

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>07/01/2016</u> and ending <u>06/30/2017</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>07/01/1969</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>ASHTABULA COUNTY MEDICAL CENTER</u> <u>2420 LAKE AVENUE</u> <u>ASHTABULA, OH 44004-3817</u>	2b	Employer Identification Number (EIN) <u>34-0726081</u>
		2c	Plan Sponsor's telephone number <u>440-997-2262</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.	04/13/2018	DONALD KEPNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/13/2018	DONALD KEPNER
	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 ASHTABULA COUNTY MEDICAL CENTER 2420 LAKE AVENUE ASHTABULA, OH 44004-3817	3b Administrator's EIN 34-0726081 3c Administrator's telephone number 440-997-2262
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	5 924
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 378 6a(2) 355 6b 350 6c 161 6d 866 6e 39 6f 905 6g 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: 1A 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

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

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

A Name of plan <u>ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ASHTABULA COUNTY MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>34-0726081</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>33922256</u>
b Actuarial value	2b <u>33922256</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>394</u> (2) Vested Funding Target <u>20187732</u> (3) Total Funding Target <u>20187732</u>
b For terminated vested participants	<u>158</u> <u>3577720</u> <u>3577720</u>
c For active participants	<u>372</u> <u>12157598</u> <u>12537900</u>
d Total	<u>924</u> <u>35923050</u> <u>36303352</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.08 %</u>
6 Target normal cost	6 <u>559532</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>04/09/2018</u>
	Signature of actuary	Date
<u>DAVID M. HAUER</u>	Type or print name of actuary	<u>17-06576</u>
		Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>	Firm name	<u>216-937-4000</u>
<u>1001 LAKESIDE AVENUE</u> <u>SUITE 1500</u> <u>CLEVELAND, OH 44114-1172</u>	Address of the firm	Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2016
v. 160205

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1553798	863354
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	1553798	863354
10	Interest on line 9 using prior year's actual return of <u>-3.20</u> %	-49722	-27627
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		733272
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.27</u> %		45976
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		779248
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1504076	835727

Part III Funding Percentages			
14	Funding target attainment percentage	14	86.99%
15	Adjusted funding target attainment percentage	15	86.99%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.60%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/12/2016	130155	0	01/12/2018	900116	0
01/13/2017	130155	0	03/15/2018	900116	0
03/14/2017	130155	0			
04/13/2017	1235000	0			
07/13/2017	1235000	0			
10/02/2017	900116	0			
Totals ►			18(b)	5560813	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 5192374
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?		☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		☒ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	<div style="display: flex; justify-content: space-around;"> <div>1st segment: 4.43%</div> <div>2nd segment: 5.91%</div> <div>3rd segment: 6.65%</div> </div>	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	4
22	Weighted average retirement age	22	63
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6)	31a	559532
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	4720899	780003
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34
			1339535
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)		36
			1339535
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37
			5192374
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	3852839
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39
			0
40	Unpaid minimum required contributions for all years		40
			0
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)		
41	If an election was made to use PRA 2010 funding relief for this plan:		
a	Schedule elected ☒ 2 plus 7 years ☐ 15 years		
b	Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011		
42	Amount of acceleration adjustment		42
			0
43	Excess installment acceleration amount to be carried over to future plan years		43
			0

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

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017	
A Name of plan ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ASHTABULA COUNTY MEDICAL CENTER	D Employer Identification Number (EIN) 34-0726081

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

SCHAFER CULLEN

13-3089070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	93026	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CENTRAL HOSPITAL SERVICES

1226 HURON ROAD EAST
CLEVELAND, OH 44115

34-1173007

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	76376	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAGE ADVISOR SERVICES

74-2798841

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	69468	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)

COLUMBIA MANAGEMENT INV ADVISORS

13-3180631

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	67278	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEDGEWOOD INVESTMENT GROUP

43-1468106

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	51885	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OAK RIDGE INVESTMENTS

36-4142388

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	49113	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)

FIRST STATE TRUST

13-3124172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	27285	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY

94-1671384

(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?
27	NONE	24792	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALAMOS ADVISORS LLC

20-1647533

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	20991	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)

NGAM ADVISORS LLP

04-3274056

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	17523	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(complete as many entries as needed)

a Name:	MONTY WESOLOSKI	b EIN:	53-0181291
c Position:	ENROLLED ACTUARY		
d Address:	TOWERS WATSON DELAWARE INC. 1001 LAKESIDE AVENUE, SUITE 1500 CLEVELAND, OH 44114-1172	e Telephone:	+21-693-7400

Explanation: REASSIGNMENT OF WORK WITHIN WILLIS TOWERS WATSON.

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:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan 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>OMB No. 1210-0110</div> <div>2016</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017					
A Name of plan ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ASHTABULA COUNTY MEDICAL CENTER				D Employer Identification Number (EIN) 34-0726081	
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)					
a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST STATE TRUST					
b Name of sponsor of entity listed in (a): ASHTABULA COUNTY MEDICAL CENTER					
c EIN-PN 36-1561860-001		d Entity code E		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
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)	

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

Schedule D (Form 5500) 2016 v.160205

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

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

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

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

SCHEDULE H (Form 5500) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>07/01/2016</u> and ending <u>06/30/2017</u>		
A Name of plan <u>ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ASHTABULA COUNTY MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>34-0726081</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	55846	113200
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	81869	63739
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	29	0
(2) U.S. Government securities	1c(2)	3558602	1810798
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	6900627	2033472
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	542149	0
(B) Common.....	1c(4)(B)	17169660	21271866
(5) Partnership/joint venture interests	1c(5)	0	2013884
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4633192	8696445
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

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	32941974	36003404

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	192792
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	192792

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	32941974	35810612
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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)	2625944	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2625944
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-32	
(B) U.S. Government securities	2b(1)(B)	80985	
(C) Corporate debt instruments	2b(1)(C)	122472	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	4226	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		207651
(2) Dividends: (A) Preferred stock	2b(2)(A)	8154	
(B) Common stock	2b(2)(B)	327717	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	121085	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		456956
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	29915057	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	29087081	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		827976
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1773653	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1773653

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		479105
c Other income.....	2c		27995
d Total income. Add all income amounts in column (b) and enter total.....	2d		6399280

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2835540	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2835540
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)	27356	
(2) Contract administrator fees.....	2i(2)	30074	
(3) Investment advisory and management fees.....	2i(3)	148116	
(4) Other	2i(4)	489556	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		695102
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3530642

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2868638
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CLIFTONLARSONALLEN

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4119745. (See instructions.)

Part V Trust Information

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

A Name of plan <u>ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ASHTABULA COUNTY MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>34-0726081</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-1561860</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>13</u>

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
a	Enter the percentage of plan assets held as: Stock: <u>68.7</u> % Investment-Grade Debt: <u>25.3</u> % High-Yield Debt: _____% Real Estate: _____% Other: <u>6.0</u> %	
b	Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
c	What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	

Part VII IRS Compliance Questions

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

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Ashtabula County Medical Center Retirement Plan
Ashtabula, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Ashtabula County Medical Center Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of June 30, 2017 and 2016, 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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by First State Trust Company, the custodian of the Plan, 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 and for the years ended June 30, 2017 and 2016, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

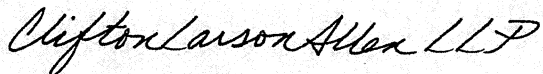
Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedules

The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of or for the year ended June 30, 2017, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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 the Employee Retirement Income Security Act of 1974.



