Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2016** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [x] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [x] 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:
- [x] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ST JOHN MEDICAL CENTER RETIREMENT SAVINGS PLAN 403B

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 06/12/1999

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)
ST JOHN MEDICAL CENTER

6935 TREELINE DRIVE
BRECKSVILLE, OH 44141-3393

2b Employer Identification Number (EIN) 34-1260978

2c Plan Sponsor's telephone number 440-827-5507

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/13/2017	TOM SNOWBERGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)	Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	1394
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)**	1373
a(2) Total number of active participants at the end of the plan year	**6a(2)**	13
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	17
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	30
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	30
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	30
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2M 2S 2T 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] 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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....……..… ☐ Yes ☐ No

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2016** **This Form is Open to Public Inspection.**

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

A Name of plan
ST JOHN MEDICAL CENTER RETIREMENT SAVINGS PLAN 403B

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ST JOHN MEDICAL CENTER

D Employer Identification Number (EIN)
34-1260978

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] 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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647486

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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 60 64	RECORDKEEPER	75	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BARON ASSET FUND - DST SYSTEMS INC 43-1581814	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MSIF GLB FRANCHISE A - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NB LG CAP VAL TR - STATE STREET BA 04-0025081	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TEMPLETON DEV MKTS A - FRANKLIN TE 94-3167260	0.40%

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2016** **This Form is Open to Public Inspection**

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

A Name of plan
ST JOHN MEDICAL CENTER RETIREMENT SAVINGS PLAN 403B

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ST JOHN MEDICAL CENTER

D Employer Identification Number (EIN)
34-1260978

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	7431	4323
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	117295	96430
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	49251	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2244683	2303212
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	2418660	2403965
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2418660	2403965

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)	0	
(B) Participants	2a(1)(B)	176814	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		176814
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	113	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	2004	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2117
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	85502	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		85502
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		57040
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		321473
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	291324	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		291324
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		44769
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	75	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		75
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		336168
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-14695
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: KPMG, LLP **(2)** EIN: 13-5565207

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	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		15000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l	X		289
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X	
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

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

A Name of plan
ST JOHN MEDICAL CENTER RETIREMENT SAVINGS PLAN 403B

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ST JOHN MEDICAL CENTER

D Employer Identification Number (EIN)
34-1260978

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**

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): 04-6568107 _____

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 of 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**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

