

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>			
A	This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or	
	☒ a single-employer plan; ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report; ☐ the final return/report;	
	☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).		
C	If the plan is a collectively-bargained plan, check here. ☒		
D	Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program;	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>003</u>
		1c	Effective date of plan <u>07/02/1989</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MERCY MEMORIAL HOSPITAL CORPORATION</u> <u>718 NORTH MACOMB STREET</u> <u>MONROE, MI 48162</u>	2b	Employer Identification Number (EIN) <u>38-1984289</u>
		2c	Plan Sponsor's telephone number <u>734-240-4401</u>
		2d	Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	KAREN STRAUSS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	KAREN STRAUSS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1867
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) 1420
a(2) Total number of active participants at the end of the plan year	6a(2) 40
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 47
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 87
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 87
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 84
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2T 2M	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2015 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning **01/01/2015** and ending **12/31/2015**

A Name of plan MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 MERCY MEMORIAL HOSPITAL CORPORATION	D Employer Identification Number (EIN) 38-1984289	

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

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VF6072	92	01/01/2015	12/31/2015

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

(a) Total amount of commissions paid 3019	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

TOMLIN SILBURN
3470 PASADENA DR
TROY, MI 48083

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3011			3

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

CARDONE TOBIAS
2760 CENTIENNIAL RD
TOLEDO, OH 43617

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8			3

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	985192

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

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

b Balance at the end of the previous year	7b	289654
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c Additions: (1) Contributions deposited during the year	7c(1)	103435	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	10542	
(4) Transferred from separate account	7c(4)	59740	
(5) Other (specify below)	7c(5)	40910	
▶ VALUE ADJUSTMENT			

(6) Total additions	7c(6)	214627
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d Total of balance and additions (add lines 7b and 7c(6))	7d	504281
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	77427	
(2) Administration charge made by carrier	7e(2)	820	
(3) Transferred to separate account	7e(3)	131620	
(4) Other (specify below)	7e(4)	3512	
▶ VALUE ADJUSTMENT			

(5) Total deductions	7e(5)	213379
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	290902
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div><div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 MERCY MEMORIAL HOSPITAL CORPORATION	D Employer Identification Number (EIN) 38-1984289	

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

(a) Name of insurance carrier METROPOLITAN LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	32301	1849	01/01/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid 10249	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid METLIFE SECURITIES INC. 1095 AVENUE OF THE AMERICAS NEW YORK, NY 10036
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10249			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

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

b Balance at the end of the previous year	7b	8617104
c Additions: (1) Contributions deposited during the year	7c(1)	484523
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	189962
(4) Transferred from separate account	7c(4)	3379415
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	4053900
d Total of balance and additions (add lines 7b and 7c(6))	7d	12671004
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	10165387
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	2505617
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	12671004
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

NUMBER OF COVERED LIVES

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 MERCY MEMORIAL HOSPITAL CORPORATION	D Employer Identification Number (EIN) 38-1984289	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VOYA RETIREMENT INSURANCE & ANNUITY
71-0294708

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

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(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)

METROPOLITAN LIFE INSURANCE CO

13-5581829

(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?
64 50	NONE KNOWN	239206	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

METLIFE SECURITIES INC.

13-5581829

(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?
55	NONE KNOWN	0	Yes ☒ No ☐	Yes ☐ No ☒	33642	Yes ☐ No ☒

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

PLANTE & MORAN, PLLC

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE KNOWN	15500	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)

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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?
37 50	NONE KNOWN	820	Yes ☒ No ☐	Yes ☒ No ☐	155	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
METLIFE SECURITIES INC.	55	33642

(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.
METROPOLITAN LIFE INSURANCE COMPANY 13-5581829	OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning **01/01/2015** and ending **12/31/2015**

A Name of plan MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MERCY MEMORIAL HOSPITAL CORPORATION	D Employer Identification Number (EIN) 38-1984289	

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

b Name of sponsor of entity listed in (a): **VOYA RETIREMENT INSURANCE & ANNUITY COMPANY**

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 985192
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 MERCY MEMORIAL HOSPITAL CORPORATION		D Employer Identification Number (EIN) 38-1984289

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)	1575936	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1436608	0
(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)	63704779	985192
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	8906759	290902
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	75624082	1276094