CliftonLarsonAllen LLP

Akron, Ohio
April 11, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of July 1, 2016

Years of Credited Service																					
Under 1				1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
Attained Age	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	
Under 25	0		0		0		0		0		0		0		0		0		0		
25 - 29	0		0		0		0		0		0		0		0		0		0		
30 - 34	2		5		0		0		0		0		0		0		0		0		
35 - 39	2		10		12		0		0		0		0		0		0		0		
40 - 44	1		15		16		3		0		0		0		0		0		0		
45 - 49	2		19		28		13		4		0		0		0		0		0		
50 - 54	0		17		32		15		15		3		0		0		0		0		
55 - 59	0		13		21		20		15		11		4		1		0		0		
60 - 64	0		6		11		8		13		9		7		3		1		0		
65 - 69	0		3		2		1		2		3		0		1		1		0		
70 & Over	1		1		0		0		0		0		0		0		0		0		

Plan Name: The Ashtabula County Medical Center Retirement Plan
 EIN / PN: 34-0726081 / 001
 Plan Sponsor: Ashtabula County Medical Center
 Valuation Date: July 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- | | |
|-----------------------|-----------------|
| ■ Applicable month | March 2016 |
| ■ Interest rate basis | 3-Segment Rates |

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.43%	1.46%
■ Second segment rate	5.91%	3.93%
■ Third segment rate	6.65%	4.94%
■ Effective interest rate	6.08%	4.22%

Plan-related expenses	\$559,532
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Plan Name:	The Ashtabula County Medical Center Retirement Plan
EIN / PN:	34-0726081 / 001
Plan Sponsor:	Ashtabula County Medical Center
Valuation Date:	July 1, 2016

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Mortality

Healthy Separate rates for nonannuitants (based on RP2000 "Employees" table without collar or amount adjustments, projected to 2031 using Scale AA) and annuitants (based on RP2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2023 using Scale AA.)

Disabled Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

Termination Representative rates varying by age:

Percentage leaving during the year	
Attained Age	Rate
25	17.22%
30	16.21%
35	14.86%
40	13.10%
45	10.84%
50	7.92%
55	4.40%
60	1.20%
65	0.00%

Disability

Representative rates varying by age and gender:

Percentage becoming disabled during the year		
Age	Males	Females
25	0.03%	0.03%
30	0.03%	0.04%
35	0.04%	0.07%
40	0.08%	0.13%
45	0.16%	0.24%
50	0.33%	0.40%
55	0.69%	0.64%
60	1.15%	0.90%
65	0.00%	0.00%

Plan Name: The Ashtabula County Medical Center Retirement Plan
EIN / PN: 34-0726081 / 001
Plan Sponsor: Ashtabula County Medical Center
Valuation Date: July 1, 2016

SCHEDULE SB ATTACHMENTS

Retirement

It is assumed that participants will retire upon becoming eligible for retirement based on the following rates (average age 63):

Percentage retiring during the year	
Age	Rates
55	5%
56-61	2%
62-64	25%
65-69	90%
>69	100%

Benefit commencement date:

Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55.

Deferred vested benefit The later of age 65 or termination of employment.

Disability benefit Upon disablement.

Retirement benefit Upon termination of employment.

Form of payment Participants are assumed to elect the normal form, which is a monthly life annuity. Married participants are assumed to elect a 50% joint and survivor annuity.

Percent married 75% of males; 60% of females.

Spouse age Wife three years younger than husband.

Covered pay N/A.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month.

Plan Name: The Ashtabula County Medical Center Retirement Plan
EIN / PN: 34-0726081 / 001
Plan Sponsor: Ashtabula County Medical Center
Valuation Date: July 1, 2016

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	July 1.
Funding target	Present value of accrued benefits.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year.
Actuarial value of assets	Fair value of assets on the valuation date, including contributions receivable.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with ACMC and, based on that review, is not aware of any significant benefits required to be valued that were not.

Data Sources

Willis Towers Watson used asset data supplied by CHAMPS and First State Trust Company. ACMC, through its third party administrator, furnished participant data as of the valuation date. Data were reviewed for reasonableness and consistency, but no audit was performed. Assumptions or estimates were made by the Willis Towers Watson actuaries when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Expected return on plan assets	We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, based on the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions.
Administrative expenses	Administrative expenses are estimated by determining the expected actual expenses for the coming year, including trust payable provider fees and PBGC premiums.

Plan Name:	The Ashtabula County Medical Center Retirement Plan
EIN / PN:	34-0726081 / 001
Plan Sponsor:	Ashtabula County Medical Center
Valuation Date:	July 1, 2016

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination assumption was selected by the plan sponsor and represents a best estimate of future experience.
Disability	Assumed disability rates selected by plan sponsor differ by gender because of expected differences in disability rates by gender and represent a best estimate of future experience.
Retirement	Retirement rates were selected by the plan sponsor in 2006 and represent a best estimate of future experience.
Benefit commencement date for deferred benefits:	
Preretirement death benefit	Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.
Deferred vested benefit	Deferred vested participants are assumed to begin benefits at age 65 (or current age if later) because the plan's experience is not considered to be credible, but deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant.

Plan Name: The Ashtabula County Medical Center Retirement Plan
EIN / PN: 34-0726081 / 001
Plan Sponsor: Ashtabula County Medical Center
Valuation Date: July 1, 2016

SCHEDULE SB ATTACHMENTS

Marital Assumptions:

Percent married

The assumed percentages married were selected by the plan sponsor in 2006 and represent a best estimate of future experience.

Spouse age

The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Plan Name: The Ashtabula County Medical Center Retirement Plan
EIN / PN: 34-0726081 / 001
Plan Sponsor: Ashtabula County Medical Center
Valuation Date: July 1, 2016

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN**

E.I.N. 34-0726081 PLAN NO. 001

**SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2017**

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Leased Rental	(f) Expense Incurred With Transaction	(g) Cost	(h) Current Value	(i) Net Gain (Loss)
Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets								
Blackstone	Blackstone REIT	\$ 2,016,044	\$ -	\$ -	-	\$ 2,016,044	\$ 2,016,044	\$ -
Harbor International Fund	Harbor International Fund	249,745	-	-	-	249,745	249,745	-
Harbor International Fund	Harbor International Fund	-	1,583,415	-	-	1,583,415	1,401,164	(182,251)
Ishares Russel	Ishares Russel 2000 Index Fund	1,678,674	-	-	-	1,678,674	1,678,674	-
* Morgan Stanley	Morgan Stanley Bank Deposit	33,808,855	-	-	-	33,808,855	33,808,855	-
* Morgan Stanley	Morgan Stanley Bank Deposit	-	33,837,682	-	-	33,837,682	33,837,682	-
* Morgan Stanley	Morgan Stanley Instl Liquidity	8,472,235	-	-	-	8,472,235	8,472,235	-
* Morgan Stanley	Morgan Stanley Instl Liquidity	-	8,472,235	-	-	8,472,235	8,472,235	-
Northern Instl	Northern Institutional Gov't Select	3,179,740	-	-	-	3,179,740	3,179,740	-
Northern Instl	Northern Institutional Gov't Select	-	3,170,956	-	-	3,170,956	3,170,956	-
Pioneer	Pioneer Strategic Income Fd	3,263,500	-	-	-	3,263,500	3,263,500	-
Vanguard	Vanguard US Total Stock Market Index ETF	1,034,734	-	-	-	1,034,734	1,034,734	-
Vanguard	Vanguard US Total Stock Market Index ETF	-	720,838	-	-	720,838	782,494	61,656

There were no category (i) (ii) or (iv) reportable transactions for the year ended June 30, 2017

* Indicates party-in-interest

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

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

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

A Name of plan The Ashtabula County Medical Center Retirement Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Ashtabula County Medical Center	D Employer Identification Number (EIN) 34-0726081	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2016</u>			
2 Assets:			
a Market value.....	2a		33,922,256
b Actuarial value.....	2b		33,922,256
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	394	20,187,732	20,187,732
b For terminated vested participants.....	158	3,577,720	3,577,720
c For active participants.....	372	12,157,598	12,537,900
d Total.....	924	35,923,050	36,303,352
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	6.08%	
6 Target normal cost.....	6	559,532	

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

SIGN HERE	David M. Hauer <div style="text-align: center;"> Signature of actuary </div>	<div style="font-size: 1.2em;">APRIL 9, 2018</div> Date 1706576 Most recent enrollment number 216-937-4000 Telephone number (including area code)
David M. Hauer Towers Watson Delaware Inc. Firm name 1001 Lakeside Avenue Suite 1500 Cleveland OH 44114-1172 Address of the firm		

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

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

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(a) Carryover balance	(b) Prefunding balance
-----------------------	------------------------

Part III	Funding Percentages		
14	Funding target attainment percentage	14	86.99%
15	Adjusted funding target attainment percentage.....	15	86.99%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	100.60%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
10/12/2016	130,155	0				
01/13/2017	130,155	0				
03/14/2017	130,155	0				
04/13/2017	1,235,000	0				
07/13/2017	1,235,000	0				
10/02/2017	900,116	0				
01/12/2018	900,116	0				
03/15/2018	900,116	0				
			Totals ▶	18(b)	5,560,813	18(c) 0

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	5,192,374

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	559,532
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	4,720,899	780,003	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	1,339,535
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	1,339,535
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	5,192,374
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	3,852,839
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☒ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011	
42 Amount of acceleration adjustment		42	0
43 Excess installment acceleration amount to be carried over to future plan years		43	0

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2017 AND 2016**

NOTE 1 DESCRIPTION OF THE PLAN

The following description of Ashtabula County Medical Center (the Company) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan established July 1, 1969. The Plan was amended and restated throughout the years to comply with tax legislation and most recently amended effective July 1, 2015.