ST. JOHN MEDICAL CENTER RETIREMENT SAVINGS 403(b) PLAN

EIN #34-1260978
Plan #002

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

Year ended December 31, 2016

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current value
		Mutual funds:			
*	Fidelity	Fidelity Puritan Fund	2,043 shares	**	$ 42,044
*	Fidelity	Fidelity Balanced Fund	763 shares	**	16,793
*	Fidelity	Fidelity Convertible Securities Fund	43 shares	**	1,157
*	Fidelity	Fidelity Freedom 2010 Fund	1,207 shares	**	18,081
*	Fidelity	Fidelity Freedom 2015 Fund	9,416 shares	**	115,719
*	Fidelity	Fidelity Freedom 2020 Fund	38,467 shares	**	576,626
*	Fidelity	Fidelity Freedom 2025 Fund	2,510 shares	**	32,256
*	Fidelity	Fidelity Freedom 2030 Fund	9,510 shares	**	150,163
*	Fidelity	Fidelity Freedom 2035 Fund	1,668 shares	**	21,753
*	Fidelity	Fidelity Freedom 2040 Fund	24,480 shares	**	223,992
*	Fidelity	Fidelity Freedom 2045 Fund	10,064shares	**	103,956
*	Fidelity	Fidelity Freedom 2050 Fund	10,129 shares	**	105,136
*	Fidelity	Fidelity Freedom Income Fund	2,870 shares	**	32,429
	Baron	Baron Asset Fund	219 shares	**	12,689
	Templeton	Templeton Developing Markets A	67 shares	**	1,053
*	Fidelity	Fidelity Blue Chip Growth Fund	893 shares	**	60,176
*	Fidelity	Fidelity Blue Chip Value Fund	1,019 shares	**	17,590
*	Fidelity	Fidelity Canada Fund	238 shares	**	11,633
*	Fidelity	Fidelity Capital Appreciation Fund	118 shares	**	3,739
*	Fidelity	Fidelity Contrafund	241 shares	**	23,739
*	Fidelity	Fidelity Diversified International Fund	233 shares	**	7,749
*	Fidelity	Fidelity Dividend Growth Fund	73 shares	**	2,342
*	Fidelity	Fidelity Exp & Multi Fund	842 shares	**	17,558
*	Fidelity	Fidelity Focused Stock	964 shares	**	17,690
*	Fidelity	Fidelity Growth Company Fund	162 shares	**	22,125
*	Fidelity	Fidelity Growth & Income	488 shares	**	16,080
*	Fidelity	Fidelity Independence Fund	255 shares	**	8,522
*	Fidelity	Fidelity International Cap Apprec	955 shares	**	15,268
*	Fidelity	Fidelity International Discovery	347 shares	**	12,651
*	Fidelity	Fidelity International Real Estate	1,596 shares	**	15,149
*	Fidelity	Fidelity International Small Cap Opp	883 shares	**	12,848
*	Fidelity	Fidelity Large Cap Stock Fund	341 shares	**	10,021
*	Fidelity	Fidelity Leveraged Company Stock Fund	559 shares	**	18,625
*	Fidelity	Fidelity Low-Priced Stock Fund	439 shares	**	21,744
*	Fidelity	Fidelity Mid Cap Stock Fund	971 shares	**	33,600
*	Fidelity	Fidelity Mid Cap Value	876 shares	**	21,715
*	Fidelity	Fidelity OTC Portfolio	166 shares	**	13,832
*	Fidelity	Fidelity Real Estate Inc	145 shares	**	1,706
*	Fidelity	Fidelity Select Biotechnology Portfolio	85 shares	**	14,789
*	Fidelity	Fidelity Select Cons Discr	648 shares	**	22,911
*	Fidelity	Fidelity Select Constr/House	108 shares	**	6,374
*	Fidelity	Fidelity Select Energy Portfolio	262 shares	**	12,248
*	Fidelity	Fidelity Select Gold	476 shares	**	9,120
*	Fidelity	Fidelity Select Healthcare Portfolio	416 shares	**	76,941
*	Fidelity	Fidelity Select Medical Equipment & Systems Portfolio	153 shares	**	5,643
*	Fidelity	Fidelity Select Pharmaceuticals Portfolio	654 shares	**	11,141
*	Fidelity	Fidelity Small Cap Growth	353 shares	**	7,260
*	Fidelity	Fidelity Small Cap Discovery	384 shares	**	12,152
*	Fidelity	Fidelity Stock Selectors Small Cap	754 shares	**	19,728
*	Fidelity	Fidelity Worldwide Fund	179 shares	**	3,894
	Morgan Stanley	Morgan Stanley, Inc. Global Franchise	32 shares	**	651
	Neuberger & Berman	Neuberger & Berman Large Cap Val Tr	278 shares	**	5,310
*	Fidelity	Fidelity 500 Index Adv	1,409 shares	**	110,367
*	Fidelity	Fidelity Global Balanced	1,784 shares	**	39,426
*	Fidelity	Fidelity Capital & Income Fund	1,247 shares	**	12,104
*	Fidelity	Fidelity Corporate Bond	315 shares	**	3,554
*	Fidelity	Fidelity GNMA	542 shares	**	6,198
*	Fidelity	Fidelity Government Income Fund	1,783 shares	**	18,134
*	Fidelity	Fidelity High Income Fund	562 shares	**	4,896
*	Fidelity	Fidelity Intermediate Bond Fund	794 shares	**	8,563
*	Fidelity	Fidelity Total Bond	2,189 shares	**	23,032

(Continued)

ST. JOHN MEDICAL CENTER RETIREMENT SAVINGS 403(b) PLAN

EIN #34-1260978
Plan #002

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

Year ended December 31, 2016

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current value
*	Fidelity	Fidelity U.S. Bond Index Pr	1,877 shares	**	$ 21,561
*	Fidelity	Fidelity Small Cap Index Pr	396 shares	**	7,266
		Total mutual funds			2,303,212
		Money market funds:			
*	Fidelity	Fidelity Government Cash Reserve	27,616 shares	**	27,616
*	Fidelity	Fidelity Money Market Trust Retirement Government II	68,814 shares	**	68,814
		Total money market funds			96,430
		Total			$ 2,399,642

* Indicates party-in-interest to the Plan.