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	79143	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	79143	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	75544939	1276094
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	808661	
(B) Participants	2a(1)(B)	4283390	
(C) Others (including rollovers)	2a(1)(C)	120914	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5212965
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	49061	
(F) Other	2b(1)(F)	200504	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		249565
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3958245	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3958245
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-13060
(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)		-5020687
c Other income	2c		264173
d Total income. Add all income amounts in column (b) and enter total	2d		4651201

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9224190	
(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)		9224190
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)	15500	
(2) Contract administrator fees	2i(2)	240023	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		255523
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9479713

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-4828512
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		69440333

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	☐	720
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	☐	

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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.	X			
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☒ Yes ☐ No Amount: 0

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)
PROMEDICA HEALTH SYSTEM, INC. 403(B) PLAN	34-1517671	003

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

Part V Trust Information

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

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015					
A Name of plan MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN				B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 MERCY MEMORIAL HOSPITAL CORPORATION				D Employer Identification Number (EIN) 38-1984289	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 71-0294708 13-5581829					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
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 and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2015 v. 150123	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Mercy Memorial Hospital System Retirement Savings Plan

**Financial Report
December 31, 2015**

Mercy Memorial Hospital System Retirement Savings Plan

Contents

Report Letter	1-2
Statement of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-17
Schedule of Assets Held at End of Year	18-19
Schedule of Delinquent Participant Contributions	20

Independent Auditor's Report

To the Plan Administrator
Mercy Memorial Hospital System
Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Mercy Memorial Hospital System Retirement Savings Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2015 and 2014 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Voya Retirement Insurance and Annuity Company (Voya) (f/k/a ING Life Insurance and Annuity Company), Metropolitan Life Insurance Company (MetLife), as agent for Reliance Trust Company (Reliance), and Reliance except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Voya and Reliance hold the Plan's investment assets and participant notes receivable and execute related transactions. The plan administrator has obtained certifications from Voya, MetLife on behalf of Reliance, and Reliance as of and for the years ended December 31, 2015 and 2014 that the information provided to the plan administrator by Voya, by Reliance, and by FASCore, LLC on behalf of MetLife is complete and accurate.

To the Plan Administrator
Mercy Memorial Hospital System
Retirement Savings Plan

Disclaimer of Opinion

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

Emphasis of Matter

As described in Note 9, the financial statements have been restated as of and for the year ended December 31, 2015. Additionally as further discussed in Note 1 to the financial statements, a significant portion of the Plan's assets and participants were transferred to the ProMedica Health System, Inc. 403(b) Plan effective December 31, 2015. Our opinion is not modified with respect to these matters.

Other Matter

The supplemental schedules of assets held at end of year as of December 31, 2015 and delinquent participant contributions for the year ended December 31, 2015 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

Plante & Morse, PLLC

Southfield, Michigan
October 12, 2017

Mercy Memorial Hospital System

Retirement Savings Plan

Statement of Net Assets Available for Benefits

	December 31, 2015 (As Restated - Note 9)	December 31, 2014
Assets		
Participant-directed investments at fair value:		
Mutual funds	\$ -	\$ 54,437,506
Pooled separate accounts	985,192	902,753
Guaranteed investment contracts	290,902	9,285,831
Self-directed brokerage accounts	-	8,364,520
Total participant-directed investments	1,276,094	72,990,610
Employer contributions receivable	-	1,575,936
Participant notes receivable	-	1,436,608
Total assets	1,276,094	76,003,154
Liabilities - Accrued administrative expenses	-	79,143
Net Assets Reflecting All Investments at Fair Value	1,276,094	75,924,011
Adjustments from Fair Value to Contract Value for Fully Benefit-responsive Investment Contracts	-	(379,072)
Net Assets Available for Benefits	\$ 1,276,094	\$ 75,544,939

Mercy Memorial Hospital System

Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2015	December 31, 2014
	(As Restated - Note 9)	
Additions to Net Assets		
Contributions:		
Employee	\$ 4,283,390	\$ 3,744,322
Employer	808,661	1,802,826
Rollovers	120,914	59,526
Total contributions	5,212,965	5,606,674
Investment income (loss):		
Interest and dividends	4,158,746	3,272,626
Net realized and unrealized (losses) gains on investments:		
Mutual funds	(5,020,687)	728,440
Pooled separate accounts	(13,060)	54,732
Net realized and unrealized (losses) gains	(5,033,747)	783,172
Other investment income	185,036	177,787
Total investment (loss) income	(689,965)	4,233,585
Interest from participant notes receivable	49,061	48,730
Total additions - Net	4,572,061	9,888,989
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	9,224,190	10,008,772
Administrative expenses	176,383	157,083
Total deductions	9,400,573	10,165,855
Net Decrease Before Transfers Out	(4,828,512)	(276,866)
Transfers Out (Note 1)	(69,440,333)	-
Net Decrease	(74,268,845)	(276,866)
Net Assets Available for Benefits		
Beginning of year	75,544,939	75,821,805
End of year	<u>\$ 1,276,094</u>	<u>\$ 75,544,939</u>