Effective January 1, 2004, the Plan was amended to include Ashtabula Clinic doctors. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective December 31, 2006, the Plan was amended to freeze pension benefits and cease all future benefit accruals for all participants not covered by a collective bargaining agreement, which decreased the minimum required contribution and increased the current liability funded percentage.

On December 21, 2007, the Ashtabula County Medical Center's board of trustees voted to freeze pension benefits and cease all future benefit accruals for participants covered by a collective bargaining agreement. Each participant elected whether to have their benefits frozen as of December 31, 2007 or December 31, 2008.

The Plan was amended during fiscal year 2015 to allow for a limited time period in which terminated vested participants could elect to receive a lump-sum payment.

The Plan was amended and restated effective July 1, 2015 to adopt a new individually designed Plan document as well as establishing a new individual Trust agreement to provide for the custody and investment of the assets of the Plan. Effective July 1, 2015, the Plan's name changed from Ashtabula County Medical Center – The Greater Cleveland Hospital Association Retirement Plan to Ashtabula County Medical Center Retirement Plan.

The Plan is administered by the Company's Benefits Committee (Committee), which is a committee of the board of directors of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's board of trustees.

The Plan covers substantially all employees of the Company who have completed five or more years of service through the freeze dates of December 31, 2006 and December 31, 2007. Employees may enter the Plan on January 1 or July 1, after meeting the eligibility service requirement. The Plan excludes nonresident aliens with no U.S. source income, leased employees, employees covered by another Pension Plan to which Ashtabula County Medical Center contributes, and employees covered by a collective bargaining agreement, unless the collective bargaining agreement specifically allows for participation. The current collective bargaining agreement allows for participation in the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2017 AND 2016**

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits

Employees with five or more years of service are entitled to retirement benefit payments upon reaching age 65. The amount of individual pensions is based upon several factors including compensation, years of service, age, and the estimated Social Security benefit. Compensation is based upon the average of the highest three consecutive calendar years of employment out of the last 10 years prior to the date of termination.

Death and Disability Benefits

If an active, eligible employee with at least ten years of eligibility service dies, a death benefit equal to the normal retirement benefits the employee had accumulated as described above, reduced for early retirement and joint and survivor benefits (as applicable) is paid to the employee's surviving spouse beginning on the employee's early retirement date and continuing until such spouse's death. Active, eligible employees with at least 10 years of eligibility service who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits commence five months after the month in which the former employee became disabled and such payments continue until the death of the former employee.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2017 and 2016, the Company made contributions of \$5,560,813 and \$1,348,215, respectively. The Company's contributions for 2017 and 2016 exceeded the minimum funding requirements of ERISA.

Although it has not expressed an intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions set forth in ERISA.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2017 AND 2016**

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

Investments 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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 5 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan's expenses are paid by the Plan as provided by the Plan document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Reclassifications

Certain amounts in the 2016 financial statements have been reclassified to conform with the 2017 presentation. These reclassifications do not affect net assets available for benefits as previously reported.

Subsequent Events

The Plan has evaluated subsequent events through April 11, 2018, the date the financial statements were available to be issued.

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- a) retired or terminated employees or their beneficiaries,
- b) beneficiaries of employees who have died, and
- c) present employees or their beneficiaries.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2017 AND 2016**

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

Benefits under the Plan are accumulated based on certain formulas determined by the Plan. The accumulated plan benefits for active employees are based on the Plan's terms and participant's service through the date as of which the benefit information is presented (the freeze date). Benefits payable under all circumstances — retirement, death, and termination of employment — are included, to the extent they are deemed attributable to employee service rendered to the freeze date. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the freeze date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of June 30, 2017 and 2016 were:

- a. Life expectancy of Participants (the RP-2014 Mortality Tables).
- b. Retirement Age Assumptions based on a table of anticipated rates of retirement at each of the ages at which retirement eligibility occurs.
- c. Discount Rate and expected rate of return on plan assets of 7.50%

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

The following is a summary of actuarial present value of accumulated plan benefits as of June 30:

	2017	2016
Actuarial Present Value of Accumulated Plan Benefits:		
Vested Benefits:		
Participants Currently Receiving Payments	\$ 19,577,047	\$ 19,051,491
Other Participants	13,258,475	13,997,517
Total Vested Benefits	32,835,522	33,049,008
Nonvested Benefits	262,235	326,011
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 33,097,757</u>	<u>\$ 33,375,019</u>

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2017 AND 2016**

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The changes in the actuarial present value of accumulated plan benefits are summarized as follows for the years ended June 30:

	<u>2017</u>	<u>2016</u>
Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year	\$ 33,375,019	\$ 33,812,140
Increase (Decrease) During the Year Attributable to:		
Change in Actuarial Assumptions	-	-
Plan Amendments	-	-
Actuarial (Gains) Losses	(95,453)	161,807
Benefits Accumulated	-	-
Change in Discount Period	2,407,773	2,424,579
Benefits Paid	(2,589,582)	(3,023,507)
Net Decrease	<u>(277,262)</u>	<u>(437,121)</u>
Actuarial Present Value of Accumulated Plan Benefits - End of Year	<u>\$ 33,097,757</u>	<u>\$ 33,375,019</u>

The computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2017 and 2016. Had the valuations been performed as of June 30, there would be no material differences.

NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION

First State Trust Company, the custodian of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of June 30, 2017 and 2016, the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of June 30, 2017 and supplemental schedule of reportable transactions for the year ended June 30, 2017.

NOTE 5 FAIR VALUE OF INVESTMENTS

The framework for measuring fair value provides a 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 measurements). The three levels of the fair value hierarchy are described as follows:

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.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2017 AND 2016**

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or 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 market 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 valuation methodologies used at June 30, 2017 and 2016.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money Market Funds: Valued using amortized cost which approximates fair value.

Common and Preferred Stock: Investments in common stock are valued at the closing price reported on the active market on which the individual securities are traded.

Exchange Traded Funds: Valued at the daily closing price as reported by the fund. Exchange traded funds held by the Plan are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The exchange traded funds held by the Plan are deemed to be actively traded.

Corporate Bonds and Notes: Investments in bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote is available.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2017 AND 2016**

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

Government Securities: Investments in U.S. government securities are valued using pricing models maximizing the use of observable inputs for similar securities.

