849,865
JANA OFFSHORE PARTNERS LTD CL A NON RESTRICTED SER 07/2015	500	500,000	468,685
KING STR CAP LTD CL S SER 70	76	7,581	8,670
KING STREET CAPITAL LTD CL S SER 65	53	5,311	866

Bethesda Retirement Plan

EIN 31-0537122 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
HEDGE FUNDS (continued)			
KING STREET CAPITAL LTD CLASS A SER 1	17,156	\$ 2,794,433	\$ 2,908,087
KING STREET CAPITAL LTD CLASS S SER 90	76	7,585	8,192
KING STREET CAPITAL LTD CLASS S SER 95	164	15,906	16,505
KING STREET CAPITAL LTD CL S SER 75 FUND	25	2,459	414
KING STREET CAPITAL LTD CL S SER 80 FUND	639	63,935	63,964
KING STREET CAPITAL LTD CL S SER 85 FUND	55	5,463	5,326
LIBREMAX OFF FD LTD CL A TRAN G SER 3	1,577	2,347,772	2,370,184
LIBREMAX OFFSHORE FD,LTD. CL A -TRANCHE G -SER 8 FD (TRIHEALTH ONLY)	500	497,195	502,271
MOON CAP GLOBAL EQ OFF CL S SER 52	130	129,949	165,291
MOON CAP GLOBAL EQ OFF CL S SER 60	15	15,253	19,397
PASSPORT OFFSHORE LTD CL A1 IV STANDARD NEW ISSUE SER 10	2,000	2,746,423	2,532,174
PASSPORT SPV PASSPORT GLOBAL STRAT II(OFFSHORE) LTD CL B I SERIES 225	4	4,362	408
TOTAL HEDGE FUNDS		23,559,256	23,557,154
PRIVATE EQUITY FUNDS			
AXIOM ASIA PRIVATE CAPITAL FUND III	1,823,346	1,823,346	2,282,841
FORT WASHINGTON PRIVATE EQUITY INVESTORSVI LP	892,354	892,354	2,561,063
FORT WASHINGTON PRIVATE EQUITY OPP III LP	1,440,000	1,440,000	1,893,264
PRIVATE EQUITY PARTNERS 2005 MGR LP	1,162,318	1,162,318	1,861,550
KAYNE ANDERSON ENERGY FUND V (QP)	781,961	781,961	1,546,786
OAKTREE MEZZANINE FUND III CLASS A	1	1	506
OAKTREE MEZZANINE FUND III CLASS B	337,487	337,487	752,296
PORTFOLIO ADVISORS PE FUND IV (OFFSHORE) – BUYOUT	1	1	594,495
PORTFOLIO ADVISORS PE FUND IV (OFFSHORE) – SPEC SIT	212,910	212,910	359,928
PORTFOLIO ADVISORS PE FUND IV (OFFSHORE) – VENTURE CAP	303,576	303,576	446,053
PRIVATE EQUITY INVESTMENT FUND V	662,095	662,095	681,184
SIGULER GUFF BRIC OPPORTUNITIES FUND II	1,003,268	1,003,268	1,612,879
SIGULER GUFF DISTRESSED OPPORTUNITIES FUND II	213,417	213,417	126,289
SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III	212,718	212,718	1,124,889
DRUM SPECIAL SITUATION PARTNERS II	661,431	661,431	938,749
TOTAL PRIVATE EQUITY FUNDS		9,706,883	16,782,772

Bethesda Retirement Plan

EIN 31-0537122 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
LIMITED PARTNERSHIPS			
ASHMORE EM BLENDED DBT FEEDER FD	9,525	\$ 9,916,952	\$ 10,257,139
ABERDEEN EMERGING MARKETS EQUITY FUND	83,176	4,362,887	4,352,611
ALCENTRA EUROPEAN DIRECT LENDING FUND	1,866,589	1,866,589	2,167,984
AQR GRP EL OFFSHORE LTD CL B ERISA SER ERISA	92	9,671,429	9,670,026
ARTISAN GLOBAL OPPORTUNITIES TRUST FD	766,771	10,310,034	12,291,335
BLACKROCK EAFE CURR HEDGED EQUITY INDEX FD	201,072	8,034,786	8,708,618
BLACKROCK EQTY INDEX A FD	7,915	5,126,595	6,218,393
BLACKROCK RUSSELL 2000 INDEX A FUND	72,682	2,517,632	3,271,896
GAM UNCONSTRAINED BOND FUND USD 2Z	107,389	10,557,053	11,023,738
LOOMIS SAYLES CR AST TR CL B FD	682,154	12,871,619	14,052,376
LOOMIS SAYLES NHIT- MULTISECTOR FULL DISCRETION TRUST FUND	390,662	5,756,469	7,465,554
MARATHON FD SPC SEG PORT B SER B7-A	579	638,901	832,306
OHA EUROPEAN STRATEGIC CREDIT FUND (OFFSHORE) LP	440,834	440,834	1,142,157
OHA STRUCTURED PRODUCTS FUND (OFFSHORE),L.P.	1	1	61,474
PHARO GAIA FUND, LTD. CL A SERIES 15	851	2,000,000	2,149,619
REGIMENT CAPITAL SPECIAL SITUATIONS FUNDV, LP	303,870	303,870	1,037,579
RELiance TRUST COMPANY INSTITUTIONAL RETIREMENT TRUST SERIES 3	371,099	3,796,359	3,996,740
SALIENT MLP TOTAL RETURN, LP	1,000,000	1,000,000	1,586,994
SCHRODER INTERNATIONAL SMALL COMPANIES FUND – 3090400900	370	2,841,257	3,808,360
WILLIAM BLAIR CIT MARCO ALLOCATION FUND CL 1	964,401	8,842,570	8,920,710
TOTAL LIMITED PARTNERSHIPS		100,855,837	113,015,609
COMMINGLED FUND			
WELLINGTON DIVER INFLAT HEDGES	149,789	2,439,766	1,786,983
TOTAL COMMINGLED FUND		2,439,766	1,786,983
TOTAL INVESTMENTS		\$ 195,685,385	\$ 215,078,961

*Indicates party-in-interest to the Plan.

Bethesda Retirement Plan

EIN 31-0537122 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2016

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Gain (Loss)
Category (i) – Single transaction exceeds 5% of value						
AQR GRP EL Offshore Fund	Partnership/joint venture interest	\$ –	\$ 12,136,675	\$ 12,136,675	\$ 12,136,675	\$ –
GAM Unconstrained BD FD	Registered investment company	–	11,513,134	11,513,134	11,513,134	–
PIMCO Long Duration Total Return	Registered investment company	–	19,796,708	19,796,708	19,796,708	–
Loomis Sayles Credit Asset	Registered investment company	–	12,871,619	12,871,619	12,871,619	–
William Blair Macro Allocation	Registered investment company	–	11,621,021	11,621,021	11,621,021	–
Category (ii) – A series of transactions with the same broker in excess of 5% of plan assets						
*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***						
Category (iii) – A series of transactions in same security in excess of 5% of plan assets						
State Street Bank + Trust Co	Money market fund	\$ 41,056,422	\$ 42,869,836	\$ 42,869,836	\$ 83,935,259	\$ –
AQR GRP EL Offshore Fund	Partnership/joint venture interest	–	13,136,675	13,133,139	13,136,675	3,536
Artisan Global Opp Trust	Registered investment company	1,000,000	11,135,451	11,135,451	12,135,451	–
GAM Unconstrained BD FD	Registered investment company	21,833	15,013,134	15,044,172	15,034,967	(31,038)
GMO Benchmark Free Allocation	Registered investment company	2,000,000	13,639,431	13,840,861	15,639,431	(201,430)
PIMCO Extended Duration Fund	Registered investment company	237,728	17,090,009	16,579,692	17,327,737	510,317
PIMCO Long Duration Total Return	Registered investment company	560,728	22,796,708	22,977,859	23,357,435	(181,151)
Loomis Sayles Credit Asset	Registered investment company	1,500,000	15,402,210	15,407,654	16,902,210	(5,444)
William Blair Macro Allocation	Registered investment company	2,000,000	12,621,021	12,650,000	14,621,021	(28,979)
EAFE Curr Hedge EQ Index FD	Registered investment company	5,000,000	9,000,000	9,000,000	14,000,000	–
Category (iv) – A single transaction with one broker exceeds 5% of plan assets						
*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***						

