

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 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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>EMPLOYEES' RETIREMENT PLAN OF MEDCENTRAL HEALTH SYSTEM</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1965</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>07/01/1965</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>07/01/1965</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MEDCENTRAL HEALTH SYSTEM</u> <u>335 GLESSNER AVE</u> <u>MANSFIELD, OH 44903-2224</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0714456</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>614-544-4408</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0714456</u>	2c Plan Sponsor's telephone number <u>614-544-4408</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>34-0714456</u>					
2c Plan Sponsor's telephone number <u>614-544-4408</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.	09/27/2018	RICHARD HOBACK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3688
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 2021
a(2) Total number of active participants at the end of the plan year	6a(2) 1823
b Retired or separated participants receiving benefits	6b 588
c Other retired or separated participants entitled to future benefits	6c 1107
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 3518
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 49
f Total. Add lines 6d and 6e	6f 3567
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 20
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

1A 1C 3H

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

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

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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I	Basic Information
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1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value	2a	<u>96978567</u>	
b Actuarial value	2b	<u>99879987</u>	
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	<u>610</u>	<u>17500256</u>	<u>17500256</u>
b For terminated vested participants	<u>1057</u>	<u>16970233</u>	<u>16970233</u>
c For active participants	<u>2021</u>	<u>40769944</u>	<u>41198627</u>
d Total	<u>3688</u>	<u>75240433</u>	<u>75669116</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.79 %</u>	
6 Target normal cost	6	<u>826000</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>LORI A. DEVORE</u>	Signature of actuary	<u>09/18/2018</u>
<u>AON CONSULTING, INC.</u>	Type or print name of actuary	Date
<u>445 HUTCHINSON AVE</u> <u>SUITE 900</u> <u>COLUMBUS, OH 43235</u>	Firm name	<u>17-05257</u>
	Address of the firm	Most recent enrollment number
		<u>614-825-9424</u>
		Telephone number (including area code)

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5268322
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	5268322
10 Interest on line 9 using prior year's actual return of <u>3.96</u> %	0	208626
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		17998046
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>5.99</u> %		1078083
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		19076129
d Portion of (c) to be added to prefunding balance		19076129
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	24553077

Part III Funding Percentages

14 Funding target attainment percentage	14	99.54%
15 Adjusted funding target attainment percentage	15	131.99%
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	105.34%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(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: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age.....				22 62
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	826000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	342206		56194
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	882194	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	882194	882194
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan EMPLOYEES' RETIREMENT PLAN OF MEDCENTRAL HEALTH SYSTEM	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MEDCENTRAL HEALTH SYSTEM	D Employer Identification Number (EIN) 34-0714456	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK
32-0174431

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
SKYBRIDGE CAPITAL II, LLC
26-0403497

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TCW INVESTMENT MANAGEMENT COMPANY
95-3703295

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GOLDMAN SACHS AND CO.
13-5108880

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

MORGAN STANLEY SMITH BARNEY LLC

20-8764829

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

LOOMIS SAYLES FUNDS

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

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

POINTER OFFSHORE III, LTD.

30-0115725

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

FRANKLIN TEMPLETON INVESTMENTS

ONE FRANKLIN PARKWAY
SAN MATEO, CA 94403-1906

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

VANGUARD

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

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

VIRTUS INVESTMENT PARTNERS

100 PEARL STREET
9TH FLOOR
HARTFORD, CT 06103

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

POINTER MANAGEMENT, LLC

30-0115725

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

KEYBANK

127 PUBLIC SQUARE
CLEVELAND, OH 44144

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

SELECT EQUITY GROUP, L.P.

380 LAFAYETTE STREET
NEW YORK, NY 10003

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

LAZARD ASSET MANAGEMENT

05-0530199

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

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

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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)

ALIGHT SOLUTIONS LLC

82-1061233

(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 49 50	NONE	84340	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

RYAN LABS ASSET MANAGEMENT

47-3503928

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	80922	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEPC, LLC

26-1429809

(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?
16 50	NONE	62500	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)

NORTHERN TRUST COMPANY

36-1561860

(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 50 51 62 68	NONE	18292	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

BAKER & HOSTETLER LLP

34-0082025

(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?
29 50	NONE	14856	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLANTE & MORAN PLLC

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	13000	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)

VAUGHAN NELSON INVESTMENT MGMT LP

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	10522	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

FIERA CAPITAL INC.

13-2726734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	7501	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LAZARD EM SMALL CAP EQUITY TRUST FD</u>		
b Name of sponsor of entity listed in (a): <u>LAZARD ASSET MANAGEMENT</u>		
c EIN-PN <u>45-3626181-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2685408</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GRYPHON INTL EAFE GROWTH GROUP FUND</u>		
b Name of sponsor of entity listed in (a): <u>GRYPHON INTL INVESTMENT CORPORATION</u>		
c EIN-PN <u>98-0444411-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6588466</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE LONG-TERM BOND INDEX</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
c EIN-PN <u>45-6138589-060</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18433550</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE RUSSELL 1000 INDEX</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
c EIN-PN <u>45-6138589-095</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16485576</u>
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)**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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	19720000	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	267138	55351
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1368396	802707
(2) U.S. Government securities.....	1c(2)	11991625	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	23982478	204509
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	8791494	0
(5) Partnership/joint venture interests	1c(5)	11321090	50362713
(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)	0	34919126
(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	9273874
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	20241137	10706526
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	97683358	106324806

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	3502310
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	3502310

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	97683358	102822496
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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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-2	
(B) U.S. Government securities	2b(1)(B)	85924	
(C) Corporate debt instruments	2b(1)(C)	543803	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	51302	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		681027
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	66133	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	547539	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		613672
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	98976970	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	96443610	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2533360
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	303812	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		303812

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5005088
(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)		2247650
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		11384609

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5414276	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		5414276
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)	93792	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	117969	
(4) Other	2i(4)	619434	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		831195
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6245471

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5139138
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		10000000
4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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			

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

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 4070796. (See instructions.)

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 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>EMPLOYEES' RETIREMENT PLAN OF MEDCENTRAL HEALTH SYSTEM</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MEDCENTRAL HEALTH SYSTEM</u>	D Employer Identification Number (EIN) <u>34-0714456</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>34-0797057</u> <u>36-2723087</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>106</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.
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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) 2017
v. 170203

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: 34.5% Investment-Grade Debt: 51.1% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 14.4%

- 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):

Employees' Retirement Plan of MedCentral Health System

**Financial Report
December 31, 2017**

Employees' Retirement Plan of MedCentral Health System

Contents

Independent Auditor's Report	1-2
Statement of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-12
Schedule of Assets Held at End of Year	13
Schedule of Reportable Transactions	14

Independent Auditor's Report

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

Report on the Financial Statements

We have audited the accompanying financial statements of Employees' Retirement Plan of MedCentral Health System (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2017 and 2016 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility for the 2017 Financial Statements

Our responsibility is to express an opinion on the 2017 financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on the 2017 financial statements.

Auditor's Responsibility for the 2016 Financial Statements

Our responsibility is to express an opinion on the 2016 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion on the 2016 Financial Statements* 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 on the 2016 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the investment assets held by KeyBank National Association (the "Trustee") and transactions in those investments were excluded from the scope of our audit of the Plan's 2016 financial statements, except for comparing the information provided by the Trustee, which is summarized in Note 3, with the related information included in the financial statements.

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

Disclaimer of Opinion on the 2016 Financial Statements

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion on the 2016 Financial Statements* 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 the 2016 financial statements.

Opinion on the 2017 Financial Statements

In our opinion, the 2017 financial statements referred to above present fairly, in all material respects, the net assets of the Plan as of December 31, 2017 and the changes in net assets for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As explained in Note 4, the financial statements include investments valued at approximately \$94,556,000 (89 percent of net assets) at December 31, 2017 and \$11,321,000 (12 percent of net assets) at December 31, 2016, whose fair values have been estimated by management in the absence of readily determinable market values. Management's estimates are based on information provided by The Northern Trust Company. Our opinion is not modified with respect to this matter.

Report on Supplemental Information

Our audit of the Plan's financial statements as of and for the year ended December 31, 2017 was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year as of December 31, 2017 and reportable transactions for the year ended December 31, 2017 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the 2017 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Plante & Moran, PLLC

Columbus, Ohio
September 19, 2018

Employees' Retirement Plan of MedCentral Health System

Statement of Net Assets Available for Benefits

December 31, 2017 and 2016	
	2017
	2016
Assets	
Investments at fair value:	
Interest-bearing cash	\$ 802,707 \$ -
Money market funds	- 1,368,396
Mutual funds	10,706,526 20,241,137
U.S. government securities	- 11,991,625
Corporate stocks	- 8,791,494
Corporate bonds	204,509 20,993,773
Foreign bonds	- 2,554,750
Municipal bonds	- 433,955
Common and collective trusts valued at NAV (net asset value)	34,919,126 -
103-12 Investment entities valued at NAV	9,273,874 -
Alternative investments/Limited partnerships valued at NAV	50,362,713 11,321,090
Total investments at fair value	106,269,455 77,696,220
Contributions receivable	- 19,720,000
Accrued interest	55,351 267,138
Total assets	106,324,806 97,683,358
Liabilities - Due to OhioHealth Cash Balance Retirement Plan	3,502,310 -
Net Assets Available for Benefits	\$ 102,822,496 \$ 97,683,358

Employees' Retirement Plan of MedCentral Health System

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2017 and 2016

	2017	2016
Additions to Net Assets		
Contributions - Employer	\$ -	\$ 19,720,000
Investment income:		
Interest and dividends	1,294,699	2,076,006
Net realized and unrealized gains on investments	10,089,910	1,044,504
Total additions	11,384,609	3,120,510
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	5,414,276	5,786,493
Administrative expenses	831,195	1,067,445
Total deductions	6,245,471	6,853,938
Net Increase	5,139,138	15,986,572
Net Assets Available for Benefits		
Beginning of year	97,683,358	81,696,786
End of year	<u><u>\$ 102,822,496</u></u>	<u><u>\$ 97,683,358</u></u>

Employees' Retirement Plan of MedCentral Health System

Notes to Financial Statements

December 31, 2017 and 2016

Note 1 - Plan Description

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

General

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

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

The Plan is a cash balance defined benefit pension plan, which reports accrued benefits to participants in the form of hypothetical individual account balances. Account balances are increased each year by a percentage, based on the sum of age plus service, of the employee's compensation plus an investment credit rate determined annually, which is set January 1 each year and is based on the greater of the average yield of 30-year U.S. Treasury bonds for the December preceding the start of the year or 3.0 percent. The credit rate used by the Plan was 3.11 and 3.00 percent at December 31, 2017 and 2016, respectively.