Real Estate Income Trust: The real estate income trust is valued monthly based on the net asset value per unit, which is based on the fair value of the underlying investments, plus the addition of any other assets (such as cash on hand) and the deduction of liabilities. The underlying investments largely comprise real estate properties valued using a combination of a discounted cash flow analysis and valuations by a third-party appraisers. The asset is a level 3 investment due to the limited trading market for the security and its underlying holdings.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30:

2017				
	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 113,200	\$ -	\$ -	\$ 113,200
Common and Preferred Stock	16,283,961	-	-	16,283,961
Exchange Traded Funds	4,987,905	-	-	4,987,905
Corporate Bonds and Notes	-	2,033,472	-	2,033,472
Government Securities	-	1,810,798	-	1,810,798
Real Estate Income Trusts	-	-	2,013,884	2,013,884
Mutual Funds	8,696,445	-	-	8,696,445
Total Investments at Fair Value	<u>\$ 30,081,511</u>	<u>\$ 3,844,270</u>	<u>\$ 2,013,884</u>	<u>\$ 35,939,665</u>

2016				
	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 62,296	\$ -	\$ -	\$ 62,296
Common and Preferred Stock	15,846,084	44,540	-	15,890,624
Exchange Traded Funds	1,821,184	-	-	1,821,184
Corporate Bonds and Notes	9,916	6,890,711	-	6,900,627
Government Securities	-	3,558,602	-	3,558,602
Mutual Funds	4,633,192	-	-	4,633,192
Total Investments at Fair Value	<u>\$ 22,372,672</u>	<u>\$ 10,493,853</u>	<u>\$ -</u>	<u>\$ 32,866,525</u>

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2017 AND 2016**

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

Changes in Fair Value Levels (Continued)

Plan management has evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended June 30, 2017 and 2016, there were no significant transfers in or out of Levels 1, 2 or 3.

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended June 30:

	Real Estate Income Trust
Balance - January 1, 2017	\$ -
Purchases	2,000,000
Dividends	16,043
Unrealized loss	(2,159)
	<u>\$ 2,013,884</u>

Gains and losses (realized and unrealized) included in the changes in net assets for the period above are reported in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs:

Investment Type	Fair Value		Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
	2017	2016				
Real Estate Income Trust	\$ 2,013,884	\$ -	Net Asset Value	Third-Party Appraisal	Various Dependent on Market Data	n/a
				Discounted Cash Flow by Property Type	Discount Rate range of values 7.3%-9.7% ; Exit Cap Rate 5.7%-9.5%	7.3%-9.7%

In estimating fair value of the investment in Level 3, the Investment Committee may use third-party pricing sources or appraisers. In substantiating the reasonableness of the pricing data provided by third parties, the Investment Committee evaluates a variety of factors including review of methods and assumptions used by external sources, recently executed transactions, existing contracts, economic conditions, industry and market developments, and overall credit ratings.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2017 AND 2016**

NOTE 6 PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. For Plan terminations occurring during 2017 and 2016, the statutory ceiling was approximately \$5,300 and \$5,000 per month, respectively.

The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings will be actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2017 AND 2016**

NOTE 7 PLAN TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated May 3, 2013, that the Plan and related trust are designed in accordance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified, and the related trust is tax-exempt.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) 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.

NOTE 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 the investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 9 PARTY-IN-INTEREST TRANSACTIONS

The Plan investments are managed by First State Trust Company, the custodian. First State Trust Company is the custodian as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transactions. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2017 AND 2016**

NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of June 30:

	<u>2017</u>	<u>2016</u>
Net Assets Available for Benefits per the Financial Statements	\$ 39,745,960	\$ 33,942,453
Less: Contributions Receivable	<u>3,935,348</u>	<u>1,000,479</u>
Net Assets Available for Benefits per Form 5500	<u>\$ 35,810,612</u>	<u>\$ 32,941,974</u>

The following is a reconciliation of employer contributions per the financial statements to the Form 5500 for the years ended June 30:

	<u>2017</u>	<u>2016</u>
Employer Contributions per the Financial Statements	\$ 5,560,813	\$ 1,348,215
Add: Prior Year Contributions Receivable	1,000,479	1,390,944
Less: Current Year Contributions Receivable	<u>3,935,348</u>	<u>1,000,479</u>
Employee Contributions per Form 5500	<u>\$ 2,625,944</u>	<u>\$ 1,738,680</u>

Contributions are recorded on the Form 5500 when they are received and on the financial statements when they are due.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED JUNE 30, 2017 AND 2016**

	<u>2017</u>	<u>2016</u>
ADDITIONS:		
INVESTMENT INCOME (LOSS)		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 3,080,734	\$ (1,317,964)
Interest and Dividends	664,607	94,816
Other	27,995	-
Total	<u>3,773,336</u>	<u>(1,223,148)</u>
EMPLOYER CONTRIBUTIONS	<u>5,560,813</u>	<u>1,348,215</u>
Total Additions	9,334,149	125,067
DEDUCTIONS FROM NET ASSETS		
Benefit Payments	2,835,540	3,023,507
Administrative Expenses	695,102	559,838
Total Deductions from Net Assets	<u>3,530,642</u>	<u>3,583,345</u>
NET INCREASE (DECREASE)	5,803,507	(3,458,278)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>33,942,453</u>	<u>37,400,731</u>
End of Year	<u><u>\$ 39,745,960</u></u>	<u><u>\$ 33,942,453</u></u>

See accompanying Notes to Financial Statements.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2017 AND 2016**

ASSETS	<u>2017</u>	<u>2016</u>
INVESTMENTS (at Fair Value)		
Mutual Funds	\$ 8,696,445	\$ 4,633,192
Money Market Funds	113,200	62,296
Common and Preferred Stock	16,283,961	15,890,624
Exchange Traded Funds	4,987,905	1,821,184
Corporate Bonds and Notes	2,033,472	6,900,627
Real Estate Income Trust	2,013,884	-
Government Securities	1,810,798	3,558,602
Total Investments	<u>35,939,665</u>	<u>32,866,525</u>
 RECEIVABLES		
Interest and Dividends	63,739	81,869
Contributions Receivable	3,935,348	1,000,479
Total Receivables	<u>3,999,087</u>	<u>1,082,348</u>
 Total Assets	 39,938,752	 33,948,873
 LIABILITIES		
 DUE TO BROKER FOR PENDING TRADES	 <u>192,792</u>	 <u>6,420</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 39,745,960</u></u>	 <u><u>\$ 33,942,453</u></u>

See accompanying Notes to Financial Statements.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of July 1, 2016

The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

<i>Retirement Age</i>	<i>Assumed Rate</i>	<i>Participants At Beginning</i>	<i>Participants Retiring: (2)x(3)</i>	<i>(1)x(4)</i>
(1)	(2)	(3)	(4)	(5)
55	5%	1000.00	50.00	2,750
56	2%	950.00	19.00	1,064
57	2%	931.00	18.62	1,061
58	2%	912.38	18.25	1,059
59	2%	894.13	17.88	1,055
60	2%	876.25	17.53	1,052
61	2%	858.72	17.17	1,047
62	25%	841.55	210.39	13,044
63	25%	631.16	157.79	9,941
64	25%	473.37	118.34	7,574
65	90%	355.03	319.53	20,769
66	90%	35.50	31.95	2,109
67	90%	3.55	3.20	214
68	90%	0.35	0.32	22
69	90%	0.03	0.03	2
70	100%	0.00	0.00	0
			1,000	62,763
62,763	/	1,000	=	63

Plan Name: The Ashtabula County Medical Center Retirement Plan
EIN / PN: 34-0726081 / 001
Plan Sponsor: Ashtabula County Medical Center
Valuation Date: July 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Ashtabula County Medical Center
EIN/PN	34-0726081/001
Plan Name	The Ashtabula County Medical Center Retirement Plan
Valuation Date	July 1, 2016
Enrolled Actuary	David M. Hauer
Enrollment Number	17-06576

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted June 2015, and effective July 1, 2015.

Covered Employees All bargained APMC employees hired prior to December 31, 2007, and all nonbargained APMC employees hired prior to December 31, 2006.

Participation Date The first of the month coinciding with or next following the attainment of age 21 and the completion of one year of credited service.

Definitions

Vesting service or "credited service" One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

Pensionable pay W-2 pay.

Normal retirement date (NRD) The first of month coinciding with or next following the attainment of age 65 or the fifth anniversary of participation, if later.

Benefit service Determined according to the following schedule based on compensated hours of service in a calendar year:

<i>Compensated Hours</i>	<i>Benefit Service</i>
1,800 or more	100%
1,640 – 1,639	90
1,480 – 1,639	80
1,320 – 1,479	70
1,160 – 1,319	60
1,000 – 1,159	50
0 – 999	0

No benefit service for nonbargained participants is earned after December 31, 2006.