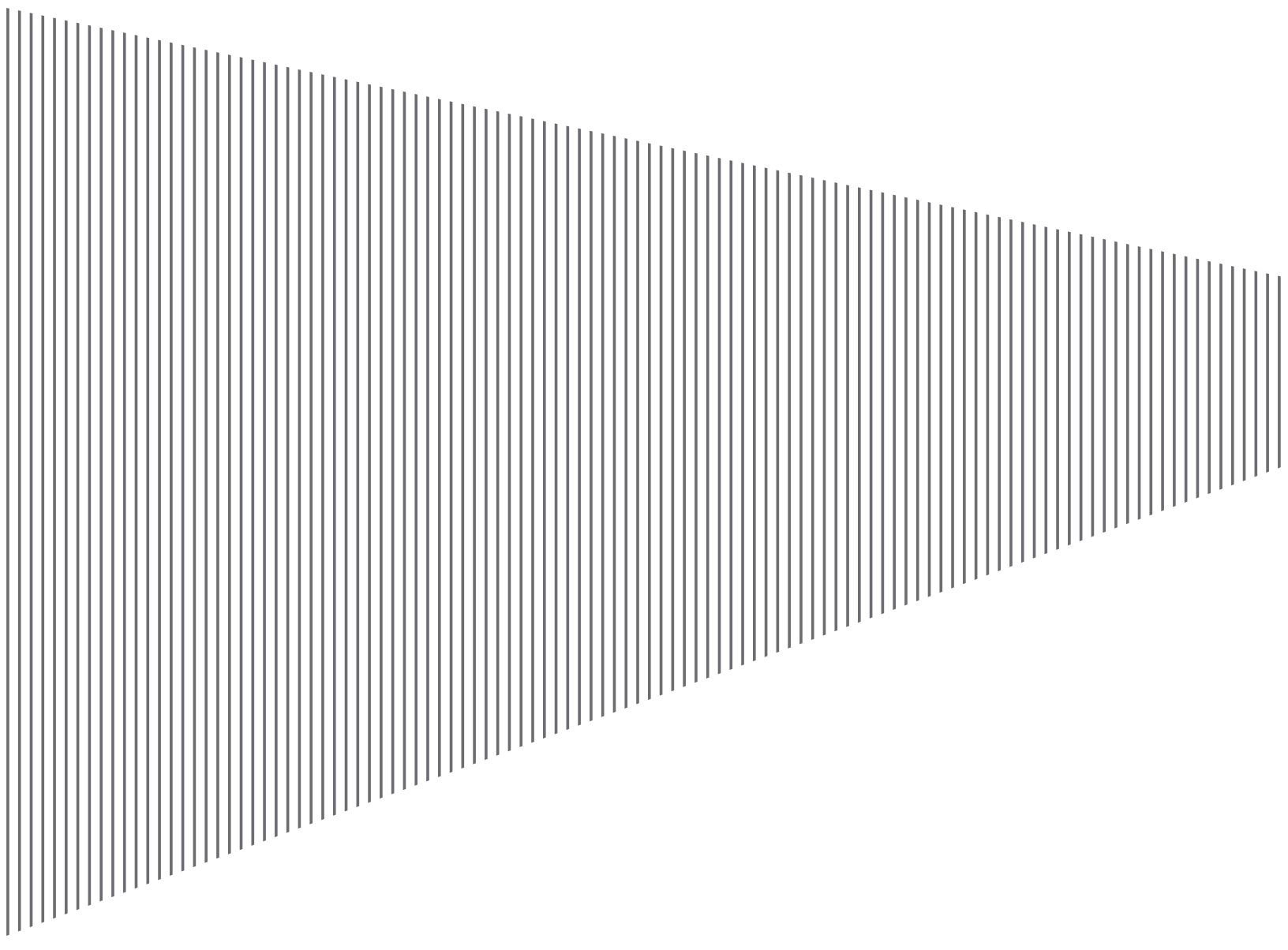
About EY

EY is a global leader in assurance, tax, transaction and advisory services. The insights and quality services we deliver help build trust and confidence in the capital markets and in economies the world over. We develop outstanding leaders who team to deliver on our promises to all of our stakeholders. In so doing, we play a critical role in building a better working world for our people, for our clients and for our communities.

EY refers to the global organization, and may refer to one or more, of the member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. For more information about our organization, please visit ey.com.

© 2017 Ernst & Young LLP.
All Rights Reserved.

ey.com



Schedule SB Attachment (Form 5500)—2016 Plan Year
Bethesda Retirement Plan
EIN: 31-1108895 PN: 001

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

**Bethesda Retirement Plan
Active Participants**

EIN: 31-1108895 PN: 001

Number of Participants and Average Lump Sum Value

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		66 \$752	1							
25-29		224 \$1,381	74 \$4,862	1						
30-34		174 \$2,393	97 \$8,820	41 \$15,588	1					
35-39		112 \$2,826	82 \$10,656	63 \$25,054	7					
40-44		96 \$2,989	88 \$13,963	55 \$30,506	43 \$46,351	14				
45-49		107 \$5,038	97 \$17,891	73 \$35,394	43 \$54,639	32 \$82,665	18			
50-54		121 \$5,059	91 \$20,225	84 \$41,125	38 \$75,905	39 \$92,816	60 \$126,695	31 \$153,556	5	
55-59		95 \$6,692	108 \$23,963	65 \$54,024	45 \$87,954	38 \$129,447	43 \$135,564	43 \$157,786	35 \$199,376	
60-64		64 \$7,326	85 \$27,474	51 \$62,272	31 \$94,343	21 \$123,264	37 \$189,018	27 \$188,937	34 \$237,629	16
65-69		22 \$8,112	23 \$33,586	21 \$66,840	14	3	7	8	5	6
70+		7	7	11	3		1	2	4	1