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

Eligibility and Vesting

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

Pension Benefits

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

Funding

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

December 31, 2017 and 2016

Note 1 - Plan Description (Continued)

Party-in-interest Transactions

During 2016, certain plan assets are in investment funds managed by KeyBank National Association (KeyBank) or its affiliates. During 2017, plan assets were transferred to The Northern Trust Company (Northern Trust). During 2017, certain plan assets were in investment funds managed by Northern Trust. KeyBank and Northern Trust are the trustees of the Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation

The Plan's investments are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices. U.S. government and agency securities and corporate bonds and municipal and foreign obligations shown in the statement of net assets available for benefits for securities that have no quoted market price are valued at estimated fair value. Estimated fair value amounts have been determined using available market information and various valuation methods depending on the type of instrument. In evaluating the fair value information, considerable judgment is required to interpret the market data used to develop the estimates.

Investments in 103-12 investments entities and the common and collective trusts are valued at net asset value per share (NAV) (or its equivalent) of the funds, which is based on the fair value of the funds' net underlying assets. Investments in limited partnerships are valued at the net asset value per share, which is based on the audited financial statements with adjustments to account for partnership activity and other applicable valuation adjustments. Money market funds, mutual funds, and common stocks are valued at quoted market prices. Interest-bearing cash investments are valued at their outstanding balances, which approximate fair value.

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

See Note 4 for additional information.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Various administrative costs are paid by the System.

Actuarial Present Value of Accumulated Plan Benefits

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

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

December 31, 2017 and 2016

Note 2 - Summary of Significant Accounting Policies (Continued)

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

Actuarial Assumptions

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

The significant actuarial assumptions used in the valuation of the Plan at January 1, 2017 are summarized as follows:

Actuarial cost method	The present value of accumulated plan benefits reflects the benefits attributable under the Plan provisions to employees' service rendered to the benefit information date using the traditional unit credit method
Assumed rate of return	7.10 percent
Mortality basis	RP-2014 employee and annuitant mortality tables projected generationally from 2006 with mortality improvement scale MP-2017

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

The changes in assumptions from the prior year valuation include the following: the assumed rate of return increased from 6.4 percent to 7.1 percent and change in the mortality improvement scale assumption from scale MP-2016 to scale MP-2017.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

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

Contributions to the Plan and the accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

December 31, 2017 and 2016

Note 2 - Summary of Significant Accounting Policies (Continued)

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including September 19, 2018, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

In 2017, the Plan changed its trustee from KeyBank National Association (the "Former Trustee") to The Northern Trust Company. The Former Trustee held the Plan's investments and executed all investment transactions prior to March 31, 2017. The investment balances and related income and losses included in the accompanying financial statements as of and for the year ended December 31, 2016 are based solely on information certified by the Former Trustee.

Note 4 - Fair Value Measurements

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

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2017 and 2016.

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

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

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

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

Employees' Retirement Plan of MedCentral Health System

Notes to Financial Statements

December 31, 2017 and 2016

Note 4 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2017				
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Interest-bearing cash	\$ 802,707	\$ -	\$ 802,707	\$ -
Mutual funds	10,706,526	10,706,526	-	-
Corporate bonds	204,509	-	204,509	-
Total investments at fair value	11,713,742	\$ 10,706,526	\$ 1,007,216	\$ -
Investments measured at NAV:				
103-12 Investment entities	9,273,874			
Common and collective trusts	34,919,126			
Alternative investments/Limited partnerships	50,362,713			
Total	\$ 106,269,455			

Assets Measured at Fair Value on a Recurring Basis at December 31, 2016				
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Corporate stocks	\$ 8,791,494	\$ 8,791,494	\$ -	\$ -
Money market funds	1,368,396	1,368,396	-	-
Mutual funds	20,241,137	20,241,137	-	-
Corporate bonds	20,993,773	-	20,993,773	-
Foreign bonds	2,554,750	-	2,554,750	-
Municipal bonds	433,955	-	433,955	-
U.S. government securities	11,991,625	-	11,991,625	-
Total investments at fair value	66,375,130	\$ 30,401,027	\$ 35,974,103	\$ -
Investments measured at NAV - Alternative investments - Limited partnerships	11,321,090			
Total investments at fair value	\$ 77,696,220			

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no transfers between levels in 2017 or 2016.

Investments in Entities that Calculate Net Asset Value per Share

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

Employees' Retirement Plan of MedCentral Health System

Notes to Financial Statements

December 31, 2017 and 2016

Note 4 - Fair Value Measurements (Continued)

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

Investments Held at December 31, 2017					
	Net Asset Value	Unfunded Commitments	Redemption Frequency, if Eligible	Redemption Notice Period	
103-12 Investment entities:					
Emerging markets closed-end funds (1)	\$ 2,685,408	\$ -	Monthly	30 Days	
International equities (2)	6,588,466	-	Monthly	5 Days	
Common and collective trusts:					
Domestic large cap equity (3)	16,485,576	-	Daily	1 Day	
Fixed-income long duration fund (4)	18,433,550	-	Daily	1 Day	
Alternative investments/Limited partnership:					
Pointer Offshore III, Ltd. (5)	3,485,655	-	Semi-annual	105 Days	
International equities (6)	7,383,936	-	Monthly	30 Days	
Fixed-income long duration fund (7)	30,692,531	-	Weekly	5 Days	
Real estate funds (8)	6,114,621	-	Quarterly	90 Days	
Emerging market closed-end funds (9)	2,685,970	-	Monthly	30 Days	
Total	<u>\$ 94,555,713</u>	<u>\$ -</u>			
Investments Held at December 31, 2016					
	Net Asset Value	Unfunded Commitments	Redemption Frequency, if Eligible	Redemption Notice Period	
Alternative investments/Limited partnerships:					
Pointer Offshore III, Ltd. (5)	\$ 5,986,466	\$ -	Annual	105 Days	
Skybridge Multi-Advisor Hedge Fund (5)	5,334,624	-	Quarterly	65 Days	
Total	<u>\$ 11,321,090</u>	<u>\$ -</u>			

- (1) The Trust's investment objective is to achieve long-term capital appreciation by investing primarily in equity and equity-related securities of small cap companies that are located in, or do significant business in, emerging market countries. The investment manager utilizes a relative value investment philosophy through a process of bottom-up stock selection. This philosophy is implemented by assessing the trade-off between valuation and financial productivity for an individual security. The investment manager uses database screening, accounting validation, fundamental analysis and portfolio construction (focusing on macro-economic, political, portfolio, and ESG issues risk) to select securities for inclusion in the Trust's portfolio. In searching for under-valued, under-appreciated, and financially productive stocks, the investment manager follows an investment process that incorporates three types of investment research - analytic framework, accounting validation, and fundamental analysis - as well as other investment selection techniques. The research is predominantly qualitative, although quantitative research is also used to a lesser extent.
- (2) The investment objective of the fund is capital appreciation. The Fund intends to achieve its objective by investing primarily in equity securities of issuers from developed markets located in Europe, Australasia, and the Far East.