** Historical cost information is not required on schedule H, line 4i – schedule of assets (held at end of year) for participant-directed investments.

Note: This schedule is based on information that has been certified as complete and accurate by Fidelity Management Trust Company, the Plan's custodian.

See accompanying independent auditors' report.

KPMG

ST. JOHN MEDICAL CENTER RETIREMENT SAVINGS 403(b) PLAN

Financial Statements and Supplemental Schedule

December 31, 2016 and 2015

(With Independent Auditors' Report Thereon)

ST. JOHN MEDICAL CENTER RETIREMENT SAVINGS 403(b) PLAN

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All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because there is no information to report.

KPMG LLP
One Cleveland Center
Suite 2600
1375 East Ninth Street
Cleveland, OH 44114-1796

Independent Auditors' Report

The Board of Directors
St. John Medical Center Retirement Savings 403(b) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the St. John Medical Center Retirement Savings 403(b) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in notes 3, 4 and 5, which was certified by Fidelity Management Trust Company, the custodian, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2016 and 2015, and for the years then ended, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

KPMG LLP is a Delaware limited liability partnership and the U.S. member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative ("KPMG International"), a Swiss entity.

KPMG

Other Matter

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2016, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with Department of Labor's Rules and Regulations

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

KPMG LLP

Cleveland, Ohio
September 8, 2017

ST. JOHN MEDICAL CENTER RETIREMENT SAVINGS 403(b) PLAN

Statements of Net Assets Available for Benefits

December 31, 2016 and 2015

		2016	2015
Assets:			
Investments:			
Mutual funds	$	2,303,212	2,244,683
Money market funds		96,430	117,295
Total investments		2,399,642	2,361,978
Receivables:			
Participant contributions		4,323	7,431
Notes receivable from participants		—	49,251
Total receivables		4,323	56,682
Net assets available for benefits	$	2,403,965	2,418,660

See accompanying notes to financial statements.

ST. JOHN MEDICAL CENTER RETIREMENT SAVINGS 403(b) PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2016 and 2015

		2016	2015
Investment income (loss):			
Interest and dividends	$	87,619	112,345
Net appreciation (depreciation) in fair value of investments		57,040	(120,536)
Total investment income (loss)		144,659	(8,191)
Contributions:			
Participants		176,814	181,559
Rollovers		—	25,409
Total contributions		176,814	206,968
Total additions		321,473	198,777
Deductions from net assets attributed to:			
Benefits paid to participants		336,093	39,807
Administrative expenses		75	256
Total deductions		336,168	40,063
Net (decrease) increase in net assets available for benefits		(14,695)	158,714
Net assets available for benefits at beginning of year		2,418,660	2,268,672
Transfer of assets from this Plan		—	(8,726)
Net assets available for benefits at end of year	$	2,403,965	2,418,660

See accompanying notes to financial statements.

(1) Description of the Plan

The following description of the St. John Medical Center Retirement Savings 403(b) Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan covering highly compensated employees of St. John Medical Center and related entities (collectively, the Company or Plan Administrator). Leased employees are not eligible to participate in the Plan. Limited participation for salary deferral purposes is permitted on the first day of any month following the date of eligibility for all participants. The Plan is subject to the provisions of the ERISA.

The Company plans to transfer the assets of the Plan into the University Hospitals Health System 403(b) Matched Retirement Savings Plan during the year ending December 31, 2017.