Mercy Memorial Hospital System Retirement Savings Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 1 - Plan Description

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

General - The Plan is a defined contribution plan covering substantially all eligible employees of Mercy Memorial Hospital Corporation (the "Corporation"). The Audit Finance Committee (the "Committee") of the Corporation controls and manages the operation and administration of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was previously named Mercy Memorial Hospital Employees' Tax Deferred Retirement Savings Plan. The plan document, which was restated in 1991, provided employer matching contributions to employee elective contributions.

Prior to 2009, the Corporation also sponsored a defined contribution plan for the Monroe Community Health Services (MCHS) eligible employees. In 2009, the Plan was renamed and restated and the Corporation merged its two plans, Monroe Community Health Services Inc. Retirement Savings Plan for eligible MCHS employees with Mercy Memorial Hospital Employees' Tax Deferred Retirement Savings Plan for eligible Hospital employees. Effective January 1, 2011, the Plan was restated to incorporate various previously adopted amendments.

Voya Retirement Insurance and Annuity Company (Voya) (f/k/a ING Life Insurance and Annuity Company) continues to serve as the custodian for the plan assets of eligible MCHS employees. Reliance Trust Company (Reliance) is the Plan's trustee. Metropolitan Life Insurance Company (MetLife) is the recordkeeper and acts as agent for Reliance. FASCore, LLC provides information on behalf of MetLife.

Effective December 31, 2015, the Corporation became an adopting member of the ProMedica Health System, Inc. 403(b) Plan for participants of the Plan excluding participants who were former participants of the Monroe Community Health Services Inc. Retirement Savings Plan. As such, the related Corporation's employees and their account balances were transferred to the ProMedica Health System, Inc. 403(b) Plan effective December 31, 2015.

Mercy Memorial Hospital System Retirement Savings Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 1 - Plan Description (Continued)

The following are provisions of the Plan prior to the asset transfer described above.

Contributions - The Plan provided for employee salary contributions subject to maximum tax-deferred limitations established by the Internal Revenue Code. Effective August 1, 2009, the Corporation modified the Plan, making the Corporation's contribution a discretionary contribution based on a percentage of each participant's elective contribution as determined by the Corporation's board. Effective July 1, 2013, the employer discretionary matching contributions were suspended and were then subsequently reinstated on August 10, 2014.

Effective October 1, 2009, the employer nonelective contribution became a uniform percentage of compensation (as defined in the Plan) as determined on or before the last day of the plan year at the discretion of the Mercy Memorial Hospital Corporation board of trustees. The board approved a 3 percent (3½ percent for employees with 15 years or greater) nonelective contribution for calendar years 2015 and 2014. MCHS employees were not eligible for nonelective contributions under the Plan. Participants may have also contributed amounts representing rollovers from other qualified defined benefit or defined contribution plans.

Certain participant contributions in 2014 were paid after the timeframe required by the Department of Labor. The Corporation remitted the contributions and related lost earnings to the Plan in 2015.

Participant Accounts - Individual accounts were maintained for each plan participant. Each participant's account was credited with the participant's contribution, the Corporation's matching contribution, allocations of the Corporation's discretionary nonelective contributions and plan earnings, and charged with withdrawals and an allocation of plan losses and administrative expenses. Allocations were based on participant earnings or account balances, as defined. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account. Participants may have directed the investments of their account balances into various investment options offered by the Plan.

Vesting - Participants were vested immediately in their elective and rollover contributions, plus actual earnings thereon. Vesting in the Corporation's contribution portion of their accounts was based on years of continuous service.

Participants hired before October 1, 2009 who were eligible for employer nonelective contributions were 100 percent vested after three years and immediately vested in employer matching contributions.

Mercy Memorial Hospital System Retirement Savings Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 1 - Plan Description (Continued)

Participants hired after September 30, 2009 who were eligible for employer nonelective contributions and employer matching contributions were vested 20 percent after their first year of service and 20 percent each successive year through year five, when they were fully vested. In the event of termination of the Plan, participants will become 100 percent vested in their account balances.