December 31, 2017 and 2016

Note 4 - Fair Value Measurements (Continued)

- (3) The primary objective of the fund is to approximate the risk and return characteristics of the Russell 1000 Index. This index is commonly used to represent the large cap segment of the U.S. market. To achieve its objective, the fund employs a replication technique that generally seeks to hold each index constituent in its proportional index weight.
- (4) The purpose of the fund is to provide a passive vehicle to access the United States domestic bond market. The fund will be maintained by the Trustee with the objective of providing investment results that approximate the overall performance of the Barclay's Capital U.S. Long Term Government Bond Index (the "Index"). The Fund will be invested primarily in securities that comprise the Index, which includes, but may not be limited to: fixed-income securities of the U.S. government or any agency thereof and other securities that the Trustee determines will help achieve the fund's objective.
- (5) Multistrategy hedge funds of funds that target attractive risk-adjusted returns through investments in a well-diversified group of hedge fund managers employing a variety of unique investment strategies. The hedge funds of funds are actively managed investment portfolios, which attempt to produce stable longterm risk-adjusted returns with lower volatility and low correlation, as compared to traditional asset classes.
- (6) The Partnership's investment objective is to achieve maximum total return by investing primarily in equity securities of non-U.S. domiciled issuers. The approach involves selecting long-term individual portfolio securities on the basis of rigorous research and fundamental analysis and seeking to take opportunistic advantage of market inefficiencies by trading securities with a shorter time horizon.
- (7) The Fund's objective is to outperform the benchmark index by investing fund assets in a diversified pool of long-duration U.S. investment grade assets, while seeking to maximize total return through a combination of income and capital appreciation. The "Benchmark Index" is the Barclays Capital Long U.S. Credit Index. The fund will seek to increase total return primarily through active management of interest rate and credit risk. The investment adviser anticipates that optimal security selection and sector rotation will permit the construction of a portfolio that delivers consistent excess returns, while exhibiting lower overall volatility. In seeking to achieve this objective, the investment adviser will also follow its credit selection process. The Investment Adviser's credit-oriented investment process seeks to add value through both timely industry rotation and issuer selection.
- (8) This investment is an open-end real estate fund that holds a strategically diversified portfolio of real estate assets across the five main property types in major markets located throughout the United States. The investment strategy is to manage a diversified portfolio of primarily institutional quality real estate assets and related investments. The primary performance objective is to combine an attractive income yield with long-term capital growth.
- (9) This fund employs a process that is centralized around the purchase and sale of emerging markets closed-end funds. Specifically, the fund seeks to identify and own closed-end funds that trade at a discount to management's estimate of fair market value. The fund is expected to consist of 90 to 110 closed-end funds, with each underlying fund holding approximately 70 securities.

Note 5 - Tax Status

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

Note 6 - Plan Termination

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

Employees' Retirement Plan of MedCentral Health System

Notes to Financial Statements

December 31, 2017 and 2016

Note 7 - Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries. The calculation of the actuarial present value of accumulated plan benefits attributable to participants in the Plan, which was made as of and for the year ended December 31, 2016, the most recent actuarial valuation, is as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefit payments	\$ 16,203,187
Other vested participants	<u>54,929,776</u>
Total vested benefits	71,132,963
Nonvested benefits	<u>419,599</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 71,552,562</u></u>

A summary of significant changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2016 is as follows:

Actuarial present value of accumulated plan benefits - Beginning of year	\$ 76,710,717
Increase (decrease) during the year attributable to:	
Interest accumulation	4,727,190
Benefits paid	(5,786,493)
Changes in actuarial assumptions	(3,404,904)
Other	<u>(693,948)</u>
Net decrease	<u>(5,158,155)</u>
Actuarial present value of accumulated plan benefits - End of year	<u><u>\$ 71,552,562</u></u>

Note 8 - Subsequent Events

Effective June 30, 2018, the Plan merged with another plan sponsored by OhioHealth Corporation, the parent organization and sole voting member of the System. Accordingly, all assets and related benefit plan obligations were transferred in to the new plan.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2017

**Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2017**

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

EIN: 34-0714456 PN: 002

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		35 \$21,835	7							
25-29		118 \$33,703	64 \$34,652	1						
30-34		53 \$29,842	102 \$44,321	42 \$45,701	4					
35-39		58 \$47,075	67 \$40,894	70 \$49,525	25 \$47,144					
40-44		40 \$38,634	65 \$41,720	65 \$52,507	72 \$55,873	15	2			
45-49		42 \$39,406	39 \$54,868	54 \$49,289	60 \$59,452	26 \$53,287	22 \$54,707	4		
50-54		23 \$65,162	56 \$42,757	55 \$48,857	44 \$45,787	26 \$53,697	36 \$56,491	25 \$51,087	4	
55-59		28 \$58,855	41 \$74,398	66 \$42,734	53 \$44,903	24 \$58,370	27 \$54,593	29 \$57,504	33 \$64,306	5
60-64		20 \$55,122	28 \$142,560	33 \$40,300	35 \$51,934	18	18	22 \$56,432	29 \$67,650	13
65-69		3	8	13	9	7	8	3	2	3
70+		3	4	3	7		2			3

N-2.021

Schedule SB Attachment (Form 5500)—2017 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

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

Interest Rates	Based on segment rates with a four month lookback (as of September 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor.
1st Segment Rate	4.16%
2nd Segment Rate	5.72%
3rd Segment Rate	6.48%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2016), without regard to interest rate stabilization
1st Segment Rate	1.52%
2nd Segment Rate	3.80%
3rd Segment Rate	4.79%
Salary Increases	N/A
Cash Balance Interest Crediting Rate	30-year Treasury rate for the December preceding the valuation date, but not less than 3%. 3.11% for 2017.
Lump Sum Conversion for Minimum Benefits	Based on the underlying interest rates and the applicable mortality table as of the valuation date
Optional Payment Form Election Percentage	
Active Retirements	100% lump sum
Future Vested Deferreds	100% lump sum
Current Vested Deferreds	
– with a Mansfield Plan benefit	70% life annuity, 30% 75% joint and survivor annuity
– with only a cash balance benefit	100% lump sum
Future Deaths	100% lump sum
Future Disableds	100% lump sum
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2017 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

Schedule SB Attachment (Form 5500)—2017 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$215,000 and the 401(a)(17) compensation limit of \$270,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2015 Plan Year	5.60%
2016 Plan Year	6.40%
2017 Plan Year	7.10%
	The applicable third segment rate limitation is 6.48%.
Trust Expenses Included in Target Normal Cost	The administrative and investment expenses paid from the plan's trust for the previous year excluding the PBGC premium plus the expected PBGC premium for the current year. This amount is rounded to the nearest \$1,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2017

Schedule SB Attachment (Form 5500)—2017 Plan Year
 Employees' Retirement Plan of MedCentral Health System
 EIN: 34-0714456 PN: 002

Table 1

Retirement Rates

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

Table 2

Withdrawal—Sample Rates

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

Table 3

Disability—Sample Rates

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

Employees' Retirement Plan of MedCentral Health System

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j
EIN 34-0714456, Plan No. 002
Year Ended December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
	Federated Treasury Obligations Institutional Shares:					
	Purchases - 128	\$ 3,109,617	\$ -	\$ 3,109,617	\$ 3,109,617	\$ -
	Sales - 88	-	4,258,068	4,258,068	4,258,068	-

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

5500 Supplemental Schedules

1 JAN 17 - 31 DEC 17

Account number MANSFD
Account Name MANSFIELD ALL ACCOUNTS

Page 50 of 133

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
U.S. Government Securities									
United States - USD									
UNITED STATES OF AMER TREAS BD 2.375% 5-15-2027 CUSIP: 912828X88	15,260,000.000	13 Jul 17	100.1360			0.00	15,290,031.84	15,290,031.84	0.00
UNITED STATES OF AMER TREAS BD 2.375% 5-15-2027 CUSIP: 912828X88	-10,800,000.000	19 Jul 17		100.9410		0.00	10,824,697.17	10,901,628.22	76,931.05
UNITED STATES OF AMER TREAS BD 2.375% 5-15-2027 CUSIP: 912828X88	-7,366,000.000	19 Jul 17		100.9250		0.00	7,382,844.39	7,429,732.51	46,888.12
UNITED STATES TREAS BDS 3% DUE 05-15-2047 REG CUSIP: 912810RX8	15,045,000.000	13 Jul 17	101.4920			0.00	15,278,661.38	15,278,661.38	0.00
UNITED STATES TREAS BDS 3% DUE 05-15-2047 REG CUSIP: 912810RX8	-6,700,000.000	19 Jul 17		103.0500		0.00	6,804,908.23	6,900,259.69	95,351.46
UNITED STATES TREAS BDS 3% DUE 05-15-2047 REG CUSIP: 912810RX8	-9,300,000.000	19 Jul 17		103.0930		0.00	9,445,618.88	9,587,649.19	142,030.31
Partnership/Joint Venture Interests									
United States - USD									
LGIMA LONG DURATION US CREDIT FUND LLC CUSIP: 992KDE994	25,950,179.510	20 Jul 17	0.0000			0.00	25,950,179.51	25,950,179.51	0.00
Real Estate - Income Producing									
United States - USD									
CF CLARION LION PROPERTIES LLC FUND CUSIP: 000897769	4,273.430	1 Aug 17	0.0000			0.00	6,000,000.00	6,000,000.00	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2016-06-30 VALUE (INCLUDING ACCRUALS) OF 77,902,401.36

5500 Supplemental Schedules

1 JAN 17 - 31 DEC 17

Account number MANSFD
Account Name MANSFIELD ALL ACCOUNTS

Page 51 of 133

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
International Region - USD									
CF GRYPHON INTERNATIONAL EAFE GROWTH GROUP FUND CUSIP: 854993F64	269,317.880	1 Dec 17	24.1350			0.00	6,500,000.00	6,500,000.00	0.00
United States - USD									
COLTV SHORT TERM INVT FD CUSIP: 195998AK5	5,860,000.000	14 Jul 17	1.0000			0.00	5,860,000.00	5,860,000.00	0.00
COLTV SHORT TERM INVT FD CUSIP: 195998AK5	5,268,006.370	1 Nov 17	1.0000			0.00	5,268,006.37	5,268,006.37	0.00
COLTV SHORT TERM INVT FD CUSIP: 195998AK5	-4,500,000.000	20 Jul 17		1.0000		0.00	4,500,000.00	4,500,000.00	0.00
COLTV SHORT TERM INVT FD CUSIP: 195998AK5	-4,109,938.640	31 Jul 17		1.0000		0.00	4,109,938.64	4,109,938.64	0.00
COLTV SHORT TERM INVT FD CUSIP: 195998AK5	-6,657,670.370	1 Dec 17		1.0000		0.00	6,657,670.37	6,657,670.37	0.00
MFB NT COLLECTIVE LONG-TERM GOVT BD INDEX FUND-NON-LENDING CUSIP: 664997AA1	286,165.380	19 Jul 17	50.6700			0.00	14,500,000.00	14,500,000.00	0.00
MFB NT COLLECTIVE RUSSELL 1000 INDEX FUN D - NON LENDING CUSIP: 003999307	511,490.260	26 Jul 17	27.3710			0.00	14,000,000.00	14,000,000.00	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2016-06-30 VALUE (INCLUDING ACCRUALS) OF 77,902,401.36