N-3061

Note: The Plan is "hard-frozen" and as a result, compensation is not provided. Because the plan is a pension equity plan, the average lump sum value is shown.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Bethesda Retirement Plan
EIN: 31-1108895 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2016), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
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 no lookback (as of January 2016), without regard to interest rate stabilization
1st Segment Rate	1.41%
2nd Segment Rate	3.96%
3rd Segment Rate	4.97%
Optional Payment Form Election Percentage	Lump sum, if eligible. Else, life annuity
Projection of Retirement Account at 30-Year Treasury Rate	3.75%
Retirement Age Active Participants	Based on probability by age. See Table 1. 80% of retirement eligible participants are assumed to commence payment upon retirement; the remaining 20% are assumed to commence at age 60.
Current Terminated Vested Participants	Based on probability by age. See Table 2.
Future Terminated Vested Participants	Commence at Age 60.
Mortality Rates Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	Based on probability by age and service. See Table 3.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Bethesda Retirement Plan
EIN: 31-1108895 PN: 001

Disability Rates	See Table 4
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.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
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	7.50%, limited to 6.99%
2015 Plan Year	7.50%, limited to 6.81%
2016 Plan Year	7.00%, limited to 6.65%
Trust Expenses Included in Target Normal Cost	\$1,500,000. Based on prior year's administrative expenses, rounded.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2016

Schedule SB Attachment (Form 5500)—2016 Plan Year
Bethesda Retirement Plan
EIN: 31-1108895 PN: 001

Table 1

Retirement Rates—Active Participants

<u>Age</u>	<u>Rate</u>
55	6.00%
56	6.00%
57	6.00%
58	6.00%
59	6.00%
60	6.00%
61	11.00%
62	11.00%
63	11.00%
64	20.00%
65	25.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2016 Plan Year
Bethesda Retirement Plan
EIN: 31-1108895 PN: 001

Table 2

Retirement Rates—Terminated Vested Participants

Age	Rate
55	10.00%
56	7.00%
57	7.00%
58	7.00%
59	10.00%
60	10.00%
61	10.00%
62	15.00%
63	10.00%
64	30.00%
65	30.00%
66	15.00%
67	15.00%
68	15.00%
69	15.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2016 Plan Year
 Bethesda Retirement Plan
 EIN: 31-1108895 PN: 001

Table 3

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
15-29	18.00%	18.00%	18.00%	16.00%	14.00%	9.00%
30-34	18.00%	18.00%	18.00%	16.00%	14.00%	8.00%
35-39	14.00%	14.00%	14.00%	16.00%	12.00%	7.00%
40-44	12.00%	12.00%	12.00%	12.00%	10.00%	4.00%
45+	9.00%	9.00%	9.00%	9.00%	9.00%	4.00%

Schedule SB Attachment (Form 5500)—2016 Plan Year
Bethesda Retirement Plan
EIN: 31-1108895 PN: 001

Table 4

Disability Rates

Age	<u>Annual Number of Disabilities per 1,000 Participants</u>	
	Male	Female
15-27	0.15	0.15
28	0.15	0.20
29	0.15	0.20
30	0.15	0.20
31	0.15	0.25
32	0.15	0.25
33	0.15	0.30
34	0.15	0.30
35	0.20	0.35
36	0.20	0.40
37	0.25	0.45
38	0.30	0.50
39	0.35	0.60
40	0.40	0.65
41	0.45	0.75
42	0.50	0.85
43	0.60	0.95
44	0.70	1.10
45	0.80	1.20
46	0.90	1.35
47	1.05	1.50
48	1.25	1.65
49	1.40	1.80
50	1.65	2.00
51	1.95	2.20
52	2.30	2.45
53	2.65	2.70
54	3.05	2.95
55	3.45	3.20
56	3.85	3.45
57	4.30	3.70
58	4.75	4.00
59	5.25	4.25
60	5.75	4.50
61	6.30	4.80
62	6.90	5.05
63	7.55	5.25
64	8.20	5.45
65+	0.00	0.00

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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****Part I Annual Report Identification Information**For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

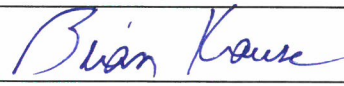
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ 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 BETHESDA RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1973
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) BETHESDA, INC. 619 OAK STREET CINCINNATI OH 45206-1613	2b Employer Identification Number (EIN) 31-1108895 2c Plan Sponsor's telephone number 513-569-5126 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>10/11/17</u>	BRIAN KRAUSE
	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 6,709
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) 3,061
a(2) Total number of active participants at the end of the plan year	6a(2) 2,783
b Retired or separated participants receiving benefits.....	6b 910
c Other retired or separated participants entitled to future benefits	6c 2,319
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 6,012
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 73
f Total. Add lines 6d and 6e	6f 6,085
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 46
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 1I 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

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

a Pension Schedules

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

b General Schedules

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

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

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 _____

Bethesda Retirement Plan

EIN 31-0537122 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2016

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Gain (Loss)
Category (i) – Single transaction exceeds 5% of value						
AQR GRP EL Offshore Fund	Partnership/joint venture interest	\$ –	\$ 12,136,675	\$ 12,136,675	\$ 12,136,675	\$ –
GAM Unconstrained BD FD	Registered investment company	–	11,513,134	11,513,134	11,513,134	–
PIMCO Long Duration Total Return	Registered investment company	–	19,796,708	19,796,708	19,796,708	–
Loomis Sayles Credit Asset	Registered investment company	–	12,871,619	12,871,619	12,871,619	–
William Blair Macro Allocation	Registered investment company	–	11,621,021	11,621,021	11,621,021	–
Category (ii) – A series of transactions with the same broker in excess of 5% of plan assets						
*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***						
Category (iii) – A series of transactions in same security in excess of 5% of plan assets						
State Street Bank + Trust Co	Money market fund	\$ 41,056,422	\$ 42,869,836	\$ 42,869,836	\$ 83,935,259	\$ –
AQR GRP EL Offshore Fund	Partnership/joint venture interest	–	13,136,675	13,133,139	13,136,675	3,536
Artisan Global Opp Trust	Registered investment company	1,000,000	11,135,451	11,135,451	12,135,451	–
GAM Unconstrained BD FD	Registered investment company	21,833	15,013,134	15,044,172	15,034,967	(31,038)
GMO Benchmark Free Allocation	Registered investment company	2,000,000	13,639,431	13,840,861	15,639,431	(201,430)
PIMCO Extended Duration Fund	Registered investment company	237,728	17,090,009	16,579,692	17,327,737	510,317
PIMCO Long Duration Total Return	Registered investment company	560,728	22,796,708	22,977,859	23,357,435	(181,151)
Loomis Sayles Credit Asset	Registered investment company	1,500,000	15,402,210	15,407,654	16,902,210	(5,444)
William Blair Macro Allocation	Registered investment company	2,000,000	12,621,021	12,650,000	14,621,021	(28,979)
EAFE Curr Hedge EQ Index FD	Registered investment company	5,000,000	9,000,000	9,000,000	14,000,000	–
Category (iv) – A single transaction with one broker exceeds 5% of plan assets						
*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***						

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
--	--	---

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 BETHESDA RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BETHESDA, INC.	D Employer Identification Number (EIN) 31-1108895
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2016	
2 Assets:	
a Market value.....	2a 228,048,857
b Actuarial value.....	2b 242,207,155
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.....	931 41,995,793 41,995,793
b For terminated vested participants.....	2,717 67,750,319 67,750,319
c For active participants.....	3,061 115,361,922 116,666,086
d Total.....	6,709 225,108,034 226,412,198
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 5.87%
6 Target normal cost.....	6 1,500,000