Participant Notes Receivable - Participants may have borrowed from their accounts up to a maximum of \$50,000 or 50 percent of the nonforfeitable accrued benefit, whichever was less. Notes receivable were collateralized by the participant's account balance and bore interest at rates commensurate with local prevailing rates at the time funds were borrowed, as determined quarterly by Voya and Reliance. Principal and interest were paid either ratably through payroll deductions or by direct payments from participants to either Voya or Reliance.

Benefit Payments - Distributions were payable upon retirement, death, disability, termination of employment, or attainment of age 59½ in the form of either a lump-sum amount equal to the vested balance of a participant's account, equal or substantially equal installments over a specified period that could not have exceeded the participant's life expectancy, or equal payments over the life of the participant and/or the lives of the participant and his or her designated beneficiary.

Hardship withdrawals were permitted under the Plan for a participant's employee elective contributions to the extent permitted by terms in the plan document.

Forfeitures - If a participant was not fully vested on his or her termination date, the nonvested amount of the account was forfeited. Forfeitures were used to reduce future employer contributions or pay plan expenses. At December 31, 2014, forfeited account balances, which included unallocated plan assets, totaled \$194,005. There were no forfeited account balances at December 31, 2015.

Mercy Memorial Hospital System

Retirement Savings Plan

Notes to Financial Statements

December 31, 2015 and 2014

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments were stated at fair value. The guaranteed investment contracts were valued at contract value. Contract value represented deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees. The fair value of the guaranteed investment contracts was based on the fair value of the underlying net assets at the measurement date by the issuer of the funds. The Plan's interest in the guaranteed investment contracts was based on its proportionate ownership interest in the fair value of the guaranteed investment contracts. The MetLife Stable Value Plan Account primarily held fixed-income securities and derivatives. The fair value of the fixed-income securities was valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models were primarily industry-standard models that considered various assumptions, including time value and yield curve as well as other relevant economic measures. The fair value of a wrapper contract provided by the contract issuer was based on the replacement cost methodology, which was the present value of the difference between the replacement wrapper fee and the contracted wrapper fee. The Voya fixed account guaranteed investment contract invested in the general assets of Voya. Voya considered this contract to be benefit responsive; however, since there were no specific securities in Voya's general account related to this contract and due to the contract terms, including the frequency of the interest rate reset intervals, contract value approximated fair value.

The pooled separate accounts were valued at net asset value per share (or its equivalent) of the funds, which was based on the fair value of the funds' underlying net assets.

The short-term investments within the self-directed brokerage accounts were valued at their outstanding balance, which approximated fair value. All other investments were valued based on quoted market prices. See Note 4 for additional information.

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

Participant Notes Receivable - Participant notes receivable were recorded at their unpaid principal balances plus any accrued interest. Participant notes receivable were written off when deemed uncollectible.

Administrative Expenses - Various administrative costs were paid by the Corporation.

Mercy Memorial Hospital System Retirement Savings Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 2 - Summary of Significant Accounting Policies (Continued)

Benefit Payments - Benefits were recorded when paid.

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

Risks and Uncertainties - The Plan invested in various investment securities, including mutual funds and investment contracts. Investment securities were exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it was at least reasonably possible that changes in the values of investment securities could have occurred in the near term and that such changes could have materially affected participants' account balances and the amounts reported in the statement of net assets available for benefits.

Subsequent Events - The financial statements and related disclosures included evaluation of events up through and including October 12, 2017, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

Voya and Reliance held the Plan's investments and participant notes receivable and executed all related transactions. Reliance and MetLife, as agent for Reliance, certified investment balances and investment income held by Reliance. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements were based solely on information provided by Voya, by Reliance, and by FASCore, LLC on behalf of MetLife.

Mercy Memorial Hospital System

Retirement Savings Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 3 - Unaudited Information (Continued)

Significant investments at December 31, 2015 and December 31, 2014 were as follows:

	2015	2014
Investments at contract value:		
Metlife Stable Value Plus Account	\$ -	\$ 8,617,105
Voya Fixed Account	208,529	199,174
Voya Fixed Plus Account	82,373	90,480
Investments at fair value:		
PIMCO Total Return A	-	5,067,377
Jensen Quality Growth J	-	6,255,956
Loomis Sayles Value Y	-	6,463,399
Columbia Large-cap Index Z	-	7,352,116
Fidelity VIP Contrafund Port I	135,206	9,292
Voya Russell Lrg Cap Index Port I	77,040	-
Voya Solution 2035 Portfolio Srv	73,244	1,078

Note 4 - Fair Value Measurements

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

The following table presents information about the Plan's assets measured at fair value on a recurring basis at December 31, 2014. As discussed in Note 1, the Plan merged with the ProMedica Health System, Inc. 403(b) Plan effective December 31, 2015; therefore, there were no plan assets at December 31, 2015.