5500 Supplemental Schedules

1 JAN 17 - 31 DEC 17

Account number MANSFD
Account Name MANSFIELD ALL ACCOUNTS

Page 52 of 133

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
International Region - USD									
MFC VANGUARD INTL EQUITY INDEX FDS VANGUARD FTSE ALL WORLD EX US ETF CUSIP: 922042775	-85,624.000	26 Jul 17		51.7300		0.00	4,001,209.52	4,428,370.96	427,161.44
United States - USD									
MFC VANGUARD INDEX FDS TOTAL STOCK MARKET ETF CUSIP: 922908769	-51,324.000	26 Jul 17		127.2800		0.00	5,168,289.75	6,531,854.57	1,363,564.82
MFO BAIRD FDS INC AGGREGATE BD FD INSTL CL SHS CUSIP: 057071854	412,465.630	19 Jul 17	10.9100			0.00	4,500,000.00	4,500,000.00	0.00
MFO COLUMBIA FDS SER TR I SELECT LARGE CAP GROWTH FD CL Y CUSIP: 19766M659	-251,630.190	26 Jul 17		17.3000		0.00	4,135,472.31	4,353,202.17	217,729.86
MFO VANGUARD INDEX FDS EXTD MKT PORTFOLIO INSTL SHS CUSIP: 922908884	63,307.170	14 Sep 17	78.9800			0.00	5,000,000.00	5,000,000.00	0.00
Other									
United States - USD									
BAXTER STREET FUND II LP CUSIP: 992KED995	7,000,000.000	27 Jul 17	0.0000			0.00	7,000,000.00	7,000,000.00	0.00
CF SKYBRIDGE MULTI-ADVISER HEDGE FUND PORTFOLIOS LLC CUSIP: 455995U57	-4,791.760	29 Sep 17		1,189.9660		0.00	5,937,009.57	5,702,039.81	-234,969.76

NOTE: TRANSACTIONS ARE BASED ON THE 2016-06-30 VALUE (INCLUDING ACCRUALS) OF 77,902,401.36

5500 Supplemental Schedules

1 JAN 17 - 31 DEC 17

Account number MANSFD
Account Name MANSFIELD ALL ACCOUNTS

Page 53 of 133

◆ 5% Report - Part B

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2016-06-30 VALUE (INCLUDING ACCRUALS) OF 77,902,401.36

5500 Supplemental Schedules

1 JAN 17 - 31 DEC 17

Account Name MANSFIELD Account number MANSFD ALL ACCOUNTS

Page 54 of 133

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Aggregate Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
BAXTER STREET FUND II LP CUSIP: 992KED995	Total acquisitions	1	7,000,000.00			0.00	7,000,000.00	7,000,000.00
CF CLARION LION PROPERTIES LLC FUND CUSIP: 000897769	Total acquisitions	1	6,000,000.00			0.00	6,000,000.00	6,000,000.00
CF GRYPHON INTERNATIONAL EAFE GROWTH GROUP FUND CUSIP: 854993F64	Total acquisitions	1	6,500,000.00			0.00	6,500,000.00	6,500,000.00
CF SKYBRIDGE MULTI-ADVISER HEDGE FUND PORTFOLIOS LLC CUSIP: 455995U57	Total acquisitions	1	78,869.51			0.00	78,869.51	78,869.51
	Total dispositions	1		5,702,039.81		0.00	5,937,009.57	5,702,039.81
COLTV SHORT TERM INVT FD CUSIP: 195998AK5	Total acquisitions	326	30,931,129.19			0.00	30,931,129.19	30,931,129.19
	Total dispositions	185		30,124,334.70		0.00	30,124,334.70	30,124,334.70
LGIMA LONG DURATION US CREDIT FUND LLC CUSIP: 992KDE994	Total acquisitions	2	29,450,179.51			0.00	29,450,179.51	29,450,179.51
MFB NT COLLECTIVE LONG-TERM GOVT BD INDEX FUND-NON-LENDING CUSIP: 664997AA1	Total acquisitions	2	18,000,000.00			0.00	18,000,000.00	18,000,000.00
MFB NT COLLECTIVE RUSSELL 1000 INDEX FUN D - NON LENDING CUSIP: 003999307	Total acquisitions	2	15,250,000.00			0.00	15,250,000.00	15,250,000.00
MFC VANGUARD INDEX FDS TOTAL STOCK MARKET ETF CUSIP: 922908769	Total dispositions	1		6,531,854.57		0.00	5,168,289.75	6,531,854.57
MFC VANGUARD INTL EQUITY INDEX FDS VANGUARD FTSE ALL WORLD EX US ETF CUSIP: 922042775	Total dispositions	1		4,428,370.96		0.00	4,001,209.52	4,428,370.96
MFO BAIRD FDS INC AGGREGATE BD FD INSTL CL SHS CUSIP: 057071854	Total acquisitions	7	4,560,728.58			0.00	4,560,728.58	4,560,728.58
MFO COLUMBIA FDS SER TR I SELECT LARGE CAP GROWTH FD CL Y CUSIP: 19766M659	Total acquisitions	1	262,261.76			0.00	262,261.76	262,261.76
	Total dispositions	1		4,353,202.17		0.00	4,135,472.31	4,353,202.17
MFO VANGUARD INDEX FDS EXTD MKT PORTFOLIO INSTL SHS CUSIP: 922908884	Total acquisitions	4	5,793,654.67			0.00	5,793,654.67	5,793,654.67
UNITED STATES OF AMER TREAS BD 2.375% 5-15-2027 CUSIP: 912828X88	Total acquisitions	12	18,283,472.14			0.00	18,283,472.14	18,283,472.14

NOTE: TRANSACTIONS ARE BASED ON THE 2016-06-30 VALUE (INCLUDING ACCRUALS) OF 77,902,401.36

5500 Supplemental Schedules

1 JAN 17 - 31 DEC 17

Account Name MANSFIELD ALL ACCOUNTS
Account number MANSFD

Page 55 of 133

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
		Acquisition Price	Disposition Price				
	Total dispositions		18,407,670.89		0.00	18,283,472.14	18,407,670.89
UNITED STATES TREAS BDS 3% DUE 05-15-2047 REG CUSIP: 912810RX8	Total acquisitions	16,250,527.11			0.00	16,250,527.11	16,250,527.11
	Total dispositions		16,487,908.88		0.00	16,250,527.11	16,487,908.88

NOTE: TRANSACTIONS ARE BASED ON THE 2016-06-30 VALUE (INCLUDING ACCRUALS) OF 77,902,401.36

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
NORTHERN TRUST COMPANY, THE									
U.S. Government Securities									
United States - USD									
FNMA REMIC SER 2015-M7 CLS AB2 2.502% 12-25-2024 CUSIP: 3136ANLH8	-19,643.290	14 Jul 17		95.5313		0.00	19,397.75	18,754.22	-643.53
FNMA SER 2017-M5 CL A2 3.303% 04-25-2029 CUSIP: 3136AWWF0	-270,000.000	13 Jul 17		100.9375		0.00	272,044.28	272,367.73	323.45
GNMA FIXED 2.6% DUE 04-16-2050 CUSIP: 38379RPQ0	-90,000.000	14 Jul 17		86.5313		0.00	78,943.36	77,831.40	-1,111.96
GNMA VAR RT 3% DUE 03-16-2052 CUSIP: 38379KVZ8	-120,000.000	14 Jul 17		89.7500		0.00	114,750.00	107,635.38	-7,114.62
GNMA VAR RT 3% DUE 11-16-2055 CUSIP: 38379KMN5	-140,000.000	13 Jul 17		92.7813		0.00	132,212.50	129,815.81	-2,396.69
GNMA 2015-041 REMIC PASSTHRU CTF CL C 01-16-2057 CUSIP: 38379KEK0	-140,000.000	14 Jul 17		93.0313		0.00	137,889.06	130,165.60	-7,723.46
GNMA 2015-160 REMIC PASSTHRU SEC CL MX-MU 01-16-2056 CUSIP: 38379K5G9	-200,000.000	14 Jul 17		89.0000		0.00	188,937.50	177,893.20	-11,044.30
GNMA 2017-76 REMIC PASS THRU CTF CL B 2.6% DUE 12-16-2056 CUSIP: 38379RWA7	-140,000.000	13 Jul 17		89.1250		0.00	125,453.13	124,700.13	-753.00
UNITED STATES OF AMER TREAS BD 2.375% 5-15-2027 CUSIP: 912828X88	1,900,000.000	13 Jul 17	100.2422			0.00	1,905,744.33	1,905,744.33	0.00
UNITED STATES OF AMER TREAS BD 2.375% 5-15-2027 CUSIP: 912828X88	15,260,000.000 *	13 Jul 17	100.1367			0.00	15,290,031.84	15,290,031.84	0.00
UNITED STATES OF AMER TREAS BD 2.375% 5-15-2027 CUSIP: 912828X88	840,000.000	14 Jul 17	100.4961			0.00	844,673.69	844,673.69	0.00
UNITED STATES OF AMER TREAS BD 2.375% 5-15-2027 CUSIP: 912828X88	-7,366,000.000 *	19 Jul 17		100.9258		0.00	7,382,844.39	7,429,732.51	46,888.12
UNITED STATES OF AMER TREAS BONDS DTD 05/15/2015 2.125% DUE 05-15-2025 REG CUSIP: 912828XB1	-140,000.000	13 Jul 17		99.0703		0.00	138,740.70	138,615.22	-125.48