No benefit service for bargained participants is earned after December 31, 2008.

Plan Name: The Ashtabula County Medical Center Retirement Plan
EIN / PN: 34-0726081 / 001
Plan Sponsor: Ashtabula County Medical Center
Valuation Date: July 1, 2016

SCHEDULE SB ATTACHMENTS

Average monthly compensation

The average of the highest three consecutive calendar years of plan-eligible compensation (annualized if a participant's compensated hours in any calendar year are less than 1,800) during the ten-year period ending on the earlier of (1) the participant's termination date or retirement date, or (2) the date after which benefit service is no longer earned.

Social Security covered compensation

The average of the maximum Taxable Wage Bases for the 35 calendar years ending with the year an individual attains Social Security retirement age. In determining an individual's covered compensation in any given year, the current year's Wage Base is assumed to remain level in future years.

Normal retirement benefit

The greater of (i), (ii) or (iii):

- (i) Nonbargained participants – 1.30% of average monthly compensation plus 0.50% of average monthly compensation in excess of Social Security covered compensation for each year of benefit service up to a maximum of 25 years.

Bargained participants – 1.30% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation for each year of Benefit Service up to a maximum of 25 years.

- (ii) \$15.00 per month for each year of benefit service up to a maximum of 25 years.
- (iii) The accrued benefit under the plan provisions in effect as of June 30, 1989.

Accrued benefit

The normal retirement benefit multiplied by the credited service ratio. In determining the normal retirement benefit, benefit service is computed as the sum of:

- (i) Benefit service at determination date, and
- (ii) The ratio of (i) to elapsed time of date of plan entry to the determination date, multiplied by the number of years from the date of determination to NRD.

The numerator of the credited service ratio equals credited service at the date of determination and the denominator equals credited service at the determination date plus the number of years from the date of determination to NRD.

Plan Name:	The Ashtabula County Medical Center Retirement Plan
EIN / PN:	34-0726081 / 001
Plan Sponsor:	Ashtabula County Medical Center
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SCHEDULE SB ATTACHMENTS

Preretirement death benefit	50% of the participant's accrued benefit reduced for both the 50% joint and survivor form and early receipt and payable at the participant's earliest retirement age.
Normal retirement	The first of the month coinciding with or next following the attainment of age 65 or the fifth anniversary of participation, if later.
Early retirement	The first day of any month following the attainment of age 55 and the completion of five years of credited service.
Postponed retirement	Retirement after NRD.
Deferred vested termination	Any age with five years of credited service.
Disability	Any age with ten years of credited service upon total and permanent disability.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.
Survivor benefit	Any participant eligible for a vested retirement benefit who has been married for at least one year.

Benefits Paid Upon the Following Events

Normal retirement	Normal retirement benefit determined as of NRD.	
Early retirement	The accrued benefit reduced actuarially for commencement prior to age 62 in accordance with the following:	
	<i>Age</i>	<i>Early Retirement Factor</i>
	62	1.000
	61	0.800
	60	0.718
	59	0.646
	58	0.582
	57	0.526
	56	0.475
	55	0.430

Postponed retirement	Monthly pension benefit determined as of actual retirement date.
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Plan Name: The Ashtabula County Medical Center Retirement Plan
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Valuation Date: July 1, 2016

SCHEDULE SB ATTACHMENTS

Vested termination	Same as early retirement benefit described above.
Disablement	The accrued benefit determined as of the date of disablement, payable on the first of the month following five months of disability without reduction for early commencement.
Preretirement death	Preretirement death benefit payable on behalf of an active employee is reduced for each year that payment precedes the date the participant would have been 62 years old.

Other Plan Provisions

Forms of payment	The normal form of retirement benefits provides for a life annuity for unmarried participants and, on an actuarially reduced basis, a 50% joint and survivor annuity for married participants. Optional forms are a lump sum, 66-2/3%, a 75% or 100% joint and survivor annuity, a five- or ten-year certain and life annuity or (for married participants) a life annuity.
Pension Increases	None.
Plan participants' contributions	None.
Actuarial equivalence for forms of payment	Mortality: 1951 Group Annuity Mortality Table for Males, projected to 1975 by Projection Scale C, with an age setback of 2 years for males and females. Interest rate: 8.0%
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Status for PBGC Reporting Purposes Frozen

Future Plan Changes

No future plan changes were recognized in determining the minimum required or maximum tax-deductible contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name:	The Ashtabula County Medical Center Retirement Plan
EIN / PN:	34-0726081 / 001
Plan Sponsor:	Ashtabula County Medical Center
Valuation Date:	July 1, 2016

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2017**

(a) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral and par or maturity value	(d) Cost	(e) Current value
Money Market Funds			
Cash	113,363 Shares	\$ 113,200	\$ 113,200
Total Money Market Funds		113,200	113,200
Mutual Funds			
Munder Ser Tr	98,712 Shares	1,157,052	1,274,375
Morgan Stanley Bank Deposit	1,238,359 Shares	1,238,359	1,238,359
Northern Institutional Gov't Select	8,784 Shares	8,784	8,784
Harbor International Fund	22,566 Shares	1,529,004	1,529,985
Eaton Vance Floating Rate-I	149,250 Shares	1,316,580	1,343,250
Pioneer Strategic Income Fd	305,996 Shares	3,263,500	3,301,692
Total Mutual Funds		8,513,279	8,696,445
Common and Preferred Stock			
Acs Activ De Construc Y Serv	4,567 Shares	30,241	35,238
Adecco Sa Unspons Adr	1,002 Shares	35,462	38,138
Adv Info Svc- Spons Adr	1,713 Shares	8,669	8,951
Advanced Auto Parts	514 Shares	71,528	59,927
Advanced Semiconductor E-Adr	4,816 Shares	31,055	30,389
Aegon Nv	6,297 Shares	35,869	32,178
Aercap Holdings NV	2,124 Shares	95,609	98,617
Aes Corp	9,859 Shares	106,308	109,533
AIA Group Ltd-Sp ADR	1,346 Shares	34,821	39,347
Airbus Group (Netherlands)	1,744 Shares	32,613	35,804
Alaska Air Group Inc	588 Shares	43,379	52,779
Alibaba Group Holding ADR	381 Shares	40,753	53,683
Alleghany Corp	108 Shares	57,683	64,238
Alliant Corp	891 Shares	32,568	35,791
Allstate Corp	355 Shares	23,938	31,396
Ally Financial Inc	2,003 Shares	40,147	41,863
Alphabet Inc Cl A	244 Shares	159,460	226,842
Altria Group Inc	1,465 Shares	44,477	109,099
Ambev SA ADR (Brazil)	10,651 Shares	58,536	58,474
AMC Networks Inc	928 Shares	48,970	49,564
America Movil S.A.B. De C.V. Adr	1,301 Shares	18,134	20,712
American International Group	1,334 Shares	83,251	83,402
American Woodmark Corp	545 Shares	42,367	52,075
Amerisourcebergen Corp	471 Shares	33,345	44,524
Amn Healthcare Svcs Inc	953 Shares	31,694	37,215
Anadarko Petroleum Corp	1,740 Shares	111,720	78,892
Analogic Corp	355 Shares	33,929	25,791