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

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

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

Mercy Memorial Hospital System

Retirement Savings Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 4 - Fair Value Measurements (Continued)

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

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

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Balance at December 31, 2015
Guaranteed investment contracts - Voya fixed-account investment funds	\$ -	\$ 290,902	\$ 290,902
Pooled separate accounts:			
Equity funds (2)	-	770,070	770,070
Fixed-income funds (3)	-	86,376	86,376
Retirement year-based funds (4)	-	93,515	93,515
Balanced funds (4)	-	24,974	24,974
Short-term fund (1)	-	10,257	10,257
Total	\$ -	\$ 1,276,094	\$ 1,276,094

Mercy Memorial Hospital System

Retirement Savings Plan

Notes to Financial Statements

December 31, 2015 and 2014

Note 4 - Fair Value Measurements (Continued)

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Balance at December 31, 2014
Mutual funds:			
Domestic equity funds	\$ 30,811,424	\$ -	\$ 30,811,424
Retirement year-based funds	8,766,661	-	8,766,661
International equity funds	5,663,659	-	5,663,659
Fixed-income funds	8,417,546	-	8,417,546
Specialty/Other funds	778,216	-	778,216
Self-directed brokerage accounts:			
Mutual funds - Fixed-income funds	2,088,701	-	2,088,701
Mutual funds - Equity funds	5,752,883	-	5,752,883
Short-term investments	-	522,936	522,936
Guaranteed investment contracts:			
Voya fixed-account investment funds	-	289,654	289,654
MetLife Stable Value Plus Account	-	8,996,177	8,996,177
Pooled separate accounts:			
Equity funds (2)	-	724,447	724,447
Fixed-income funds (3)	-	68,252	68,252
Retirement year-based funds (4)	-	77,507	77,507
Balanced funds (4)	-	23,138	23,138
Short-term fund (1)	-	9,409	9,409
Total	<u>\$ 62,279,090</u>	<u>\$ 10,711,520</u>	<u>\$ 72,990,610</u>

- (1) This class invests primarily in fixed-income securities, including, but not limited to, bonds, notes, or other investments, such as government securities, commercial paper, certificates of deposit, master notes, or variable amount notes, with the objective of providing high-current income consistent with the preservation of capital and the maintenance of liquidity. There were no unfunded commitments on these investments.
- (2) This class represents investments in actively pooled separate accounts that invest primarily in equity securities which may include common stocks, options, and futures. There were no unfunded commitments on these investments.
- (3) This class represents investments in actively managed pooled separate accounts that invest in a variety of fixed-income investments which may include corporate bonds, both U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures. There were no unfunded commitments on these investments.
- (4) This class represents investments in actively managed pooled separate accounts with investments in both equity and debt securities. The investments may include common stock, corporate bonds, U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures. There were no unfunded commitments on these investments.

Mercy Memorial Hospital System Retirement Savings Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 4 - Fair Value Measurements (Continued)

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no significant transfers between levels of the fair value hierarchy during 2015 or 2014.

Note 5 - Guaranteed Investment Contracts

Voya Guaranteed Investment Contract

The Plan had fully benefit-responsive guaranteed investment contracts with Voya. Voya maintained the contributions in its general account. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Voya was contractually obligated to repay the principal and a specified interest rate that was guaranteed to the Plan. There were no reserves against contract value for credit risk of Voya or otherwise. The crediting interest rates were based on a formula agreed upon with Voya and were not less than 1.55 to 2.05 percent, depending on the contract. Such interest rates were reviewed on a periodic basis for resetting.

The guaranteed contract rate of either 3 or 4 percent, depending on the contract, was credited to participants for 2015 and 2014.