NOTE: TRANSACTIONS ARE BASED ON THE 2016-06-30 VALUE (INCLUDING ACCRUALS) OF 77,902,401.36

5500 Supplemental Schedules

1 JAN 17 - 31 DEC 17

Account number MANSFD
Account Name MANSFIELD ALL ACCOUNTS

Page 57 of 133

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
NORTHERN TRUST COMPANY, THE									
UNITED STATES OF AMER TREAS NOTES 1.75% 05-31-2022 CUSIP: 912828XR6	-205,000.000	13 Jul 17		99.3125		0.00	205,137.11	203,468.48	-1,668.63
UNITED STATES OF AMER TREAS NOTES 1.875% 01-31-2022 REG CUSIP: 912828V72	-100,000.000	13 Jul 17		100.0508		0.00	99,718.44	99,990.75	272.31
UNITED STATES TREAS BDS 1.5% DUE 08-15-2026 REG CUSIP: 912828A7	-70,000.000	13 Jul 17		93.3594		0.00	68,594.14	65,312.35	-3,281.79
UNITED STATES TREAS BDS 2.875% DUE 11-15-2046 CUSIP: 912810RU4	-175,000.000	13 Jul 17		99.3555		0.00	171,083.33	173,767.75	2,684.42
UNITED STATES TREAS BDS 3% DUE 02-15-2047 REG CUSIP: 912810RV2	-190,000.000	13 Jul 17		101.9297		0.00	194,380.76	193,550.21	-830.55
UNITED STATES TREAS BDS 3% DUE 05-15-2047 REG CUSIP: 912810RX8	15,045,000.000 *	13 Jul 17	101.4922			0.00	15,278,661.38	15,278,661.38	0.00
UNITED STATES TREAS BDS 3% DUE 05-15-2047 REG CUSIP: 912810RX8	478,000.000	13 Jul 17	101.6523			0.00	486,189.74	486,189.74	0.00
UNITED STATES TREAS BDS 3% DUE 05-15-2047 REG CUSIP: 912810RX8	477,000.000	14 Jul 17	101.7578			0.00	485,675.99	485,675.99	0.00
UNITED STATES TREAS BDS 3% DUE 05-15-2047 REG CUSIP: 912810RX8	-6,700,000.000 *	19 Jul 17		103.0508		0.00	6,804,908.23	6,900,259.69	95,351.46
UNITED STATES TREAS NTS DTD 01/31/2016 1.375% DUE 01-31-2021 REG CUSIP: 912828N89	-50,000.000	13 Jul 17		98.9336		0.00	50,291.02	49,437.12	-853.90
UNITED STATES TREAS NTS DTD 02/28/2015 1.375% DUE 02-29-2020 REG CUSIP: 912828J50	-35,000.000	13 Jul 17		99.6992		0.00	34,647.26	34,873.79	226.53
UNITED STATES TREAS NTS DTD 02/29/2016 1.5% DUE 02-28-2023 REG CUSIP: 912828P79	-360,000.000	13 Jul 17		97.3047		0.00	353,701.75	350,086.70	-3,615.05
UNITED STATES TREAS NTS DTD 03/31/2016 1.25% DUE 03-31-2021 REG CUSIP: 912828Q37	-190,000.000	13 Jul 17		98.2930		0.00	189,651.17	186,644.59	-3,006.58
UNITED STATES TREAS NTS DTD 04/30/2015 1.375% DUE 04-30-2020 REG CUSIP: 912828K58	-50,000.000	13 Jul 17		99.5938		0.00	49,495.31	49,767.00	271.69
UNITED STATES TREAS NTS DTD 04/30/2016 1.375% DUE 04-30-2021 REG CUSIP: 912828Q78	-105,000.000	13 Jul 17		98.6758		0.00	105,626.17	103,547.40	-2,078.77

NOTE: TRANSACTIONS ARE BASED ON THE 2016-06-30 VALUE (INCLUDING ACCRUALS) OF 77,902,401.36

5500 Supplemental Schedules

1 JAN 17 - 31 DEC 17

Account number MANSFD
Account Name MANSFIELD ALL ACCOUNTS

Page 58 of 133

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
NORTHERN TRUST COMPANY, THE									
UNITED STATES TREAS NTS DTD 05/31/2015 1.5% DUE 05-31-2020 REG CUSIP: 912828XE5	-60,000.000	13 Jul 17		99.8906		0.00	59,456.25	59,898.42	442.17
UNITED STATES TREAS NTS DTD 05/31/2016 1.375% DUE 05-31-2021 REG CUSIP: 912828R77	-40,000.000	13 Jul 17		98.5859		0.00	40,183.60	39,410.72	-772.88
UNITED STATES TREAS NTS DTD 06/30/2015 1.625% DUE 06-30-2020 REG CUSIP: 912828XH8	-35,000.000	13 Jul 17		100.1914		0.00	34,874.22	35,045.95	171.73
UNITED STATES TREAS NTS DTD 07/31/2015 2% DUE 07-31-2022 REG CUSIP: 912828XQ8	-175,000.000	13 Jul 17		100.3438		0.00	175,792.97	175,496.20	-296.77
UNITED STATES TREAS NTS DTD 07/31/2016 1.125% DUE 07-31-2021 REG CUSIP: 912828S76	-35,000.000	13 Jul 17		97.4531		0.00	34,989.06	34,088.12	-900.94
UNITED STATES TREAS NTS DTD 08/15/2015 2% DUE 08-15-2025 REG CUSIP: 912828K74	-175,000.000	13 Jul 17		98.0117		0.00	173,525.78	171,417.60	-2,108.18
UNITED STATES TREAS NTS DTD 10/31/2015 1.375% DUE 10-31-2020 REG CUSIP: 912828L99	-430,000.000	13 Jul 17		99.1875		0.00	424,389.84	426,250.35	1,860.51
UNITED STATES TREAS NTS DTD 11/15/2015 2.25% DUE 11-15-2025 REG CUSIP: 912828M56	-100,000.000	13 Jul 17		99.6992		0.00	100,586.53	99,639.40	-947.13
UNITED STATES TREAS NTS DTD 11/15/2016 1% DUE 11-15-2019 REG CUSIP: 912828U32	-35,000.000	13 Jul 17		99.0156		0.00	34,630.86	34,634.68	3.82
UNITED STATES TREAS NTS DTD 11/30/2014 1.875% DUE 11-30-2021 REG CUSIP: 912828G53	-40,000.000	13 Jul 17		100.2031		0.00	39,986.80	40,057.20	70.40
UNITED STATES TREAS NTS DTD 12/31/2014 1.625% DUE 12-31-2019 REG CUSIP: 912828G95	-20,000.000	13 Jul 17		100.3984		0.00	20,253.13	20,067.64	-185.49
UNITED STATES TREAS NTS DTD 658 1.375% DUE 08-31-2020 REG CUSIP: 912828L32	-175,000.000	13 Jul 17		99.3320		0.00	174,015.23	173,726.75	-288.48
UNITED STATES TREAS NTS DTD 683 1.625% DUE 02-15-2026 REG CUSIP: 912828P46	-90,000.000	13 Jul 17		94.7500		0.00	88,367.77	85,223.83	-3,143.94
UNITED STATES TREAS NTS FIXED 1.375% DUE 09-30-2020 CUSIP: 912828L65	-200,000.000	13 Jul 17		99.2656		0.00	200,067.97	198,412.13	-1,655.84
UNITED STATES TREAS NTS TREASURY NOTE 1% DUE 10-15-2019 REG CUSIP: 912828T59	-60,000.000	13 Jul 17		99.1016		0.00	59,981.25	59,425.26	-555.99