(b) Contributions

Each year, participants eligible to make 403(b) salary deferral contributions may contribute between 1% and 90% of their pretax compensation, as defined by the Plan. Participants may also contribute amounts representing eligible rollover distributions from other qualified defined benefit or defined contribution plans.

Dependent upon the legal entity the employee works for, the Company contributes 25% or 50% up to the first 4% of eligible compensation that a participant contributes to the Plan. For eligible employees, the Company also contributes an additional nonelective contribution, which is equal to a designated percentage of individual participant compensation based on years of service. All Company contributions are deposited and included within the St. John Medical Center Retirement Savings Plan.

Upon enrollment in the Plan, a participant may direct employee contributions to any of the Plan's fund options. Participants may change their investment options and transfer funds between investment options daily.

(c) Participant Accounts

Each participant's account is credited with the participant's contributions and Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

(d) Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants become fully vested in employer contributions at the earlier of completing three years of service, upon reaching age 65, becoming disabled, or dying.

(e) Payment of Benefits

Upon termination of service, a participant may receive a lump-sum amount equal to the vested value of his or her account or elect to receive the vested value of his or her account in installments over a period of 5, 10, 15, or 20 years, distribution in the form of a life annuity, joint and 50%, 75% or 100% survivor annuity for the participant and spouse, or a life annuity with guaranteed payments.

(f) Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from one to five years or up to 10 years for the purchase of a primary residence. The loans are collateralized by the balances in the participant's account and bear interest at market rates. There was one loan outstanding as of December 31, 2015 and the Interest rate on the loan was 4.25%. There were no loans outstanding as of December 31, 2016.

(g) Plan Termination

The Plan Sponsor has the right under the Plan to terminate the Plan, subject to the provisions of ERISA. Upon termination, participants would become 100% vested in their employer contributions.

(2) Summary of Accounting Policies

(a) Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

(b) Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires plan administrator to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

Investments of the Plan are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date and interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(d) Notes Receivable from Participants

Participant loans are recorded at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Participant loans are written off when deemed uncollectible.

(e) Benefit Payments

Benefits are recorded when paid.

(f) Administrative Expenses

Various administrative costs are paid by the Plan. Other costs, such as audit fees, are paid by the Plan Administrator.

(g) Recently Issued Accounting Standards

In July 2015, the FASB issued ASU 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive contracts. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of asset. Part III permits plan sponsors with a fiscal year-end that does not fall on a month-end to measure defined benefit pension plan assets and obligations as of month-end that is closest to the entity's fiscal year-end. Parts I and III are not applicable to the Plan. The ASU is effective for the fiscal years beginning after December 15, 2015, with early adoption permitted. Part II is to be applied retrospectively. Management has adopted Part II to reduce complexity of reporting investments. In 2016, the adoption resulted in the modification of certain investment disclosures.

(3) Investments

During the years ended December 31, 2016 and 2015, the interest and dividend income and net appreciation (depreciation) in the Plan's investments (including investments bought, sold, and held during the years) as certified by the custodian of the Plan were as follows:

		2016	2015
Interest and dividend income:			
Money market funds	$	113	14
Mutual funds		85,502	112,154
Notes receivable from participants		2,004	177
		87,619	112,345
Net appreciation (depreciation) in investments at fair value		57,040	(120,536)
Total investment income (loss)	$	144,659	(8,191)

(4) Information Prepared and Certified by the Custodian

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the custodian of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate with respect to investments from participants:

- Investments, at fair value
- Net appreciation (depreciation) in fair value of investments
- Interest and dividends
- Schedule of assets (held at end of year)

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

(5) Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

Level 1 instruments consist of money market funds and mutual funds. A mutual fund's fair value is normally calculated as of the close of business of the New York Stock Exchange. There are no Level 2 or 3 instruments within the Plan.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

		December 31, 2016			
		Level 1	Level 2	Level 3	Total
Investments:					
Mutual funds	$	2,303,212	—	—	2,303,212
Money market funds		96,430	—	—	96,430
Total investments	$	2,399,642	—	—	2,399,642

		December 31, 2015			
		Level 1	Level 2	Level 3	Total
Investments:					
Mutual funds	$	2,244,683	—	—	2,244,683
Money market funds		117,295	—	—	117,295
Total investments	$	2,361,978	—	—	2,361,978

For the years ended December 31, 2016 and 2015, there were no transfers in or out of Level 1, 2 or 3.