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2017**

(a) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral and par or maturity value	(d) Cost	(e) Current value
Common and Preferred Stock (Continued)			
Anglogold Ashanti Limited	877 Shares	\$ 9,515	\$ 8,524
Anika Therapeutics Inc.	414 Shares	20,879	20,427
Annaly Capital Management Inc	4,192 Shares	44,693	50,514
Antero Resources Corp	3,193 Shares	75,988	69,001
Apple Computer Inc	1,620 Shares	176,714	233,312
Applied Matls Inc	2,697 Shares	40,705	111,413
Arcelormittal Sa Luxembourg	1,558 Shares	36,521	35,413
Arcos Dorados Holdings Inc-A	4,934 Shares	36,351	36,758
Arris International PLC	1,948 Shares	46,826	54,583
Aspen Technology, Inc.	706 Shares	37,390	39,014
Astra International ADR (Indonesia)	2,154 Shares	27,473	28,849
Avnet Inc	1,213 Shares	44,366	47,161
Axa Adr	1,372 Shares	35,181	37,478
Baidu Inc Spons Adr	447 Shares	80,068	79,950
Banco Bilbao Vizcaya Argentaria S A	4,504 Shares	34,384	37,653
Banco Latinoamericano Exp-E	944 Shares	25,202	25,847
Bancolombia Adr	425 Shares	16,231	18,934
Bank America Corp	6,371 Shares	97,588	154,560
Bank Rakyat Indonesia ADR	1,628 Shares	33,396	37,257
Barnes Group Inc	791 Shares	39,039	46,297
Baxter Intl Inc	1,703 Shares	83,010	103,100
Bed Bath & Beyond Inc	1,013 Shares	41,727	30,795
Berkshire Hathaway Inc-CI B	1,720 Shares	245,959	291,316
Bhp Billiton Plc Spons Adr	1,644 Shares	53,834	50,569
Big Lots Inc	700 Shares	35,590	33,810
Biotelemetry Inc	953 Shares	27,903	31,878
Block H & R Inc	1,417 Shares	29,347	43,799
Bottomline Technologies Inc	1,065 Shares	26,495	27,360
Bradesco-Adr	3,455 Shares	35,395	29,368
Brandywine Rlty Tr New	1,647 Shares	26,654	28,872
Bristol Myers Squibb Co	1,680 Shares	49,119	93,610
Bryn Mawr Bank Corp	873 Shares	31,603	37,103
C M S Energy Corp	319 Shares	13,065	14,754
C S X Corp	2,127 Shares	25,776	116,049
Ca Inc	632 Shares	20,151	21,785
Callon Petroleum Co	1,997 Shares	32,287	21,188
Canadian Natural Resources	1,073 Shares	35,269	30,945
Cantel Medical Corporation	503 Shares	41,012	39,189
Cardinal Health Inc	672 Shares	49,202	52,362
Carlsberg AS-B-SPON ADR	1,943 Shares	35,151	41,460
Carrefour SA-SP ADR	7,549 Shares	35,108	38,194

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2017**

(a) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral and par or maturity value	(d) Cost	(e) Current value
Common and Preferred Stock (Continued)			
Caseys General Stores Inc	605 Shares	\$ 68,846	\$ 64,802
CBRE Group Inc	887 Shares	27,502	32,287
Celgene Corp	682 Shares	85,040	88,571
Cemex South America-Sponsored Adr	2,617 Shares	22,688	24,652
Charles Schwab Corp	2,680 Shares	76,387	115,133
Chatham Lodging Trust	1,490 Shares	29,250	29,934
Chevron Corporation	924 Shares	69,393	96,401
China Constr Bk Corp Unspns Adr	2,666 Shares	44,127	41,323
China Life-Adr	2,612 Shares	41,408	40,068
China Mobile Limited Spons Adr	1,190 Shares	67,735	63,177
China Pete & Chem Corp	284 Shares	21,951	22,322
Cielo SA-Sponsored ADR	5,198 Shares	37,719	38,751
Cit Group Inc	1,179 Shares	38,913	57,417
Citigroup Inc	2,249 Shares	71,597	150,413
Citrix Sys Inc	162 Shares	10,772	12,892
CK Hutchison Hldgs Ltd ADR	2,821 Shares	35,091	35,333
Cnooc Ltd-Adr	251 Shares	29,406	27,462
Coca-Cola Femsa Sab De Cv Spons Adr	337 Shares	23,801	28,534
Cognizant Technology Solutions Corp	2,054 Shares	127,087	136,386
Comfort Systems Usa Inc	1,248 Shares	42,208	46,301
Cooper Standard Holdings Inc	347 Shares	33,245	35,002
Core Labs N V	1,080 Shares	114,913	109,372
Corning Inc	3,933 Shares	75,249	118,187
Costco Wholesale Corp New	427 Shares	20,211	68,290
Credicorp Limited	199 Shares	32,462	35,699
Crown Castle Intl Corp New	272 Shares	22,854	27,249
Dbs Group Hldgs Ltd Sponsd Adr	652 Shares	35,581	39,285
Dct Industrial Trust Inc	955 Shares	43,380	51,035
Dell Technologies INC-CL V	711 Shares	34,717	43,449
Dentsply Sirona Inc	667 Shares	38,691	43,248
Discovery Communications Cl C	1,924 Shares	49,086	48,504
Dish Network Corp Cl A	350 Shares	19,343	21,966
DNB ASA-Spon Adr	2,140 Shares	35,123	36,277
E Trade Financial Corp	953 Shares	33,212	36,243
E. On SE Spons Adr	3,709 Shares	28,254	34,892
Eagle Bancorp. Inc.	816 Shares	47,078	51,653
Edwards Lifesciences Corp	1,105 Shares	101,616	130,655
Engie	2,592 Shares	34,741	39,068
Entegris Inc	2,168 Shares	39,666	47,588
Essilor Intl - Unspn ADR	578 Shares	35,052	36,720
Esterline Technologies Corp	416 Shares	37,233	39,437

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2017**

(a) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral and par or maturity value	(d) Cost	(e) Current value
Common and Preferred Stock (Continued)			
Euronet Worldwide Inc	416 Shares	\$ 32,169	\$ 36,346
Express Scripts Hldg	1,331 Shares	101,701	84,971
Fabrinet	452 Shares	18,940	19,282
Fastenal Co	2,243 Shares	101,047	97,638
FCB Financial Holdings	1,095 Shares	47,018	52,286
First Solar Inc	736 Shares	25,442	29,352
Firstenergy Corp	3,404 Shares	104,845	99,261
Flotek Inds	1,954 Shares	20,529	17,469
Fmc Corp	1,825 Shares	75,384	133,316
FNF Group	1,338 Shares	40,666	59,983
Fossil Group Inc	1,238 Shares	35,314	12,813
Fresenius Medical Care Ag And Co Adr	843 Shares	35,499	40,742
Fuller H B Co	703 Shares	33,983	35,930
G Iii Apparel	743 Shares	22,081	18,538
Gazprom Spon Adr	4,334 Shares	19,389	17,329
Grupo Aeroportuario Del Surest ADR	145 Shares	24,164	30,508
Halliburton Co	1,884 Shares	59,984	80,466
Hdfc Bk Ltd Spons Adr	560 Shares	40,917	48,703
Heartland Financial Usa Inc	559 Shares	27,568	26,329
Hillenbrand Inc	1,126 Shares	40,733	40,649
Hilltop Holdings Inc	1,235 Shares	35,478	32,369
Honeywell Intl Inc	849 Shares	31,993	113,163
Hsbc Hldgs Plc Sponsored Adr New	863 Shares	35,170	40,035
Huaneng Pwr Intl Inc Spons Adr	1,245 Shares	35,658	34,599
Humana Inc	594 Shares	26,036	142,928
Icici Bk Ltd Spons Adr	3,986 Shares	34,183	35,754
Icu Med Inc	249 Shares	37,350	42,952
Impax Laboratories Inc	1,953 Shares	27,204	31,443
Infosys Technologies Sponsd Adr	1,990 Shares	30,722	29,890
Innerworkings In	1,933 Shares	20,729	22,423
INPHI Corp	835 Shares	39,528	28,641
Installed Bldg Prods Inc	549 Shares	28,522	29,070
Integrated Device Technology Inc	1,127 Shares	28,861	29,065
Inter Parfums Inc	1,134 Shares	39,264	41,561
Intesa Sanpaolo Spons Adr	2,140 Shares	34,535	40,654
J P Morgan Chase & Co	1,360 Shares	66,725	124,304
J2 Global Inc	401 Shares	34,222	34,121
Jack In The Box Inc	288 Shares	30,969	28,368
Jetblue Airways Corp	2,158 Shares	42,413	49,267
Julius Baer Group LTD-UN ADR	3,548 Shares	34,958	37,382