NOTE: TRANSACTIONS ARE BASED ON THE 2016-06-30 VALUE (INCLUDING ACCRUALS) OF 77,902,401.36

5500 Supplemental Schedules

1 JAN 17 - 31 DEC 17

Account number MANSFD
Account Name MANSFIELD ALL ACCOUNTS

Page 59 of 133

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
NORTHERN TRUST COMPANY, THE									
UNITED STATES TREAS NTS TREASURY NOTE 2.25% DUE 12-31-2023 REG CUSIP: 912828V23	-45,000.000	13 Jul 17		100.8047		0.00	45,196.87	45,334.89	138.02
UNITED STATES TREAS NTS US TREASURY N/B 1.75% DUE 04-30-2022 REG CUSIP: 912828X47	-185,000.000	13 Jul 17		99.8906		0.00	185,826.91	184,686.78	-1,140.13
UNITED STATES TREAS NTS WI TREASURY NOTE .875% DUE 09-15-2019 REG CUSIP: 912828G4	-135,000.000	13 Jul 17		98.9063		0.00	135,000.00	133,443.33	-1,556.67
UNITED STATES TREAS NTS 1.625% DUE 05-15 -2026 CUSIP: 912828R36	-75,000.000	13 Jul 17		94.4336		0.00	74,249.49	70,782.70	-3,466.79
UNITED STATES TREAS NTS 1.625% DUE 07-31-2020 REG CUSIP: 912828XM7	-235,000.000	13 Jul 17		100.1523		0.00	235,124.81	235,216.80	91.99
UNITED STATES TREAS NTS 1.875% DUE 10-31 -2022 CUSIP: 912828M49	-25,000.000	13 Jul 17		99.5781		0.00	24,744.87	24,879.59	134.72
UNITED STATES TREAS SEC STRIPPED INT PMT INT PMT 05-15-2042 (UNDDATE) REG CUSIP: 912834LK2	-375,000.000	13 Jul 17		47.2130		0.00	137,943.75	176,942.52	38,998.77
UNITED STATES TREAS SEC STRIPPED INT PMT NT 194 08-15-2040 (UNDDATE) REG CUSIP: 912834JB5	-600,000.000	13 Jul 17		50.1740		0.00	300,582.00	300,863.37	281.37
UNITED STATES TREAS SEC STRIPPED INT PMT NT 218 05-15-2045 (UNDDATE) REG CUSIP: 912834KB3	-330,000.000	13 Jul 17		42.9560		0.00	135,088.80	141,669.75	6,580.95
UNITED STATES TREAS SEC STRIPPED INT PMT 00764 08-15-2037 (UNDDATE) REG CUSIP: 912833Z52	-390,000.000	13 Jul 17		56.0370		0.00	188,705.40	218,413.17	29,707.77
UNITED STATES TREAS SEC STRIPPED INT PMT 00834 02-15-2032 (UNDDATE) BEO CUSIP: 9128334T4	-80,000.000	13 Jul 17		67.1850		0.00	47,913.60	53,715.75	5,802.15
UNITED STATES TREAS SEC STRIPPED INT PMT 00837 08-15-2033 (UNDDATE) REG CUSIP: 9128334W7	-330,000.000	13 Jul 17		64.0120		0.00	184,206.00	211,112.86	26,906.86
UNITED STATES TREAS SEC STRIPPED INT PMT 00839 08-15-2034 (UNDDATE) REG CUSIP: 9128334Y3	-435,000.000	13 Jul 17		61.9780		0.00	224,759.28	269,442.54	44,683.26
UNITED STATES TREAS SEC STRIPPED INT PMT 00841 08-15-2035 (UNDDATE) REG CUSIP: 9128335A4	-390,000.000	13 Jul 17		59.9710		0.00	194,438.95	233,746.57	39,307.62
UNITED STATES TREAS SEC STRIPPED INT PMT 00873 08-15-2036 CUSIP: 9128337E4	-395,000.000	13 Jul 17		57.9600		0.00	198,451.72	228,804.63	30,352.91

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5500 Supplemental Schedules

1 JAN 17 - 31 DEC 17

Account number MANSFD
Account Name MANSFIELD ALL ACCOUNTS

Page 60 of 133

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
NORTHERN TRUST COMPANY, THE									
UNITED STATES TREAS SEC STRIPPED INT PMT 00886 05-15-2033 (UNDDATE) REG CUSIP: 9128337T1	-395,000.000	13 Jul 17		64.5560		0.00	206,288.75	254,843.20	48,554.45
UNITED STATES TREAS SEC STRIPPED INT PMT 08-15-2045 (UNDDATE) REG CUSIP: 912834PM4	-475,000.000	13 Jul 17		42.7110		0.00	192,498.50	202,755.52	10,257.02
UNITED STATES TREAS SEC STRIPPED 08-15-2038 CUSIP: 912834AT5	-640,000.000	13 Jul 17		53.9990		0.00	278,418.84	345,386.24	66,967.40
UNITED STATES TREAS 2.25% DUE 02-15-2027 REG CUSIP: 912828V98	-120,000.000	13 Jul 17		99.1055		0.00	118,700.39	118,855.20	154.81
UNITED STATES TREASURY 1.25% DUE 10-31-2 021 REG CUSIP: 912828T67	-40,000.000	13 Jul 17		97.6367		0.00	39,455.03	39,031.26	-423.77
US TREAS SEC STRIPPED INT PMT NT 200 0 11-15-2040 REG CUSIP: 912834JH2	-285,000.000	13 Jul 17		49.6480		0.00	123,630.15	141,411.90	17,781.75
US TREAS SEC 0 DUE 11-15-2041 CUSIP: 912834KV9	-910,000.000	13 Jul 17		48.2600		0.00	382,721.60	438,902.50	56,180.90
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2044 CUSIP: 912834NF1	-325,000.000	13 Jul 17		44.5330		0.00	124,965.75	144,645.41	19,679.66
UTD STATES TREAS ZERO CPN 0% DUE 05-15-2039 CUSIP: 912834DV7	-185,000.000	13 Jul 17		52.4390		0.00	83,805.00	96,953.94	13,148.94
UTD STATES TREAS ZERO CPN 0% DUE 08-15-2039 CUSIP: 912834EP9	-335,000.000	13 Jul 17		51.9380		0.00	151,346.30	173,887.90	22,541.60
UTD STATES TREAS ZERO CPN 0% DUE 08-15-2043 CUSIP: 912834MT2	-700,000.000	13 Jul 17		45.1980		0.00	315,231.00	316,196.17	965.17
UTD STATES TREAS ZERO CPN 0% DUE 11-15-2042 CUSIP: 912834LX4	-750,000.000	13 Jul 17		46.5050		0.00	222,120.00	348,578.23	126,458.23
UTD STATES TREAS ZERO CPN 0% DUE 11-15-2044 CUSIP: 912834PB8	-650,000.000	13 Jul 17		43.5710		0.00	259,720.50	283,041.57	23,321.07
UTD STATES TREAS 1.125% DUE 09-30-2021 CUSIP: 912828T34	-90,000.000	13 Jul 17		97.2383		0.00	89,431.25	87,461.94	-1,969.31
UTD STATES TREAS 2.125% DUE 06-30-2022 CUSIP: 912828XG0	-180,000.000	13 Jul 17		100.9688		0.00	180,857.81	181,634.70	776.89

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5500 Supplemental Schedules

1 JAN 17 - 31 DEC 17

Account number MANSFD
Account Name MANSFIELD ALL ACCOUNTS

Page 61 of 133

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
NORTHERN TRUST COMPANY, THE									
UTD STATES TREAS 2.125% DUE 09-30-2021 CUSIP: 912828F21	-25,000.000	13 Jul 17		101.3008		0.00	25,848.63	25,310.00	-538.63
Corporate Debt Instruments - Preferred									
Netherlands - USD									
SHELL INTL FIN B V 2.5% DUE 09-12-2026 CUSIP: 822582BX9	-125,000.000	13 Jul 17		95.7750		0.00	122,962.50	119,646.92	-3,315.58
United States - USD									
BERKSHIRE HATHAWAY 3% DUE 02-11-2023 CUSIP: 084670BJ6	-145,000.000	13 Jul 17		102.7070		0.00	144,019.80	148,835.79	4,815.99
BERKSHIRE HATHAWAY 4.25% DUE 01-15-2021 CUSIP: 084664BQ3	-210,000.000	13 Jul 17		107.5380		0.00	241,915.80	225,694.30	-16,221.50
CHEVRON CORP NEW 3.191 DUE 06-24-2023 CUSIP: 166764AH3	-105,000.000	13 Jul 17		103.7270		0.00	100,981.65	108,848.00	7,866.35
DANAHER CORP 4.375% DUE 09-15-2045 CUSIP: 235851AR3	-160,000.000	13 Jul 17		108.1500		0.00	181,164.80	172,936.18	-8,228.62
DISNEY WALT CO NEW 4.125 DUE 06-01-2044 CUSIP: 25468PDB9	-110,000.000	13 Jul 17		103.7560		0.00	111,734.70	114,063.12	2,328.42
FRANKLIN RES INC 2.8% DUE 09-15-2022 CUSIP: 354613AJ0	-355,000.000	13 Jul 17		101.2530		0.00	352,573.10	359,232.48	6,659.38
HOME DEPOT INC 3.75 BDS DUE 02-15-2024/09-10-2013 USD2000 REG CUSIP: 437076BC5	-175,000.000	13 Jul 17		106.4940		0.00	189,292.25	186,252.68	-3,039.57
KIMBERLY CLARK 3.9% DUE 05-04-2047 CUSIP: 494368BW2	-195,000.000	13 Jul 17		101.4160		0.00	198,256.50	197,642.54	-613.96
LOEWS CORP 3.75% DUE 04-01-2026 CUSIP: 540424AS7	-195,000.000	13 Jul 17		103.5270		0.00	200,712.15	201,756.52	1,044.37
MERCK & CO INC NEW FIXED 2.75% DUE 02-10-2025 CUSIP: 58933YAR6	-250,000.000	13 Jul 17		99.7820		0.00	243,670.00	249,305.33	5,635.33