MetLife Guaranteed Investment Contract

The Plan held a fully benefit-responsive guaranteed investment contract (GIC) with MetLife, which maintained the contributions. This GIC provided a guarantee of both principal and interest for participant-initiated withdrawals. The guaranteed rate at December 31, 2014 was 1.5 percent while the year-to-date annualized credited rate was 2.00 percent. Effective January 1, 2012 and every January 1 thereafter, MetLife declared a new interest rate to be credited to the guaranteed value. The interest rate was based upon the current market value, approximate market yield to maturity of the fund's benchmark index, expected payments into and out of the fund, amortization of the difference between the market value and the guaranteed value, and the anticipated charges and fees paid under the contract. This GIC was included in the financial statements at fair value and then adjusted to contract value. Contract value represented contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Each month a contract charge would be deducted from the fund to cover the investment management fees, custodial fees, risk charges, and contract administrative expenses. Transfers and withdrawals from the account were subject to the limitations provided under Section 403(b)(11) of the IRS Code.

Mercy Memorial Hospital System Retirement Savings Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 5 - Guaranteed Investment Contracts (Continued)

Voya and MetLife Guaranteed Investment Contracts

Certain events limited the ability of the Plan to transact at contract value with Voya and MetLife (collectively, the "contract issuers"). Such events included the following: (i) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (ii) changes to the Plan's prohibition on competing investment options, (iii) bankruptcy of the plan sponsor or other plan sponsor events (e.g., divestitures or spin-offs of a subsidiary) which caused a significant withdrawal from the Plan, or (iv) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator did not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, was probable.

The guaranteed investment contracts did not permit the contract issuers to terminate the contracts prior to the scheduled maturity date. If an event of default occurred and was not cured, the nondefaulting party may have terminated the contract. The following may have caused the Plan to be in default: a breach of material obligation under the contracts; a material misrepresentation; or a material amendment to the plan agreement. The contract issuers may have been in default if they breached a material obligation under the guaranteed investment contracts; made a material misrepresentation; had a decline in their long-term credit rating below a threshold set forth in the contracts; or were acquired or reorganized and the successor contract issuer did not satisfy the investment or credit guidelines applicable to the contract issuer. If, in the event of default of the contract issuers, the Plan was unable to obtain a replacement guaranteed investment contract, withdrawing plans may have experienced losses if that value of the Plan's assets no longer covered by the contract was below contract value. The Plan may have sought to add additional contract issuers over time to diversify the Plan's exposure to such risk, but there was no assurance the Plan may have been able to do so. The combination of the default of the contract issuers and an inability to obtain a replacement agreement could have rendered the Plan unable to achieve its objective of maintaining a stable contract value. The terms of the guaranteed investment contracts generally provided for settlement of payments only upon termination of the contracts or total liquidation of the covered investments.

Mercy Memorial Hospital System Retirement Savings Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 5 - Guaranteed Investment Contracts (Continued)

Generally, payments were made pro-rata, based on the percentage of investments covered by the contract issuers. Contract termination occurred whenever the contract value or market value of the covered investments reached zero or upon certain events of default. If the contract terminated due to the contract issuers' default (other than a default occurring because of a decline in their rating), the contract issuers would generally be required to pay to the Plan the excess, if any, of contract value over market value on the date of termination. If the contract terminated when the market value equaled zero, the contract issuers would have paid the excess of contract value over market value to the Plan to the extent necessary for the Plan to satisfy outstanding contract value withdrawal requests. Contract termination also may have occurred by any party upon election and notice.

Because the guaranteed investment contracts were fully benefit responsive, contract value was the relevant measurement attribute for that portion of the net assets attributable to the guaranteed investment contracts. Participants may have ordinarily directed the withdrawal or transfer of all or a portion of their investment at contract value.

The average yield earned under the various contracts for year ended December 31, 2014 was 3.75 percent. The average yield credited to participants under the various contracts for the year ended December 31, 2014 was 1.51 percent.

Note 6 - Party-in-interest Transactions

For the years ended December 31, 2015 and 2014, certain plan assets were investment funds managed by Voya and MetLife or their affiliates. Voya was a custodian of the Plan and MetLife was recordkeeper as defined by the Plan and these transactions qualified as party-in-interest transactions as defined under ERISA guidelines. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund.

Note 7 - Tax Status

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

Mercy Memorial Hospital System

Retirement Savings Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 8 - Subsequent Events

Subsequent to year end, all remaining participants and their related account balances were transferred to the ProMedica Health System, Inc. 403(b) Plan sponsored by the Corporation. Accordingly, all assets of the participants were transferred to the new plan in July 2017.

Note 9 - Restatement of 2015 Financial Statements

Subsequent to the issuance of the December 31, 2015 financial statements, management discovered that the transfer of certain assets to the ProMedica Health System, Inc. 403(b) Plan was recorded incorrectly. As a result, the December 31, 2015 financial statements have been restated.