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2017**

(a) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral and par or maturity value	(d) Cost	(e) Current value
Common and Preferred Stock (Continued)			
Juniper Networks Inc	2,758 Shares	\$ 61,226	\$ 76,893
Kasikornbank PCL-Unspon ADR	1,093 Shares	24,241	25,547
Kb Financial Group Inc Spons Adr	1,139 Shares	51,711	57,508
Kellogg Co	563 Shares	41,612	39,106
Kla-Tencor Corp	146 Shares	10,035	13,360
Komatsu Ltd	1,321 Shares	35,022	33,560
Kon Dsm Nv-Adr	2,084 Shares	35,010	37,817
Korea Elec Pwr Corp Spons Adr	1,951 Shares	39,763	35,059
Kraft Heinz Co	2,107 Shares	156,719	180,443
Kt Corp-Sp Adr	2,517 Shares	42,464	41,883
Laboratory Corp America Holdings	297 Shares	37,932	45,780
Lakeland Financial Corp	952 Shares	41,582	43,678
Lci Inds	392 Shares	41,086	40,141
LG Display Co Ltd Spons Adr	1,186 Shares	14,875	19,059
Liberty Expedia Holdings	1,007 Shares	41,505	54,398
Liberty Sirius Group - C	710 Shares	23,282	29,607
LivaNova Plc	641 Shares	29,237	39,236
Loews Corp	873 Shares	35,283	40,865
Lowes Cos Inc	1,315 Shares	34,609	101,952
Luxoft Holding Inc	236 Shares	13,755	14,361
Lydall Inc.	777 Shares	46,441	40,171
Madden Steven Ltd	699 Shares	27,611	27,925
Madison Square Garden Co	206 Shares	34,361	40,561
Malayan Banking Spons ADR	6,263 Shares	26,446	28,100
Marathon Oil Corp	2,224 Shares	57,788	26,354
Marathon Petroleum Corp	1,733 Shares	47,128	90,688
Matador Resources Company	1,540 Shares	39,001	32,910
Mazda Mtr Corp	4,964 Shares	35,080	34,637
Medidata Solutions Inc	430 Shares	26,979	33,626
Mednax Inc	924 Shares	58,074	55,782
Melco Pbl Entmnt Ltd Spons Adr	1,310 Shares	24,278	29,409
Mercadolibre Inc	204 Shares	43,051	51,180
Meta Financial Group	311 Shares	28,959	27,679
Methode Electronics Inc	708 Shares	27,876	29,170
Metlife Inc	2,460 Shares	105,251	135,152
Michael Kors Holding Ltd.	1,438 Shares	56,952	52,128
Mitsubishi Estate-Unspons Adr	1,843 Shares	35,235	34,339
Mobile Telesystems-Sp Adr	867 Shares	9,354	7,265
Modine Mfg Co	2,301 Shares	28,329	38,082
Monolithic Power	559 Shares	47,031	53,888
Morgan Stanley	2,769 Shares	87,697	123,387

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2017**

(a) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral and par or maturity value	(d) Cost	(e) Current value
Common and Preferred Stock (Continued)			
Mosaic Co/The	901 Shares	\$ 24,315	\$ 20,570
Multi-Color Corp	444 Shares	33,333	36,230
Murata Mfg Co Ltd Unspns Adr	1,007 Shares	35,476	38,246
Naspers Ltd Spons Adr	2,677 Shares	47,322	51,998
Natus Medical	869 Shares	37,320	32,414
Nautilus Inc	1,541 Shares	27,436	29,510
Neenah Paper Inc	406 Shares	34,885	32,582
Netapp Inc	1,344 Shares	34,705	53,827
News Corp/New CL A	4,181 Shares	53,439	57,280
NextEra Energy	1,219 Shares	129,790	170,818
Nuvasive Inc	568 Shares	36,206	43,691
On Assignment Inc	802 Shares	34,041	43,428
Orange-Spon ADR	2,188 Shares	34,974	34,964
Orbotech LTD	1,226 Shares	40,683	39,992
Otsuka Hlds Ltd (Japan)	1,539 Shares	35,245	32,804
Otter Tail Corporation	707 Shares	27,435	27,997
Panasonic Corporation Spons-Adr	3,212 Shares	35,563	43,566
Patrick Industries Inc	634 Shares	44,311	46,187
Paypal Hldgs Inc	4,230 Shares	159,061	227,024
Perusahaan Perseroan Persero Adr	1,425 Shares	44,029	47,980
Petroleo Brasileiro S.A. Adr	3,070 Shares	27,699	24,529
Philip Morris International	1,037 Shares	55,398	121,796
Ping An Ins Group Co. China Ltd.	2,978 Shares	35,460	39,254
PJSC Lukoil ADR	542 Shares	29,380	26,268
Polyone Corp	813 Shares	26,980	31,496
Post Holdings Inc	352 Shares	26,458	27,333
Ppl Corporation	1,405 Shares	51,239	54,317
Priceline.Com Inc	135 Shares	155,284	252,520
Progressive Corp Ohio	1,247 Shares	41,686	54,980
Proofpoint Inc	472 Shares	39,667	40,984
Qualcomm Inc	5,484 Shares	320,998	302,826
Range Res Corp Com	1,916 Shares	58,056	44,394
Rice Eenergy Inc	1,590 Shares	31,941	42,342
Roche Hldg Ltd Spons Adr	1,653 Shares	52,461	52,689
Ross Stores Inc	1,815 Shares	97,860	104,780
Royal Dutch-ADR A	999 Shares	52,668	53,137
Royal Kpn Nederland Nv Spons Adr	11,573 Shares	35,327	36,972
Rpc Inc	1,424 Shares	25,981	28,779
Saia Inc	810 Shares	34,480	41,553
Sands China Ltd	495 Shares	22,907	22,669
Sasol Ltd-Sponsored Adr	441 Shares	12,661	12,326

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2017**

(a) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral and par or maturity value	(d) Cost	(e) Current value
Common and Preferred Stock (Continued)			
Sberbank-Sponsor ADR	2,771 Shares	\$ 32,043	\$ 27,227
Scana Corp New	503 Shares	34,419	33,706
Schlumberger Ltd	2,944 Shares	226,699	193,833
Schnitzer Steel Inds Inc-A	1,147 Shares	28,337	28,904
Schulman A Inc	659 Shares	21,678	21,088
Secom Ltd Spons Adr	1,953 Shares	35,546	37,044
Seiko Epson-Adr	3,230 Shares	35,430	35,919
Selective Ins Group Inc	796 Shares	33,639	39,840
Shinhan Financial Group Adr	983 Shares	42,636	42,751
Silicon Moti-Adr	963 Shares	45,715	46,445
Siliconware Precision Adr	1,829 Shares	14,550	14,577
Sk Telecom Ltd	1,827 Shares	45,712	46,899
Smith & Nephew Plc-Adr	1,116 Shares	34,911	38,893
Sociedad Quimica Minera Spons Adr	1,053 Shares	35,470	34,770
South Jersey Inds Inc	1,012 Shares	33,095	34,580
Southern Copper Corp	749 Shares	27,145	25,938
Stamps.com Inc.	142 Shares	16,082	21,992
Stericycle Inc	264 Shares	21,631	20,148
Sumitomo Mitsui-Spons ADR	7,201 Shares	55,290	56,600
Synopsys Inc	373 Shares	21,274	27,203
Taiwan Semiconductor Spons Adr	1,672 Shares	54,598	58,453
Tata Motors Ltd-Adr	1,616 Shares	58,394	53,344
Teligent Inc New	2,260 Shares	19,530	20,679
Tenaga Nasional-Spons ADR	1,801 Shares	22,890	23,730
Tencent Hldgs Ltd Unspns Adr	1,678 Shares	48,143	60,014
Tenneco Automotive Inc	686 Shares	41,427	39,671
Teradata Corp	4,320 Shares	169,919	127,397
Timken Co	745 Shares	33,891	34,456
Tjx Cos Inc	1,635 Shares	125,620	117,998
Tootsie Roll Inds	1,107 Shares	40,927	38,579
Total S.A. Spon Adr	700 Shares	35,117	34,713
Tractor Supply Co	1,944 Shares	139,418	105,384
Transocean Ltd	3,371 Shares	30,142	27,743
Treehouse Foods	1,669 Shares	145,253	136,341
Ttm Technologies Inc	1,674 Shares	26,884	29,061
Tyson Foods Inc Class A	1,933 Shares	46,250	121,064
U S Concrete Inc	332 Shares	20,767	26,079
Ultrapar Particpac-Spon ADR	915 Shares	20,430	21,530
Union Pac Corp	626 Shares	19,044	68,178
United Community Banks Inc	1,396 Shares	38,694	38,809
United Continental Holdings	318 Shares	21,230	23,929