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	Trisha L. Boussari (TLB)	09/28/2017
	Signature of actuary	Date
TRISHA L. BOUSSARI		1706986
	Type or print name of actuary	Most recent enrollment number
AON CONSULTING, INC.		847-295-5000
	Firm name	Telephone number (including area code)

4 OVERLOOK POINT

LINCOLNSHIRE IL 60069-3258
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).....	2,596,508	19,121,231
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	800,000	0
9	Amount remaining (line 7 minus line 8).....	1,796,508	19,121,231
10	Interest on line 9 using prior year's actual return of <u>-1.49%</u>	-26,768	-284,906
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year).....		0
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>6.09%</u>		0
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.....		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	1,769,740	18,836,325

Part III		Funding Percentages	
14	Funding target attainment percentage	14	97.87%
15	Adjusted funding target attainment percentage.....	15	106.97%
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	97.53%
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
Totals ▶			18(b)	0	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 0
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
0	0
(3) 3rd	(4) 4th
0	0

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 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	1,500,000										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	0	0	b Waiver amortization installment	0	0
	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	1,500,000										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....		1,500,000	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	0										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	0										
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
Bethesda Retirement Plan
EIN: 31-1108895 PN: 001

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. This represents the retirement assumption for active participants.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	6.00%	1.0000	3.30
56	6.00%	0.9400	3.16
57	6.00%	0.8836	3.02
58	6.00%	0.8306	2.89
59	6.00%	0.7807	2.76
60	6.00%	0.7339	2.64
61	11.00%	0.6899	4.63
62	11.00%	0.6140	4.19
63	11.00%	0.5464	3.79
64	20.00%	0.4863	6.23
65	25.00%	0.3891	6.32
66	25.00%	0.2918	4.81
67	25.00%	0.2189	3.67
68	25.00%	0.1641	2.79
69	25.00%	0.1231	2.12
70	100.00%	0.0923	6.46
Weighted Average			62.78

Schedule SB Attachment (Form 5500)—2016 Plan Year
Bethesda Retirement Plan
EIN: 31-1108895 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2016), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
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 no lookback (as of January 2016), without regard to interest rate stabilization
1st Segment Rate	1.41%
2nd Segment Rate	3.96%
3rd Segment Rate	4.97%
Optional Payment Form Election Percentage	Lump sum, if eligible. Else, life annuity
Projection of Retirement Account at 30-Year Treasury Rate	3.75%
Retirement Age Active Participants	Based on probability by age. See Table 1. 80% of retirement eligible participants are assumed to commence payment upon retirement; the remaining 20% are assumed to commence at age 60.
Current Terminated Vested Participants	Based on probability by age. See Table 2.
Future Terminated Vested Participants	Commence at Age 60.
Mortality Rates Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	Based on probability by age and service. See Table 3.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Bethesda Retirement Plan
EIN: 31-1108895 PN: 001

Disability Rates	See Table 4
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.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
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	7.50%, limited to 6.99%
2015 Plan Year	7.50%, limited to 6.81%
2016 Plan Year	7.00%, limited to 6.65%
Trust Expenses Included in Target Normal Cost	\$1,500,000. Based on prior year's administrative expenses, rounded.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2016

Schedule SB Attachment (Form 5500)—2016 Plan Year
Bethesda Retirement Plan
EIN: 31-1108895 PN: 001

Table 1

Retirement Rates—Active Participants

Age	Rate
55	6.00%
56	6.00%
57	6.00%
58	6.00%
59	6.00%
60	6.00%
61	11.00%
62	11.00%
63	11.00%
64	20.00%
65	25.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2016 Plan Year
Bethesda Retirement Plan
EIN: 31-1108895 PN: 001

Table 2

Retirement Rates—Terminated Vested Participants

Age	Rate
55	10.00%
56	7.00%
57	7.00%
58	7.00%
59	10.00%
60	10.00%
61	10.00%
62	15.00%
63	10.00%
64	30.00%
65	30.00%
66	15.00%
67	15.00%
68	15.00%
69	15.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2016 Plan Year
 Bethesda Retirement Plan
 EIN: 31-1108895 PN: 001

Table 3

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
15-29	18.00%	18.00%	18.00%	16.00%	14.00%	9.00%
30-34	18.00%	18.00%	18.00%	16.00%	14.00%	8.00%
35-39	14.00%	14.00%	14.00%	16.00%	12.00%	7.00%
40-44	12.00%	12.00%	12.00%	12.00%	10.00%	4.00%
45+	9.00%	9.00%	9.00%	9.00%	9.00%	4.00%

Schedule SB Attachment (Form 5500)—2016 Plan Year
Bethesda Retirement Plan
EIN: 31-1108895 PN: 001

Table 4

Disability Rates

Age	<u>Annual Number of Disabilities per 1,000 Participants</u>	
	Male	Female
15-27	0.15	0.15
28	0.15	0.20
29	0.15	0.20
30	0.15	0.20
31	0.15	0.25
32	0.15	0.25
33	0.15	0.30
34	0.15	0.30
35	0.20	0.35
36	0.20	0.40
37	0.25	0.45
38	0.30	0.50
39	0.35	0.60
40	0.40	0.65
41	0.45	0.75
42	0.50	0.85
43	0.60	0.95
44	0.70	1.10
45	0.80	1.20
46	0.90	1.35
47	1.05	1.50
48	1.25	1.65
49	1.40	1.80
50	1.65	2.00
51	1.95	2.20
52	2.30	2.45
53	2.65	2.70
54	3.05	2.95
55	3.45	3.20
56	3.85	3.45
57	4.30	3.70
58	4.75	4.00
59	5.25	4.25
60	5.75	4.50
61	6.30	4.80
62	6.90	5.05
63	7.55	5.25
64	8.20	5.45
65+	0.00	0.00

Schedule SB Attachment (Form 5500)—2016 Plan Year
Bethesda Retirement Plan
EIN: 31-1108895 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

This section highlights the key plan provisions reflected in the January 1, 2016 valuation. Reference should be made to the Plan Document for additional clarification and details.

Status of Plan	Plan was frozen effective December 31, 2014 with participants continuing to earn vesting service.
Effective Date	Originally established as of January 1, 1973. Plan was amended and restated as of January 1, 2011, and was further amended as of December 31, 2014.
Eligibility for Participation	All employees of Bethesda Hospital, Inc. and Consolidated Health Services are covered by the plan from their date of hire, upon completion of at least 1,000 hours (800 hours for years before 2011) of service in one year. Certain "Optional Employees" of Consolidated Health Services as defined by the employer and the Plan Document are not eligible to participate. Effective December 31, 2010, all Consolidated Health Services participants were terminated from the plan due to the sale of that group to Catholic Health Initiatives. Effective December 31, 2014 the plan was frozen to new entrants.
Normal Retirement Eligibility	Age 65.
Benefit	The annual normal retirement benefit, payable monthly, is the retirement account converted to an actuarially equivalent annuity. In no event will the benefit be less than the benefit accrued as of June 30, 1999 under the prior plan formula.
Early Retirement Eligibility	Age 55 and five years of vesting service.
Benefit	Same as the normal retirement benefit based on the retirement account at the date of retirement.
Vested Termination Eligibility	Three years of vesting service.
Benefit	Same as the normal retirement benefit based on the retirement account at the date of termination. Payments may begin any time after eligibility for early retirement. Interest on the retirement account will accrue at the applicable 30-year Treasury rate until benefits commence.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Bethesda Retirement Plan
EIN: 31-1108895 PN: 001