The impact of the restatement on the statement of net assets available for benefits as of December 31, 2015 is as follows:

	Balance, As Previously Reported	Adjustment	Balance, As Restated
Pooled separate accounts	\$ -	\$ 985,192	\$ 985,192
Guaranteed investment contracts	-	290,902	290,902
Net assets available for benefits	<u>\$ -</u>	<u>\$ 1,276,094</u>	<u>\$ 1,276,094</u>

The impact of the restatement on the statement of changes in net assets available for benefits for the year ended December 31, 2015 is as follows:

	As Previously Reported	Adjustment	As Restated
Investment loss - Adjusted for investment transfers previously recorded as an investment loss	\$ (13,501,895)	\$ 8,468,148	\$ (5,033,747)
Benefits paid - Adjusted for participant notes receivable transfers previously recorded as benefits paid	(10,538,372)	1,314,182	(9,224,190)
Transfers out - Adjusted for investments retained in the Plan and transfer adjustments as described above	<u>(60,934,097)</u>	<u>(8,506,236)</u>	<u>(69,440,333)</u>
Net decrease in net assets	<u>\$ (75,544,939)</u>	<u>\$ 1,276,094</u>	<u>\$ (74,268,845)</u>

Mercy Memorial Hospital System Retirement Savings Plan

**Notes to Financial Statements
December 31, 2015 and 2014**

Note 9 - Restatement of 2015 Financial Statements (Continued)

Additionally, all related investment disclosures and the supplemental schedule of assets held at end of year have been updated as part of this restatement.

Mercy Memorial Hospital System

Retirement Savings Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 38-1984289, Plan No. 003 December 31, 2015

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Voya Retirement Insurance and Annuity Company	Pooled separate accounts:		
	American Funds Nw Prsptcv R4	*	\$ 24,612
	American Funds Wash Mtual R4	*	11,951
	Wanger Select	*	1,821
	Oppenheimer Main St Sm Cap F/VA	*	17
	PIMCO VIT Real Return Portfolio Adm	*	827
	Pioneer High Yield VCT Portfolio I	*	795
	Amer Cent Infl-Adjust Bond Fnd Inv	*	3,301
	American Funds Bond Fd Am R4	*	9,520
	VY Clarion Real Estate Port Srv	*	1,417
	Voya Solution 2055 Portfolio Srv	*	4,582
	Voya Large Cap Value Port Inst	*	32,368
	Wanger International	*	3,121
	Voya International Index Port I	*	38,691
	Voya U.S. Bond Index Portfolio I	*	22,191
	Voya Russell Lrg Cap Index Port I	*	77,040
	Voya Russell Mid Cap Index Port I	*	2,883
	Voya Russell Sm Cp Index Port I	*	2,811
	VY Templeton Foreign Eqty Port I	*	3,548
	Voya Solution Balanced Prt Srv	*	42
	BlackRock Hlth Sci Opport Port Inv A	*	2,451
	Voya Russell Lrg Cp Val Ind Prt S	*	18,467
	Voya Russell Lrg Cp Grw Ind Port I	*	3,135
	Voya Global Value Advantage Port I	*	2,728
	ASTON/Fairpointe Mid Cap Fund N	*	2,893
	BlackRock Md Cp Val Opport Fnd Inv A	*	97
	Voya Growth and Income Port I	*	22,599
	Voya Money Market Portfolio I	*	10,257
	Voya Intermediate Bond Port I	*	9,497
	Voya Balanced Portfolio I	*	13,654
	Voya Strategic Alloc Growth Port I	*	283
	Voya Strategic Alloc Moderate Port I	*	2,999
	Voya Strategic Alloc Conserv Port I	*	437
	Voya Index Plus LargeCap Portfolio I	*	8,106
	Voya Small Company Portfolio I	*	4,759
	Voya Index Plus SmallCap Portfolio I	*	7,244
	Voya Index Plus MidCap Portfolio I	*	56,039
	Franklin Small Cap Value VIP Fd 2	*	8,000
	Lord Abbett Ser Fd Md Cp Stk Prt VC	*	2
	Voya SmallCap Opportunities Prt I	*	7,549
	Voya MidCap Opportunities Port I	*	7,342
	Fidelity VIP Overseas Portfolio I	*	3,859
	Fidelity VIP Eqty-Income Port I	*	17,482