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2017**

(b) Identity of issue, borrower, (a) lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral and par or maturity value	(d) Cost	(e) Current value
Common and Preferred Stock (Continued)			
United Microelectronics-Spons Adr	9,008 Shares	\$ 17,879	\$ 21,980
United Technologies Corp	729 Shares	46,450	89,018
United Therapeutics Corp Del	336 Shares	38,724	43,589
Uniti Group Inc	2,590 Shares	67,788	65,113
Unumprovident Corp	2,600 Shares	56,877	121,238
Vale S.A. Adr	2,702 Shares	27,284	23,642
Valero Energy Corp	1,096 Shares	21,229	73,936
Verisk Analytics Inc Cl A	1,469 Shares	104,087	123,939
Verizon Communications	2,923 Shares	140,916	130,541
Viacom Inc-B W/I	409 Shares	13,845	13,730
Visa Inc-Class A	2,389 Shares	169,867	224,040
Voya Financial Inc	813 Shares	31,590	29,991
WEC Energy Group Inc	536 Shares	31,506	32,900
Wells Fargo & Co New	2,302 Shares	80,728	127,554
Western Alliance	517 Shares	23,607	25,436
Western Digital Corp	473 Shares	21,237	41,908
Western Union-Wi	1,889 Shares	36,420	35,985
Whole Foods Mkt Inc	1,158 Shares	35,235	48,763
Williams Cos Inc	3,792 Shares	85,909	114,822
Willis Towers Watson Pub LTD	295 Shares	37,200	42,911
Wintrust Finl Corp	732 Shares	48,312	55,954
WNS Holdings Ltd ADR (Jersey)	543 Shares	15,312	18,657
Woodward Governor Co	341 Shares	23,172	23,045
Woori Bank - Spo ADR	609 Shares	22,272	29,658
Wright Medical Group NV	1,214 Shares	28,950	33,373
Xcel Energy Inc	593 Shares	24,491	27,207
Yandex NV	1,486 Shares	34,742	38,993
Total Common and Preferred Stock		13,976,744	16,283,961
Exchange Traded Funds			
Ishares Russell 2000 Index Fund	12,253 Shares	1,678,674	1,726,693
Vanguard US Total Stock Market Index ETF	26,205 Shares	2,853,163	3,261,212
Total Exchange Traded Funds		4,531,837	4,987,905
Corporate Bonds and Notes			
Abbott Labs	2.0000% Matures 3/15/20		
	79,000 face value	79,126	78,813
Abbvie Inc	2.900% Matures 11/06/22		
	78,000 face value	79,087	78,734
Actavis Funding SCS	3.000% Matures 3/12/20		
	77,000 face value	78,788	78,634
Air Lease Corp	3.6250% Matures 4/01/27		
	77,000 face value	77,845	77,007
American Express Co	1.5500% Matures 5/22/2018		
	79,000 face value	79,029	78,979

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2017**

(a) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral and par or maturity value	(d) Cost	(e) Current value
Corporate Bonds and Notes (Continued)			
Anheuser-Busch Inbev Fin	3.3000% Matures 2/1/2023		
	76,000 face value	\$ 78,663	\$ 78,259
AT & T Inc Gbl Nt	3.400% Matures 5/15/25		
	81,000 face value	80,148	79,630
BACCT 2014-A1 A	.5390% Matures 6/15/21		
	157,000 face value	156,965	157,659
Bank Amer Corp	4.4500% Matures 3/03/26		
	75,000 face value	78,860	78,056
Bank Of Amer Crp	5.7500% Matures 12/01/17		
	24,000 face value	27,127	24,406
Boston Properties LP	3.6500% Matures 2/01/26		
	76,000 face value	77,993	76,908
COMET 17-A1 A1	2.0000% Matures 3/17/23		
	122,000 face value	121,973	122,891
Conocophillips Co 4.2000% 03/15/21	4.2000% Matures 3/15/21		
	73,000 face value	78,222	77,398
CVS Health Corp	2.800% Matures 7/20/20		
	77,000 face value	78,512	78,393
Dow Chemical Co	8.5500% Matures 5/15/2019		
	70,000 face value	78,435	78,403
Fibria Overseas Finance	5.5000% Matures 1/17/2027		
	67,000 face value	69,600	68,434
FITAT 2014-2 A3	.890% Matures 11/15/18		
	927 face value	927	927
Goldman Sachs Group Inc	5.250% Matures 7/27/2021		
	71,000 face value	78,106	77,819
IBRD	.8750% Matures 7/19/18		
	153,000 face value	152,930	152,171
Korea Dev Bank	3.500% Matures 08/22/17		
	103,000 face value	103,168	103,211
Sabine Pass Liquefaction LLC	5.8750% Matures 6/30/2026		
	69,000 face value	78,011	77,117
Teva Pharmaceuticals Ne	3.1500% Matures 10/1/2026		
	78,000 face value	74,186	74,075
Verizon	4.500% Matures 9/15/20		
	74,000 face value	78,566	79,050
Wells Fargo	3.0690% Matures 1/24/33		
	77,000 face value	78,477	78,079
Williams Partners LP	3.3500% Matures 8/15/22		
	78,000 face value	78,819	78,419
Total Corporate Bonds and Notes		2,043,563	2,033,472

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2017**

(a) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral and par or maturity value	(d) Cost	(e) Current value
Government Securities			
U S Treasury Note	2.125% Matures 1/31/21		
	484,000 face value	\$ 493,669	\$ 491,449
United States Treas Nts	1.250% Matures 1/31/20		
	74,000 face value	73,758	73,546
United States Treas Nts	1.375% Matures 8/31/20		
	128,000 face value	127,374	127,100
United States Treas Nts	1.625% Matures 6/30/19		
	41,000 face value	41,224	41,183
United States Treas Nts	1.7500% Matures 3/31/22		
	424,000 face value	424,664	421,814
United States Treas Nts	1.8750% Matures 1/31/22		
	55,000 face value	55,436	55,069
US Treasury	.7500% Matures 2/15/19		
	51,000 face value	50,514	50,508
US Treasury N/B	2.2500% Matures 2/15/27		
	291,000 face value	293,367	289,647
FHR 3778 D	3.500% Matures 3/15/25		
	14,538 face value	15,839	14,965
FNMA Remic Trust 2011-15	4.000% Matures 9/25/29		
	16,386 face value	17,113	16,429
FNR 2005-15 JN	4.500% Matures 2/25/23		
	18,715 face value	19,970	19,069
FHLMC	2.0600% Matures 1/15/22		
	13,891 face value	14,004	13,966
FHLMC Gold Pool #G08749	4.0000% Matures 2/1/47		
	186,272 face value	197,041	196,053
Total Government Securities		1,823,973	1,810,798
Real Estate Income Trust			
Blackstone REIT	200,986 Shares	2,016,044	2,013,884
Total Real Estate Income Trust		2,016,044	2,013,884
Total Investments		<u>\$ 33,018,640</u>	<u>\$ 35,939,665</u>

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32 Schedule of Amortization Bases as of July 1, 2016

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1 Shortfall	07/01/2016	4,720,899	7	4,720,899	780,003
Total				4,720,899	780,003

Plan Name: The Ashtabula County Medical Center Retirement Plan
EIN / PN: 34-0726081 / 001
Plan Sponsor: Ashtabula County Medical Center
Valuation Date: July 1, 2016