Disability Eligibility	Total and permanent disability and three years of vesting service.
Benefit	Same as the normal retirement benefit based on the retirement account at the date of disability. Payments may begin immediately.
Preretirement Death Eligibility	Three years vesting service.
Benefit	<i>Without Spouse:</i> Retirement Account at the date of death. <i>With Spouse:</i> Retirement account at date of death or an actuarially equivalent life annuity to surviving spouse.
Normal Form of Annuity	<i>Without Spouse:</i> Life annuity. <i>With Spouse:</i> Joint and survivor annuity actuarially equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in the event of participant's death, 50% of the reduced benefit continues to surviving spouse.
Optional Forms of Annuity	Lump sum; life annuity; joint and survivor with spouse beneficiary only (50%, 75%, 100%); 60 or 120 month period certain only; 60 or 120 month period certain and life annuity.
Actuarial Equivalent	A benefit having the same value as the benefit which it replaces, based on the applicable mortality table and the applicable interest rates defined in IRC Section 417(e)(3). For purposes of converting a single life annuity to a qualified joint and survivor annuity or period certain and life annuity, an 8.0% interest rate is used.
Definitions Retirement Account	Highest average compensation times total annual credits plus 2% per year of credited service times highest average compensation over Social Security covered compensation Effective December 31, 2014, the retirement account was frozen. Participants will accrue interest on the retirement account for years after 2014. Interest will accrue at the applicable 30-year Treasury rate until commencement.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Bethesda Retirement Plan
EIN: 31-1108895 PN: 001

Highest Average Compensation Generally, highest five consecutive years of W-2 pay during career (including years at a joint operating entity and excluding years in which a participant does not complete 1,000 hours of Service (800 hours for years before 2011)). Highest average compensation was frozen as of December 31, 2014.

Total Annual Credits Accumulated credits (earned at end of each plan year) based on the following table:

Age Plus Benefit Service	Annual Credits
<33	2%
33-45	3%
46-58	5%
59-71	7%
72-84	10%
85+	12%

Before 2011:

Age Plus Benefit Service	Annual Credits
<30	2%
30-39	4%
40-49	6%
50-59	8%
60-69	10%
70-79	12%
80+	14%

Total Annual Credits was frozen as of December 31, 2014.

Vesting Service Generally, one year of service is earned for each year the participant is paid for at least 1,000 hours (800 hours for years before 2011) including hours at a joint operating entity. Used primarily to determine eligibility for benefits.

Benefit Service Generally, one year of service is earned for each year the participant is paid for at least 1,000 hours (800 hours for years before 2011) including hours at a joint operating entity. Used primarily to determine annual credits. Benefit service was frozen as of December 31, 2014.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Bethesda Retirement Plan
EIN: 31-1108895 PN: 001

Credited Service	Generally, one year of service is earned for each year the participant is paid for at least 1,000 hours (800 hours for years before 2011) and employed at the end of the year (or prior to termination). Used primarily to determine how many years of annual credits have been earned under the plan. Credited service was frozen as of December 31, 2014.
Social Security Covered Compensation	Thirty-five year average of Social Security wage bases based on year of birth table. Social Security covered compensation was frozen as of December 31, 2014.
Applicable 30-Year Treasury Rate	Interest rate equal to the annual rate of interest on 30-year Treasury securities, determined for the fifth calendar month preceding the first day of the applicable plan year. Used to credit interest on the retirement account prior to commencement. For only the 2015 plan year, there is a comparison to credit interest on the retirement account based on the greater of the 30-year Treasury securities determined for the second month preceding the first day of the plan year and the 30-year Treasury securities determined for the fifth month preceding the first day of the plan year. Effective January 1, 2015 participants' frozen retirement accounts will be credited with interest based on the applicable 30-Year until commencement.
Joint Operating Entity	Good Samaritan Hospital of Cincinnati, TriHealth, Inc., and any affiliate that participates in the Good Samaritan Hospital Retirement Plan or the TriHealth, Inc., Retirement Plan.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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.

The name of the enrolled actuary changed from Trisha L. Trembl to Trisha L. Boussari; however, the enrolled actuary remains the same person and has not changed.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Bethesda Retirement Plan
EIN: 31-1108895 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

Assumption Changes

The funding valuation reflects the following assumption changes:

- A change in the future 30-year Treasury Rate from 4.50% as of June 30, 2015 to 3.75% as of June 30, 2016 to better reflect anticipated future experience.
- A change in the expected return on assets from 7.50% to 7.00% to better anticipate future experience.

Neither of these non-prescribed assumption changes reduce the funding shortfall by more than the thresholds stated in Internal Revenue Service Section 430(h)(5). Consequently, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2016 Plan Year
 Bethesda Retirement Plan
 EIN: 31-1108895 PN: 001

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

Bethesda Retirement Plan
Active Participants

EIN: 31-1108895 PN: 001

Number of Participants and Average Lump Sum Value

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		66 \$752	1							
25-29		224 \$1,381	74 \$4,862	1						
30-34		174 \$2,393	97 \$8,820	41 \$15,588	1					
35-39		112 \$2,826	82 \$10,656	63 \$25,054	7					
40-44		96 \$2,989	88 \$13,963	55 \$30,506	43 \$46,351	14				
45-49		107 \$5,038	97 \$17,891	73 \$35,394	43 \$54,639	32 \$82,665	18			
50-54		121 \$5,059	91 \$20,225	84 \$41,125	38 \$75,905	39 \$92,816	60 \$126,695	31 \$153,556	5	
55-59		95 \$6,692	108 \$23,963	65 \$54,024	45 \$87,954	38 \$129,447	43 \$135,564	43 \$157,786	35 \$199,376	
60-64		64 \$7,326	85 \$27,474	51 \$62,272	31 \$94,343	21 \$123,264	37 \$189,018	27 \$188,937	34 \$237,629	16
65-69		22 \$8,112	23 \$33,586	21 \$66,840	14	3	7	8	5	6
70+		7	7	11	3		1	2	4	1

N-3061

Note: The Plan is "hard-frozen" and as a result, compensation is not provided. Because the plan is a pension equity plan, the average lump sum value is shown.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Bethesda Retirement Plan
EIN: 31-1108895 PN: 001

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. This represents the retirement assumption for active participants.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	6.00%	1.0000	3.30
56	6.00%	0.9400	3.16
57	6.00%	0.8836	3.02
58	6.00%	0.8306	2.89
59	6.00%	0.7807	2.76
60	6.00%	0.7339	2.64
61	11.00%	0.6899	4.63
62	11.00%	0.6140	4.19
63	11.00%	0.5464	3.79
64	20.00%	0.4863	6.23
65	25.00%	0.3891	6.32
66	25.00%	0.2918	4.81
67	25.00%	0.2189	3.67
68	25.00%	0.1641	2.79
69	25.00%	0.1231	2.12
70	100.00%	0.0923	6.46
Weighted Average			62.78

Schedule SB Attachment (Form 5500)—2016 Plan Year
Bethesda Retirement Plan
EIN: 31-1108895 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

This section highlights the key plan provisions reflected in the January 1, 2016 valuation. Reference should be made to the Plan Document for additional clarification and details.