(6) Related Party and Party-in-Interest Transactions

Certain Plan investments are managed by Fidelity Management Trust Company or its affiliates. Fidelity Management Trust Company is the custodian of the Plan and therefore these transactions qualify as party-in-interest transactions.

The Plan has also engaged a third party to provide investment advisory services to participants. Fees paid by participants to the third party totaling $75 and $256 are included in administrative expenses for the years ended December 31, 2016 and 2015, respectively. The plan sponsor pays directly any other fees related to the Plan's operations.

(7) Income Tax Status

The Plan has been designed to qualify under Section 403(b) of the IRC. The terms of the Plan have been prepared to conform with the sample language provided by the IRS in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for plan participants under Section 403(b). The Plan Administrator and the Plan's tax counsel believes the Plan is currently being operated in compliance with the applicable provisions of the IRC and, therefore, no provision for income taxes has been included in the Plan's financial statements.

(Continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016 and 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Hospital believes the Plan is no longer subject to income tax examinations for years prior to 2013.

(8) Risks and Uncertainties

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

(9) Subsequent Events

The Plan has evaluated events that have occurred subsequent to December 31, 2016 through September 8, 2017, which is the date the financial statements were available to be issued. Other than information disclosed in note 1(a), there were no reportable events.

ST. JOHN MEDICAL CENTER RETIREMENT SAVINGS 403(b) PLAN

EIN #34-1260978
Plan #002

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

Year ended December 31, 2016

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current value
		Mutual funds:			
*	Fidelity	Fidelity Puritan Fund	2,043 shares	**	$ 42,044
*	Fidelity	Fidelity Balanced Fund	763 shares	**	16,793
*	Fidelity	Fidelity Convertible Securities Fund	43 shares	**	1,157
*	Fidelity	Fidelity Freedom 2010 Fund	1,207 shares	**	18,081
*	Fidelity	Fidelity Freedom 2015 Fund	9,416 shares	**	115,719
*	Fidelity	Fidelity Freedom 2020 Fund	38,467 shares	**	576,626
*	Fidelity	Fidelity Freedom 2025 Fund	2,510 shares	**	32,256
*	Fidelity	Fidelity Freedom 2030 Fund	9,510 shares	**	150,163
*	Fidelity	Fidelity Freedom 2035 Fund	1,668 shares	**	21,753
*	Fidelity	Fidelity Freedom 2040 Fund	24,480 shares	**	223,992
*	Fidelity	Fidelity Freedom 2045 Fund	10,064shares	**	103,956
*	Fidelity	Fidelity Freedom 2050 Fund	10,129 shares	**	105,136
*	Fidelity	Fidelity Freedom Income Fund	2,870 shares	**	32,429
	Baron	Baron Asset Fund	219 shares	**	12,689
	Templeton	Templeton Developing Markets A	67 shares	**	1,053
*	Fidelity	Fidelity Blue Chip Growth Fund	893 shares	**	60,176
*	Fidelity	Fidelity Blue Chip Value Fund	1,019 shares	**	17,590
*	Fidelity	Fidelity Canada Fund	238 shares	**	11,633
*	Fidelity	Fidelity Capital Appreciation Fund	118 shares	**	3,739
*	Fidelity	Fidelity Contrafund	241 shares	**	23,739
*	Fidelity	Fidelity Diversified International Fund	233 shares	**	7,749
*	Fidelity	Fidelity Dividend Growth Fund	73 shares	**	2,342
*	Fidelity	Fidelity Exp & Multi Fund	842 shares	**	17,558