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5500 Supplemental Schedules

1 JAN 17 - 31 DEC 17

Account number MANSFD
Account Name MANSFIELD ALL ACCOUNTS

Page 62 of 133

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
NORTHERN TRUST COMPANY, THE									
NIKE INC 2.375% DUE 11-01-2026 CUSIP: 654106AF0	-170,000.000	13 Jul 17		95.1920		0.00	161,692.10	161,729.30	37.20
PEPSICO INC 4.45% DUE 04-14-2046 CUSIP: 713448DD7	-175,000.000	13 Jul 17		108.7990		0.00	195,550.25	190,284.01	-5,266.24
RAYTHEON CO 4.7% DUE 12-15-2041 CUSIP: 755111BW0	-205,000.000	13 Jul 17		113.7480		0.00	230,491.75	233,043.49	2,551.74
SOUTHWESTN PUB SVC 4.5% DUE 08-15-2041 CUSIP: 845743BN2	-175,000.000	13 Jul 17		109.3550		0.00	202,630.75	191,256.43	-11,374.32
STRYKER CORP 3.375% DUE 11-01-2025 CUSIP: 863667AH4	-130,000.000	13 Jul 17		101.9490		0.00	129,637.19	132,454.18	2,816.99
TJX COS INC NEW 2.5% DUE 05-15-2023 CUSIP: 872540AP4	-120,000.000	13 Jul 17		99.7350		0.00	114,483.60	119,610.19	5,126.59
TOYOTA MTR CR CORP MEDIUM TERM NTS BOOK TRANCHE # TR 00858 3.3 DUE 01-12-2022 CUSIP: 89233P5T9	-215,000.000	13 Jul 17		104.0670		0.00	232,634.30	223,609.80	-9,024.50
U S BANCORP MEDIUM TERM NTS- BOOK ENTRY TRANCHE # TR 00171 3 DUE 03-15-2022 CUSIP: 91159HHC7	-145,000.000	13 Jul 17		102.6760		0.00	140,454.25	148,790.87	8,336.62
UNION PAC CORP FIXED 4% DUE 04-15-2047 CUSIP: 907818EN4	-150,000.000	13 Jul 17		103.1840		0.00	148,855.50	154,683.13	5,827.63
VISA INC 3.15% DUE 12-14-2025 CUSIP: 92826CAD4	-110,000.000	13 Jul 17		101.8480		0.00	110,037.40	111,965.58	1,928.18

Corporate Debt Instruments - Other

Belgium - USD

ANHEUSER-BUSCH 3.65% DUE 02-01-2026 CUSIP: 035242AP1	-195,000.000	13 Jul 17		103.0630		0.00	203,067.15	200,852.27	-2,214.88
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Canada - USD

CDP FINL INC 4.4% DUE 11-25-2019 CUSIP: 125094AD4	-140,000.000	13 Jul 17		105.5910		0.00	148,877.40	147,738.70	-1,138.70
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5500 Supplemental Schedules

1 JAN 17 - 31 DEC 17

Account number MANSFD
Account Name MANSFIELD ALL ACCOUNTS

Page 63 of 133

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
NORTHERN TRUST COMPANY, THE									
CENOVUS ENERGY INC 144A FIXED 4.25% DUE 04-15-2027 CUSIP: 15135UAL3	-45,000.000	13 Jul 17		94.4710		0.00	45,014.35	42,486.44	-2,527.91
TRANSCANADA 3.125% DUE 01-15-2019 CUSIP: 89352HAS8	-115,000.000	13 Jul 17		101.7410		0.00	118,217.70	116,931.95	-1,285.75
China - USD									
ALIBABA GROUP HLDG 2.5% DUE 11-28-2019 CUSIP: 01609WAC6	-165,000.000	13 Jul 17		100.8850		0.00	166,968.50	166,360.37	-608.13
CNOOC FIN 2013 LTD 3% DUE 05-09-2023 CUSIP: 12625GAC8	-235,000.000	13 Jul 17		99.3400		0.00	236,750.75	233,308.93	-3,441.82
France - USD									
BNP PARIBAS US MEDIUM TERM NT PROGRAM LLC MEDIUM TERM SR NTS 2.4 12-12-2018 CUSIP: 05574LTX6	-285,000.000	13 Jul 17		100.8830		0.00	285,790.20	287,344.04	1,553.84
FRANCE TELECOM SA 4.125% DUE 09-14-2021 CUSIP: 35177PAW7	-100,000.000	13 Jul 17		106.6750		0.00	107,698.00	106,610.99	-1,087.01
Germany - USD									
PVTPL SIEMENS FINANCIERINGSMAT 3.4% DUE 03-16-2027 CUSIP: 82620KAU7	-140,000.000	13 Jul 17		102.3170		0.00	144,019.40	143,157.85	-861.55
Italy - USD									
PVTPL ENEL FIN INTL N V 3.625% 05-25-202 7 CUSIP: 29278GAA6	-35,000.000	13 Jul 17		99.3410		0.00	34,629.35	34,748.49	119.14
Japan - USD									
SUMITOMO MITSUI FINL GROUP INC 2.784% BN DS 07-12-2022 CUSIP: 86562MAQ3	-55,000.000	13 Jul 17		100.3380		0.00	55,000.00	55,152.79	152.79

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5500 Supplemental Schedules

1 JAN 17 - 31 DEC 17

Account number MANSFD
Account Name MANSFIELD ALL ACCOUNTS

Page 64 of 133

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
NORTHERN TRUST COMPANY, THE									
Mexico - USD									
AMER MOVIL SAB DE 5% DUE 10-16-2019 CUSIP: 02364WAX3	-70,000.000	13 Jul 17		106.8100		0.00	75,888.30	74,722.14	-1,166.16
AMERICA MOVIL SAB DE CV 3.125 DUE 07-16-2022 REG CUSIP: 02364WBD6	-235,000.000	13 Jul 17		102.2600		0.00	245,462.05	240,166.81	-5,295.24
Norway - USD									
STATOILHYDRO ASA 5.25 DUE 04-15-2019 CUSIP: 85771SAA4	-205,000.000	13 Jul 17		105.7960		0.00	245,167.25	216,751.67	-28,415.58
Peru - USD									
SOUTHERN COPPER CORP DEL RT 3.875% DUE 04-23-2025 CUSIP: 84265VAH8	-7,000.000	13 Jul 17		102.1400		0.00	6,997.13	7,145.51	148.38
Spain - USD									
TELEFONICA FIXED 4.103% DUE 03-08-2027 CUSIP: 87938WAT0	-85,000.000	13 Jul 17		103.5670		0.00	83,321.25	87,979.13	4,657.88
Switzerland - USD									
PVTPL ROCHE HLDGS INC NT 144A 3.35% DUE 09-30-2024/09-29-2014 BEO CUSIP: 771196BE1	-190,000.000	13 Jul 17		103.2600		0.00	202,228.40	196,076.28	-6,152.12
United Kingdom - USD									
BP CAP MKTS P L C 2.75% DUE 05-10-2023 CUSIP: 05565QCD8	-15,000.000	13 Jul 17		99.7150		0.00	14,728.45	14,948.28	219.83
BP CAP MKTS P L C 3.119% DUE 05-04-2026 CUSIP: 05565QDB1	-195,000.000	13 Jul 17		99.0930		0.00	199,958.80	193,115.41	-6,843.39

NOTE: TRANSACTIONS ARE BASED ON THE 2016-06-30 VALUE (INCLUDING ACCRUALS) OF 77,902,401.36

5500 Supplemental Schedules

1 JAN 17 - 31 DEC 17

Account number MANSFD
Account Name MANSFIELD ALL ACCOUNTS

Page 65 of 133

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
NORTHERN TRUST COMPANY, THE									
HSBC HLDGS PLC 4.375% DUE 11-23-2026 CUSIP: 404280BH1	-20,000.000	13 Jul 17		103.8930		0.00	20,095.80	20,766.13	670.33
United States - USD									
##GOLDMAN SACHS GROUP INC 3.85% 26 JAN 2027 DO NOT USE SEE TNT #471LABB CUSIP: 9DU99MMY6	-35,000.000	13 Jul 17		101.5330		0.00	35,109.55	35,515.23	405.68
AIR LEASE CORP 2.125% DUE 01-15-2020 CUSIP: 00912XAU8	-20,000.000	13 Jul 17		99.8000		0.00	19,928.60	19,948.02	19.42
ALEXANDRIA REAL 3.95% DUE 01-15-2028 CUSIP: 015271AK5	-20,000.000	13 Jul 17		101.5800		0.00	19,971.00	20,303.81	332.81
ALLSTATE CORP 4.2% DUE 12-15-2046 CUSIP: 020002BC4	-150,000.000	13 Jul 17		104.5480		0.00	148,807.50	156,727.91	7,920.41
AMERICAN EXPRESS CREDIT 2.375% DUE 05-26-2020 CUSIP: 0258M0DT3	-270,000.000	13 Jul 17		101.1700		0.00	270,579.10	272,995.10	2,416.00
AMERICREDIT AUTOMOBILE SER 17-2 CL D 3.3 6% 04-18-2023 CUSIP: 03065GAG5	-160,000.000	13 Jul 17		100.9063		0.00	159,962.29	161,353.13	1,390.84
AMERICREDIT 2.71% DUE 09-08-2022 CUSIP: 03065DAG2	-50,000.000	13 Jul 17		99.2188		0.00	49,985.76	49,579.61	-406.15
AMERICREDIT 2.74% DUE 12-08-2022 CUSIP: 03065TAG7	-190,000.000	13 Jul 17		99.2813		0.00	189,962.51	188,521.20	-1,441.31
AMERICREDIT 3.65% DUE 05-09-2022 CUSIP: 03066DAG1	-70,000.000	13 Jul 17		101.6563		0.00	69,979.75	71,116.68	1,136.93
AMERIPRISE FINL 2.875% DUE 09-15-2026 CUSIP: 03076CAH9	-120,000.000	13 Jul 17		97.1020		0.00	120,800.40	116,452.49	-4,347.91
AMERN EXPRESS CR 3.3% DUE 05-03-2027 CUSIP: 0258M0EL9	-30,000.000	13 Jul 17		100.1550		0.00	29,832.91	30,028.47	195.56
APPLE INC 3.35% DUE 02-09-2027 CUSIP: 037833CJ7	-135,000.000	13 Jul 17		102.5140		0.00	135,813.15	138,310.86	2,497.71
ARROW ELECTRS INC FIXED 3.875% DUE 01-12-2028 CUSIP: 042735BF6	-45,000.000	13 Jul 17		100.1300		0.00	45,220.95	45,031.46	-189.49