Status of Plan	Plan was frozen effective December 31, 2014 with participants continuing to earn vesting service.
Effective Date	Originally established as of January 1, 1973. Plan was amended and restated as of January 1, 2011, and was further amended as of December 31, 2014.
Eligibility for Participation	All employees of Bethesda Hospital, Inc. and Consolidated Health Services are covered by the plan from their date of hire, upon completion of at least 1,000 hours (800 hours for years before 2011) of service in one year. Certain "Optional Employees" of Consolidated Health Services as defined by the employer and the Plan Document are not eligible to participate. Effective December 31, 2010, all Consolidated Health Services participants were terminated from the plan due to the sale of that group to Catholic Health Initiatives. Effective December 31, 2014 the plan was frozen to new entrants.
Normal Retirement Eligibility	Age 65.
Benefit	The annual normal retirement benefit, payable monthly, is the retirement account converted to an actuarially equivalent annuity. In no event will the benefit be less than the benefit accrued as of June 30, 1999 under the prior plan formula.
Early Retirement Eligibility	Age 55 and five years of vesting service.
Benefit	Same as the normal retirement benefit based on the retirement account at the date of retirement.
Vested Termination Eligibility	Three years of vesting service.
Benefit	Same as the normal retirement benefit based on the retirement account at the date of termination. Payments may begin any time after eligibility for early retirement. Interest on the retirement account will accrue at the applicable 30-year Treasury rate until benefits commence.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Bethesda Retirement Plan
EIN: 31-1108895 PN: 001

Disability Eligibility	Total and permanent disability and three years of vesting service.
Benefit	Same as the normal retirement benefit based on the retirement account at the date of disability. Payments may begin immediately.
Preretirement Death Eligibility	Three years vesting service.
Benefit	<i>Without Spouse:</i> Retirement Account at the date of death. <i>With Spouse:</i> Retirement account at date of death or an actuarially equivalent life annuity to surviving spouse.
Normal Form of Annuity	<i>Without Spouse:</i> Life annuity. <i>With Spouse:</i> Joint and survivor annuity actuarially equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in the event of participant's death, 50% of the reduced benefit continues to surviving spouse.
Optional Forms of Annuity	Lump sum; life annuity; joint and survivor with spouse beneficiary only (50%, 75%, 100%); 60 or 120 month period certain only; 60 or 120 month period certain and life annuity.
Actuarial Equivalent	A benefit having the same value as the benefit which it replaces, based on the applicable mortality table and the applicable interest rates defined in IRC Section 417(e)(3). For purposes of converting a single life annuity to a qualified joint and survivor annuity or period certain and life annuity, an 8.0% interest rate is used.
Definitions Retirement Account	Highest average compensation times total annual credits plus 2% per year of credited service times highest average compensation over Social Security covered compensation Effective December 31, 2014, the retirement account was frozen. Participants will accrue interest on the retirement account for years after 2014. Interest will accrue at the applicable 30-year Treasury rate until commencement.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Bethesda Retirement Plan
EIN: 31-1108895 PN: 001

Highest Average Compensation Generally, highest five consecutive years of W-2 pay during career (including years at a joint operating entity and excluding years in which a participant does not complete 1,000 hours of Service (800 hours for years before 2011)). Highest average compensation was frozen as of December 31, 2014.

Total Annual Credits Accumulated credits (earned at end of each plan year) based on the following table:

Age Plus Benefit Service	Annual Credits
<33	2%
33-45	3%
46-58	5%
59-71	7%
72-84	10%
85+	12%

Before 2011:

Age Plus Benefit Service	Annual Credits
<30	2%
30-39	4%
40-49	6%
50-59	8%
60-69	10%
70-79	12%
80+	14%

Total Annual Credits was frozen as of December 31, 2014.

Vesting Service Generally, one year of service is earned for each year the participant is paid for at least 1,000 hours (800 hours for years before 2011) including hours at a joint operating entity. Used primarily to determine eligibility for benefits.

Benefit Service Generally, one year of service is earned for each year the participant is paid for at least 1,000 hours (800 hours for years before 2011) including hours at a joint operating entity. Used primarily to determine annual credits. Benefit service was frozen as of December 31, 2014.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Bethesda Retirement Plan
EIN: 31-1108895 PN: 001

Credited Service	Generally, one year of service is earned for each year the participant is paid for at least 1,000 hours (800 hours for years before 2011) and employed at the end of the year (or prior to termination). Used primarily to determine how many years of annual credits have been earned under the plan. Credited service was frozen as of December 31, 2014.
Social Security Covered Compensation	Thirty-five year average of Social Security wage bases based on year of birth table. Social Security covered compensation was frozen as of December 31, 2014.
Applicable 30-Year Treasury Rate	Interest rate equal to the annual rate of interest on 30-year Treasury securities, determined for the fifth calendar month preceding the first day of the applicable plan year. Used to credit interest on the retirement account prior to commencement. For only the 2015 plan year, there is a comparison to credit interest on the retirement account based on the greater of the 30-year Treasury securities determined for the second month preceding the first day of the plan year and the 30-year Treasury securities determined for the fifth month preceding the first day of the plan year. Effective January 1, 2015 participants' frozen retirement accounts will be credited with interest based on the applicable 30-Year until commencement.
Joint Operating Entity	Good Samaritan Hospital of Cincinnati, TriHealth, Inc., and any affiliate that participates in the Good Samaritan Hospital Retirement Plan or the TriHealth, Inc., Retirement Plan.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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.

The name of the enrolled actuary changed from Trisha L. Trembl to Trisha L. Boussari; however, the enrolled actuary remains the same person and has not changed.

Bethesda Retirement Plan

EIN 31-0537122 Plan #001

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

December 31, 2016

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
CASH			
US DOLLAR		\$ 538,792	\$ 538,792
TOTAL CASH		538,792	538,792
MONEY MARKET FUNDS			
* COLTV SHORT TERM INVT FD	3,376,165	3,376,165	3,376,165
TOTAL MONEY MARKET FUNDS		3,376,165	3,376,165
DOMESTIC EQUITY SECURITIES			
AGRIUM INC COM	1,296	114,135	130,313
ADR NOVARTIS AG	3,037	261,089	221,215
#REORG/ARIAD PHARMACEUTICALS CASH MERGER 02-16-2017	5,200	45,257	64,688
ABBOTT LAB COM	2,620	93,674	100,634
ABBOTT LAB COM	3,230	138,866	124,064
ALPHABET INC CAP STK CL A CAP STK CL A	106	40,548	84,000
ALPHABET INC CAP STK CL A CAP STK CL A	234	134,759	185,433
ALPHABET INC CAP STK CL C CAP STK CL C	191	75,647	147,418
ALPHABET INC CAP STK CL C CAP STK CL C	235	134,046	181,378
AMAZON COM INC COM	226	131,745	169,471
AMAZON COM INC COM	374	117,716	280,451
AMETEK INC NEW COM	1,880	92,246	91,368
APPLE INC COM STK	2,509	225,400	290,592
APPLE INC COM STK	1,607	136,401	186,123
AT&T INC COM	3,772	140,421	160,423
AVNET INC COM	2,535	95,158	120,691
BAKER HUGHES INC COM	1,890	88,736	122,793
BANK NEW YORK MELLON CORP COM STK	5,370	147,641	254,431
BANK OF AMERICA CORP	6,450	124,250	142,545
BERKSHIRE HATHAWAY INC-CL B	2,714	356,998	442,328
BERRY PLASTICS GROUP INC COM	2,490	101,640	121,338
BIO RAD LABS INC CL A	964	114,247	175,718