*	Fidelity	Fidelity Focused Stock	964 shares	**	17,690
*	Fidelity	Fidelity Growth Company Fund	162 shares	**	22,125
*	Fidelity	Fidelity Growth & Income	488 shares	**	16,080
*	Fidelity	Fidelity Independence Fund	255 shares	**	8,522
*	Fidelity	Fidelity International Cap Apprec	955 shares	**	15,268
*	Fidelity	Fidelity International Discovery	347 shares	**	12,651
*	Fidelity	Fidelity International Real Estate	1,596 shares	**	15,149
*	Fidelity	Fidelity International Small Cap Opp	883 shares	**	12,848
*	Fidelity	Fidelity Large Cap Stock Fund	341 shares	**	10,021
*	Fidelity	Fidelity Leveraged Company Stock Fund	559 shares	**	18,625
*	Fidelity	Fidelity Low-Priced Stock Fund	439 shares	**	21,744
*	Fidelity	Fidelity Mid Cap Stock Fund	971 shares	**	33,600
*	Fidelity	Fidelity Mid Cap Value	876 shares	**	21,715
*	Fidelity	Fidelity OTC Portfolio	166 shares	**	13,832
*	Fidelity	Fidelity Real Estate Inc	145 shares	**	1,706
*	Fidelity	Fidelity Select Biotechnology Portfolio	85 shares	**	14,789
*	Fidelity	Fidelity Select Cons Discr	648 shares	**	22,911
*	Fidelity	Fidelity Select Constr/House	108 shares	**	6,374
*	Fidelity	Fidelity Select Energy Portfolio	262 shares	**	12,248
*	Fidelity	Fidelity Select Gold	476 shares	**	9,120
*	Fidelity	Fidelity Select Healthcare Portfolio	416 shares	**	76,941
*	Fidelity	Fidelity Select Medical Equipment & Systems Portfolio	153 shares	**	5,643
*	Fidelity	Fidelity Select Pharmaceuticals Portfolio	654 shares	**	11,141
*	Fidelity	Fidelity Small Cap Growth	353 shares	**	7,260
*	Fidelity	Fidelity Small Cap Discovery	384 shares	**	12,152
*	Fidelity	Fidelity Stock Selectors Small Cap	754 shares	**	19,728
*	Fidelity	Fidelity Worldwide Fund	179 shares	**	3,894
	Morgan Stanley	Morgan Stanley, Inc. Global Franchise	32 shares	**	651
	Neuberger & Berman	Neuberger & Berman Large Cap Val Tr	278 shares	**	5,310
*	Fidelity	Fidelity 500 Index Adv	1,409 shares	**	110,367
*	Fidelity	Fidelity Global Balanced	1,784 shares	**	39,426
*	Fidelity	Fidelity Capital & Income Fund	1,247 shares	**	12,104
*	Fidelity	Fidelity Corporate Bond	315 shares	**	3,554
*	Fidelity	Fidelity GNMA	542 shares	**	6,198
*	Fidelity	Fidelity Government Income Fund	1,783 shares	**	18,134
*	Fidelity	Fidelity High Income Fund	562 shares	**	4,896
*	Fidelity	Fidelity Intermediate Bond Fund	794 shares	**	8,563
*	Fidelity	Fidelity Total Bond	2,189 shares	**	23,032

(Continued)

ST. JOHN MEDICAL CENTER RETIREMENT SAVINGS 403(b) PLAN

EIN #34-1260978
Plan #002

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

Year ended December 31, 2016

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current value
*	Fidelity	Fidelity U.S. Bond Index Pr	1,877 shares	**	$ 21,561
*	Fidelity	Fidelity Small Cap Index Pr	396 shares	**	7,266
		Total mutual funds			2,303,212
		Money market funds:			
*	Fidelity	Fidelity Government Cash Reserve	27,616 shares	**	27,616
*	Fidelity	Fidelity Money Market Trust Retirement Government II	68,814 shares	**	68,814
		Total money market funds			96,430
		Total			$ 2,399,642

* Indicates party-in-interest to the Plan.

** Historical cost information is not required on schedule H, line 4i – schedule of assets (held at end of year) for participant-directed investments.

Note: This schedule is based on information that has been certified as complete and accurate by Fidelity Management Trust Company, the Plan's custodian.

See accompanying independent auditors' report.