Mercy Memorial Hospital System

Retirement Savings Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 38-1984289, Plan No. 003

December 31, 2015

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Voya Retirement Insurance and Annuity Company	Pooled separate accounts:		
	Fidelity VIP Growth Portfolio I	*	\$ 62,518
	VY TRowePrice Grwth Eqty Port I	*	362
	Fidelity VIP Contrafund Port I	*	135,206
	Templeton Global Bond Fund A	*	23,244
	Ariel Fund Investor	*	12,136
	Oppenheimer Developing Markets Fnd A	*	3,233
	Pax World Balanced Fund Ind Inv	*	6,764
	Voya Loan Collateral Fund	*	17,796
	VY Columbia Contrarian Core Pt Srv	*	13,418
	VY Oppenhr Global Port I	*	25,840
	VY JPMorgan Mid Cap Val Port Srv	*	737
	VY Baron Growth Port Srv	*	2,103
	VY Invesco Comstock Port Srv	*	66
	VY TRowePrice Divr MdCp Gr Pt I	*	7,615
	VY Invesco Eqty & Inc Port I	*	13,558
	American Funds Growth Fnd R4	*	10,153
	American Funds EuroPacific R4	*	17,657
	VY TRowePrice Eqty Income Pt Srv	*	989
	Voya Large Cap Growth Port Inst	*	26,364
	VY JPMorgan Sm Cp Core Eq Prt Srv	*	17
	Voya Solution 2025 Portfolio Srv	*	14,496
	Voya Solution 2035 Portfolio Srv	*	73,244
	Voya Solution 2045 Portfolio Srv	*	643
	Voya Solution Income Prt Srv	*	550
	Voya Multi-Manager Lg Cp Cr Pt Inst	*	360
	VY FMR Diversified Md Cp Port Srv	*	19
	VY JPMorgan Emrg Mkts Eq Port Srv	*	4,905
	VY TRowePrice Captl Apprec Pt Srv	*	59,782
Voya Retirement Insurance and Annuity Company	Guaranteed investment contracts:		
	Voya Fixed Account	*	208,529
	Voya Fixed Plus Account	*	82,373
Total			<u>\$ 1,276,094</u>

* Cost information not required

Mercy Memorial Hospital System

Retirement Savings Plan

Schedule of Delinquent Participant Contributions Form 5500, Schedule H, Line 4a EIN 38-1984289, Plan No. 003 Year Ended December 31, 2015

	Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51	
	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP		
2014	☐	\$ -	\$ 720	\$ -	\$	-

Mercy Memorial Hospital System

Retirement Savings Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 38-1984289, Plan No. 003 December 31, 2015

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Voya Retirement Insurance and Annuity Company	Pooled separate accounts:		
	American Funds Nw Prsptcv R4	*	\$ 24,612
	American Funds Wash Mtual R4	*	11,951
	Wanger Select	*	1,821
	Oppenheimer Main St Sm Cap F/VA	*	17
	PIMCO VIT Real Return Portfolio Adm	*	827
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	Voya Solution 2055 Portfolio Srv	*	4,582
	Voya Large Cap Value Port Inst	*	32,368
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	Fidelity VIP Overseas Portfolio I	*	3,859
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Mercy Memorial Hospital System

Retirement Savings Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i

EIN 38-1984289, Plan No. 003

December 31, 2015

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Voya Retirement Insurance and Annuity Company	Pooled separate accounts:		
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	Templeton Global Bond Fund A	*	23,244
	Ariel Fund Investor	*	12,136
	Oppenheimer Developing Markets Fnd A	*	3,233
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	VY Invesco Comstock Port Srv	*	66
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	VY Invesco Eqty & Inc Port I	*	13,558
	American Funds Growth Fnd R4	*	10,153
	American Funds EuroPacific R4	*	17,657
	VY TRowePrice Eqty Income Pt Srv	*	989
	Voya Large Cap Growth Port Inst	*	26,364
	VY JPMorgan Sm Cp Core Eq Prt Srv	*	17
	Voya Solution 2025 Portfolio Srv	*	14,496
	Voya Solution 2035 Portfolio Srv	*	73,244
	Voya Solution 2045 Portfolio Srv	*	643
	Voya Solution Income Prt Srv	*	550
	Voya Multi-Manager Lg Cp Cr Pt Inst	*	360
	VY FMR Diversified Md Cp Port Srv	*	19
	VY JPMorgan Emrg Mkts Eq Port Srv	*	4,905
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* Cost information not required