Bethesda Retirement Plan

EIN 31-0537122 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
DOMESTIC EQUITY SECURITIES (continued)			
BIOGEN INC COMMON STOCK	483	\$ 136,286	\$ 136,969
BRISTOL MYERS SQUIBB CO COM	1,880	122,149	109,867
BRISTOL MYERS SQUIBB CO COM	3,562	204,221	208,163
CARNIVAL CORP COM PAIRED	1,920	66,511	99,955
CELGENE CORP COM	1,600	148,876	185,200
CHARTER COMMUNICATIONS INC NEW CL A CL A	516	115,012	148,567
CHUBB LTD ORD CHF24.15	745	92,739	98,429
CISCO SYSTEMS INC	4,973	113,699	150,284
CME GROUP INC COM STK	785	75,760	90,550
COMCAST CORP NEW-CL A	1,769	96,964	122,149
CONSTELLATION BRANDS INC CL A CL A	630	83,272	96,585
DANAHER CORP COM	930	71,301	72,391
DOW CHEMICAL CO COM	2,710	143,687	155,066
EAST WEST BANCORP INC COM	1,710	52,162	86,919
EXXON MOBIL CORP COM	1,075	85,016	97,030
FACEBOOK INC CL A CL A	1,450	100,124	166,823
GENERAL ELECTRIC CO	7,565	193,556	239,054
GENERAL ELECTRIC CO	2,730	87,374	86,268
GILEAD SCIENCES INC	1,490	121,383	106,699
GOLDMAN SACHS GROUP INC COM	656	100,585	157,079
HALLIBURTON CO COM	2,655	107,701	143,609
HD SUPPLY HLDGS INC. COM	2,530	94,247	107,550
HILL-ROM HLDGS INC COM STK	1,740	101,491	97,684
INSTALLED BLDG PRODS INC COM	1,950	65,398	80,535
INTEL CORP COM	2,080	77,159	75,442
INTERNATIONAL BUSINESS MACHS CORP COM	668	96,606	110,881
JOHNSON & JOHNSON COM USD1	1,179	110,178	135,833
JONES LANG LASALLE INC COM STK	990	98,532	100,030
KELLOGG CO COM USD0.25	1,270	99,470	93,612
LENNOX INTL INC COM	640	74,199	98,029
LKQ CORP COM LKQ CORP	2,400	80,930	73,560
MARRIOTT INTL INC NEW COM STK CL A	440	33,604	36,379
MC DONALDS CORP COM	780	92,125	94,942
MERRIMACK PHARMACEUTICALS INC COM .	9,770	76,699	39,862
METTLER-TOLEDO INTL INC COM	271	85,529	113,430
MICROSOFT CORP COM	3,430	182,605	213,140
MICROSOFT CORP COM	3,131	115,543	194,560

Bethesda Retirement Plan

EIN 31-0537122 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
DOMESTIC EQUITY SECURITIES (continued)			
MONDELEZ INTL INC COM	4,965	\$ 139,016	\$ 220,098
NEKTAR THERAPEUTICS COM	1,760	29,936	21,595
NEWELL BRANDS INC COM	2,620	114,359	116,983
ON SEMICONDUCTOR CORP COM	7,850	77,485	100,166
ORACLE CORP COM	4,212	165,324	161,951
PALO ALTO NETWORKS INC COM USD0.0001	515	58,443	64,401
PAYPAL HLDGS INC COM	2,260	87,695	89,202
RED HAT INC COM	1,470	87,479	102,459
RYDER SYS INC COM	860	59,270	64,018
SALESFORCE COM INC COM STK	1,940	119,794	132,812
SALESFORCE COM INC COM STK	1,064	74,139	72,841
SCHLUMBERGER LTD COM COM	1,502	129,571	126,093
SCHWAB CHARLES CORP COM NEW	1,580	62,844	62,363
SERVICENOW INC COM USD0.001	840	61,343	62,446
SIMON PROPERTY GROUP INC COM	1,021	192,459	181,401
SMUCKER J M CO COM NEW	923	96,214	118,199
STAG INDL INC COM	2,700	61,986	64,449
STERICYCLE INC COM	1,704	159,423	131,276
STERIS PLC NEW STERIS LTD COMSTK	1,880	139,272	126,693
SYSCO CORP COM	3,664	116,297	202,876
TESORO CORP	500	46,109	43,725
THE PRICELINE GROUP INC	86	96,365	126,081
TJX COS INC COM NEW	1,490	109,595	111,944
TRANSDIGM GROUP INC COM	415	99,420	103,318
TWENTY-FIRST CENTURY FOX INC CL A	5,109	158,310	143,256
UNION PAC CORP COM	1,188	98,051	123,172
UNION PAC CORP COM	1,330	104,090	137,894
UNITED CONTL HLDGS INC COM STK	1,700	93,795	123,896
UNITED PARCEL SVC INC CL B	1,120	114,288	128,397
VAIL RESORTS INC COM	460	57,021	74,203
VANTIV INC COM USD0.00001 A	1,140	55,057	67,967
VISA INC COM CL A STK	1,970	123,976	153,699
VISTA OUTDOOR INC COM	3,839	150,150	141,659
WALT DISNEY CO	910	93,172	94,840
WATSCO INC COM	615	91,822	91,094
WESCO INTL INC COM	1,670	127,869	111,139

Bethesda Retirement Plan

EIN 31-0537122 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
DOMESTIC EQUITY SECURITIES (continued)			
WORLD FUEL SERVICE COM STK USD0.01	2,271	\$ 88,759	\$ 104,262
TOTAL DOMESTIC EQUITY SECURITIES		9,453,511	12,323,408
MUTUAL FUNDS – FIXED INCOME			
PIMCO EXTENDED DURATION INST	1,668,904	19,117,810	17,389,982
PIMCO LONG DURATION TOT R IS	1,413,291	10,990,347	10,373,556
TOTAL MUTUAL FUNDS – FIXED INCOME		30,108,157	27,763,538
MUTUAL FUNDS – MULTI-ASSET			
GMO BENCHMARK FREE ALLOCATION	392,523	10,376,696	9,754,202
TOTAL MUTUAL FUNDS – MULTI-ASSET		10,376,696	9,754,202
REAL ESTATE INVESTMENT TRUST FUNDS			
AETHER REAL ASSETS III LP	553,107	553,107	617,191
AEW PARTNERS VI	284,651	284,651	1,976,022
BLUE VISTA SPONSOR EQUITY FUND II	1	1	283,373
CF INVENTRUST PROPERTIES CORP	445,744	4,423,070	1,399,637
WCP REAL ESTATE FUND II	9,493	9,493	1,904,115
TOTAL REAL ESTATE INVESTMENT TRUST FUNDS		5,270,322	6,180,338
HEDGE FUNDS			
BLUE TREND FUND LP	1,275,000	1,275,000	1,249,176
CAXTON GLOBAL INV (INSTITUTIONAL) LTDCL T-1 (UNRESTRICTED)SHS A (01-2012) FD	18,364	2,493,361	2,577,591
CRITERION CAPITAL PARTNERS LTD CL A2-90012470-2	25,250	2,525,000	2,855,568
ESG CROSS BORDER EQUITY OFFSHORE LTD CL A1 UNREST SER 19 FUND	2,000	2,000,000	1,659,659
GCA CREDIT OPPORTUNITIES OFFSHORE LTD CL A SER 01MAY2009	1,091	2,206,065	2,383,601
GLEACHER DIVERSIFIED STRATEGIES FD CLA SER 1	30	35,716	34,147
HUDSON BAY INTERNATIONAL FUND LTD A-UR252-1	900	900,000	877,113
JANA OFFSHORE PARTNERS LTD CL A NON RESTRICTED SER 01/2002	692	2,980,487	2,849,865
JANA OFFSHORE PARTNERS LTD CL A NON RESTRICTED SER 07/2015	500	500,000	468,685
KING STR CAP LTD CL S SER 70	76	7,581	8,670
KING STREET CAPITAL LTD CL S SER 65	53	5,311	866

Bethesda Retirement Plan

EIN 31-0537122 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
HEDGE FUNDS (continued)			
KING STREET CAPITAL LTD CLASS A SER 1	17,156	\$ 2,794,433	\$ 2,908,087
KING STREET CAPITAL LTD CLASS S SER 90	76	7,585	8,192
KING STREET CAPITAL LTD CLASS S SER 95	164	15,906	16,505
KING STREET CAPITAL LTD CL S SER 75 FUND	25	2,459	414
KING STREET CAPITAL LTD CL S SER 80 FUND	639	63,935	63,964
KING STREET CAPITAL LTD CL S SER 85 FUND	55	5,463	5,326
LIBREMAX OFF FD LTD CL A TRAN G SER 3	1,577	2,347,772	2,370,184
LIBREMAX OFFSHORE FD,LTD. CL A -TRANCHE G -SER 8 FD (TRIHEALTH ONLY)	500	497,195	502,271
MOON CAP GLOBAL EQ OFF CL S SER 52	130	129,949	165,291
MOON CAP GLOBAL EQ OFF CL S SER 60	15	15,253	19,397
PASSPORT OFFSHORE LTD CL A1 IV STANDARD NEW ISSUE SER 10	2,000	2,746,423	2,532,174
PASSPORT SPV PASSPORT GLOBAL STRAT II(OFFSHORE) LTD CL B I SERIES 225	4	4,362	408
TOTAL HEDGE FUNDS		23,559,256	23,557,154
PRIVATE EQUITY FUNDS			
AXIOM ASIA PRIVATE CAPITAL FUND III	1,823,346	1,823,346	2,282,841
FORT WASHINGTON PRIVATE EQUITY INVESTORSVI LP	892,354	892,354	2,561,063
FORT WASHINGTON PRIVATE EQUITY OPP III LP	1,440,000	1,440,000	1,893,264
PRIVATE EQUITY PARTNERS 2005 MGR LP	1,162,318	1,162,318	1,861,550
KAYNE ANDERSON ENERGY FUND V (QP)	781,961	781,961	1,546,786
OAKTREE MEZZANINE FUND III CLASS A	1	1	506
OAKTREE MEZZANINE FUND III CLASS B	337,487	337,487	752,296
PORTFOLIO ADVISORS PE FUND IV (OFFSHORE) – BUYOUT	1	1	594,495
PORTFOLIO ADVISORS PE FUND IV (OFFSHORE) – SPEC SIT	212,910	212,910	359,928
PORTFOLIO ADVISORS PE FUND IV (OFFSHORE) – VENTURE CAP	303,576	303,576	446,053
PRIVATE EQUITY INVESTMENT FUND V	662,095	662,095	681,184
SIGULER GUFF BRIC OPPORTUNITIES FUND II	1,003,268	1,003,268	1,612,879
SIGULER GUFF DISTRESSED OPPORTUNITIES FUND II	213,417	213,417	126,289
SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III	212,718	212,718	1,124,889
DRUM SPECIAL SITUATION PARTNERS II	661,431	661,431	938,749
TOTAL PRIVATE EQUITY FUNDS		9,706,883	16,782,772

Bethesda Retirement Plan

EIN 31-0537122 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares or Face Amount	Cost	Current Value
LIMITED PARTNERSHIPS			
ASHMORE EM BLENDED DBT FEEDER FD	9,525	\$ 9,916,952	\$ 10,257,139
ABERDEEN EMERGING MARKETS EQUITY FUND	83,176	4,362,887	4,352,611
ALCENTRA EUROPEAN DIRECT LENDING FUND	1,866,589	1,866,589	2,167,984
AQR GRP EL OFFSHORE LTD CL B ERISA SER ERISA	92	9,671,429	9,670,026
ARTISAN GLOBAL OPPORTUNITIES TRUST FD	766,771	10,310,034	12,291,335
BLACKROCK EAFE CURR HEDGED EQUITY INDEX FD	201,072	8,034,786	8,708,618
BLACKROCK EQTY INDEX A FD	7,915	5,126,595	6,218,393
BLACKROCK RUSSELL 2000 INDEX A FUND	72,682	2,517,632	3,271,896
GAM UNCONSTRAINED BOND FUND USD 2Z	107,389	10,557,053	11,023,738
LOOMIS SAYLES CR AST TR CL B FD	682,154	12,871,619	14,052,376
LOOMIS SAYLES NHIT- MULTISECTOR FULL DISCRETION TRUST FUND	390,662	5,756,469	7,465,554
MARATHON FD SPC SEG PORT B SER B7-A	579	638,901	832,306
OHA EUROPEAN STRATEGIC CREDIT FUND (OFFSHORE) LP	440,834	440,834	1,142,157
OHA STRUCTURED PRODUCTS FUND (OFFSHORE),L.P.	1	1	61,474
PHARO GAIA FUND, LTD. CL A SERIES 15	851	2,000,000	2,149,619
REGIMENT CAPITAL SPECIAL SITUATIONS FUNDV, LP	303,870	303,870	1,037,579
RELiance TRUST COMPANY INSTITUTIONAL RETIREMENT TRUST SERIES 3	371,099	3,796,359	3,996,740
SALIENT MLP TOTAL RETURN, LP	1,000,000	1,000,000	1,586,994
SCHRODER INTERNATIONAL SMALL COMPANIES FUND – 3090400900	370	2,841,257	3,808,360
WILLIAM BLAIR CIT MARCO ALLOCATION FUND CL 1	964,401	8,842,570	8,920,710
TOTAL LIMITED PARTNERSHIPS		100,855,837	113,015,609
COMMINGLED FUND			
WELLINGTON DIVER INFLAT HEDGES	149,789	2,439,766	1,786,983
TOTAL COMMINGLED FUND		2,439,766	1,786,983
TOTAL INVESTMENTS		\$ 195,685,385	\$ 215,078,961

*Indicates party-in-interest to the Plan.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Bethesda Retirement Plan
EIN: 31-1108895 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

Assumption Changes

The funding valuation reflects the following assumption changes:

- A change in the future 30-year Treasury Rate from 4.50% as of June 30, 2015 to 3.75% as of June 30, 2016 to better reflect anticipated future experience.
- A change in the expected return on assets from 7.50% to 7.00% to better anticipate future experience.

Neither of these non-prescribed assumption changes reduce the funding shortfall by more than the thresholds stated in Internal Revenue Service Section 430(h)(5). Consequently, approval of the Commissioner is not required.