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5500 Supplemental Schedules

1 JAN 17 - 31 DEC 17

Account number MANSFD
Account Name MANSFIELD ALL ACCOUNTS

Page 66 of 133

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
NORTHERN TRUST COMPANY, THE									
AT&T INC 3.2% DUE 03-01-2022 CUSIP: 00206RDN9	-90,000.000	13 Jul 17		101.3330		0.00	89,973.00	91,144.98	1,171.98
AT&T INC 3.6% DUE 02-17-2023 CUSIP: 00206RCS9	-145,000.000	13 Jul 17		102.3400		0.00	148,760.50	148,303.96	-456.54
AT&T INC 3.8% DUE 03-01-2024 CUSIP: 00206RDP4	-45,000.000	13 Jul 17		102.4570		0.00	45,062.55	46,077.99	1,015.44
AT&T INC 4.25% DUE 03-01-2027 CUSIP: 00206RDQ2	-50,000.000	13 Jul 17		103.0640		0.00	50,030.45	51,501.08	1,470.63
AT&T INC 4.6% DUE 02-15-2021 CUSIP: 00206RCZ3	-40,000.000	13 Jul 17		106.6850		0.00	43,985.00	42,648.40	-1,336.60
BANK AMER CORP 3.705% BNDS 04-24-2028 CUSIP: 06051GGL7	-40,000.000	13 Jul 17		100.5260		0.00	39,998.40	40,186.27	187.87
BANK AMER CORP 5.625% DUE 07-01-2020 CUSIP: 06051GEC9	-210,000.000	13 Jul 17		109.5310		0.00	245,905.80	229,877.09	-16,028.71
BANK AMER CORP 5.875% DUE 01-05-2021 CUSIP: 06051GEE5	-245,000.000	13 Jul 17		111.3390		0.00	274,988.70	272,616.88	-2,371.82
BEAR STEARNS COS 7.25% DUE 02-01-2018 CUSIP: 073902RU4	-145,000.000	13 Jul 17		102.9470		0.00	180,358.25	149,183.59	-31,174.66
BK NEW YORK MELLON 2.05% DUE 05-03-2021 CUSIP: 06406FAB9	-90,000.000	13 Jul 17		99.1710		0.00	90,576.00	89,200.35	-1,375.65
BOARDWALK PIPELINES LP 4.45% 07-15-2027 CUSIP: 096630AF5	-45,000.000	13 Jul 17		101.7690		0.00	45,107.80	45,768.57	660.77
BRIGHTHOUSE FINL 3.7% DUE 06-22-2027 CUSIP: 10922NAA1	-55,000.000	13 Jul 17		98.3970		0.00	54,990.95	54,085.88	-905.07
BUCKEYE PARTNERS L 6.05% DUE 01-15-2018 CUSIP: 118230AG6	-40,000.000	13 Jul 17		101.9770		0.00	42,190.00	40,766.33	-1,423.67
CAP 1 NATL ASSN 1.85% DUE 09-13-2019 CUSIP: 14042RBS9	-120,000.000	13 Jul 17		99.3940		0.00	120,049.20	119,201.24	-847.96
CELGENE CORP 3.95% DUE 10-15-2020 CUSIP: 151020AE4	-200,000.000	13 Jul 17		105.6110		0.00	210,666.00	211,095.27	429.27

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5500 Supplemental Schedules

1 JAN 17 - 31 DEC 17

Account number MANSFD
Account Name MANSFIELD ALL ACCOUNTS

Page 67 of 133

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
NORTHERN TRUST COMPANY, THE									
CISCO SYS INC 2.5% DUE 09-20-2026 CUSIP: 17275RBL5	-205,000.000	13 Jul 17		95.9910		0.00	202,936.00	196,663.48	-6,272.52
CITIGROUP INC 2.7% DUE 03-30-2021 CUSIP: 172967KK6	-110,000.000	13 Jul 17		100.7080		0.00	111,318.90	110,712.33	-606.57
CMO CFCRE COMMERCIAL MORTGAGE TRUST 2017 -C8 C FRN 06-15-2050 CUSIP: 12532CBD6	-50,000.000	14 Jul 17		99.0000		0.00	51,480.61	49,470.30	-2,010.31
CMO COMM 2015-LC21 MTG TR VAR RT 07-10-2048 CUSIP: 12593FBH6	-170,000.000	13 Jul 17		92.8438		0.00	164,740.63	157,739.68	-7,000.95
CMO MORGAN STANLEY CAP SER 2016-BNK2 C L AS 3.282% 11-15-2049 CUSIP: 61690YBX9	-230,000.000	13 Jul 17		99.0000		0.00	236,887.24	227,563.38	-9,323.86
CMO WELLS FARGO COML MTG TR 2017-RC1 SER 17-RC1 CL C 4.591% 01-15-2060 CUSIP: 95001FBD6	-50,000.000	14 Jul 17		100.0000		0.00	51,499.45	49,970.00	-1,529.45
COACH INC FIXED 4.125% DUE 07-15-2027 CUSIP: 189754AC8	-45,000.000	13 Jul 17		99.5400		0.00	45,209.70	44,766.12	-443.58
CSMC TR 2014-USA 4.3738% DUE 09-01-2037 CUSIP: 12649AAN9	-90,000.000	13 Jul 17		93.0000		0.00	87,169.92	83,649.78	-3,520.14
DARDEN RESTAURANTS 3.85% DUE 05-01-2027 CUSIP: 237194AL9	-20,000.000	13 Jul 17		101.4350		0.00	19,991.40	20,274.83	283.43
DEERE JOHN CAP 2.65% DUE 06-10-2026 CUSIP: 24422ETH2	-125,000.000	13 Jul 17		97.5510		0.00	125,677.50	121,865.59	-3,811.91
DR AUTO 4.18% DUE 03-15-2024 CUSIP: 26208BAN0	-70,000.000	13 Jul 17		100.0000		0.00	69,986.28	69,958.00	-28.28
DR AUTO 4.53% DUE 08-15-2023 CUSIP: 26208AAG7	-280,000.000	13 Jul 17		101.7500		0.00	286,515.63	284,729.06	-1,786.57
DRIVE AUTO RECEIVABLES TR SER 17-1 CL D 3.84% 03-15-2023 CUSIP: 26208EAG9	-40,000.000	13 Jul 17		100.0000		0.00	39,998.74	39,976.00	-22.74
ELECTR ARTS INC 3.7% DUE 03-01-2021 CUSIP: 285512AC3	-30,000.000	13 Jul 17		104.2810		0.00	31,162.50	31,265.53	103.03
ENERGY TRANSFER 7.5% DUE 07-01-2038 CUSIP: 29273RAJ8	-88,000.000	13 Jul 17		122.7200		0.00	105,509.36	107,928.80	2,419.44

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Northern Trust - Dol

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5500 Supplemental Schedules

1 JAN 17 - 31 DEC 17

Account number MANSFD
Account Name MANSFIELD ALL ACCOUNTS

Page 68 of 133

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
NORTHERN TRUST COMPANY, THE									
EQUIFAX INC 2.3% DUE 06-01-2021 CUSIP: 294429AK1	-20,000.000	13 Jul 17		99.2290		0.00	19,990.40	19,833.89	-156.51
FEDEX CORP 3.25% DUE 04-01-2026 CUSIP: 31428XBF2	-60,000.000	13 Jul 17		101.1890		0.00	62,282.40	60,676.97	-1,605.43
FL PWR & LT CO 5.25% DUE 02-01-2041 CUSIP: 341081FD4	-155,000.000	13 Jul 17		122.2820		0.00	192,438.70	189,423.38	-3,015.32
FLUOR CORP NEW 3.375% DUE 09-15-2021 CUSIP: 343412AB8	-225,000.000	13 Jul 17		103.7260		0.00	231,216.75	233,243.47	2,026.72
FREMF 2014-K715 FLTGT RT 4.26561021805% DUE 02-25-2046 CUSIP: 30291XAG7	-100,000.000	13 Jul 17		101.6250		0.00	103,187.50	101,564.02	-1,623.48
FREMF 2016-K722 FLTGT RT 3.8348% DUE 07-25-2049 CUSIP: 30295AAN8	-40,000.000	13 Jul 17		98.0000		0.00	40,996.88	39,176.48	-1,820.40
GEN MTRS FINL CO FIXED 4.35% DUE 01-17-2027 CUSIP: 37045XBT2	-45,000.000	13 Jul 17		101.3120		0.00	44,811.75	45,563.05	751.30
GEN MTRS FINL CO 3.45% DUE 01-14-2022 CUSIP: 37045XBS4	-27,000.000	13 Jul 17		101.8450		0.00	26,996.22	27,481.65	485.43
GOLDMAN SACHS GROUP INC MEDIUM TERM NTS BOOK ENTRY NT 5.375% DUE 03-15-2020 CUSIP: 38141EA58	-190,000.000	13 Jul 17		108.0570		0.00	214,618.30	205,185.12	-9,433.18
GOLDMAN SACHS GROUP INC 7.5 02-15-2019 MTN1 CUSIP: 38141EA25	-180,000.000	13 Jul 17		108.6010		0.00	205,277.40	195,364.51	-9,912.89
GOLDMAN SACHS 3% DUE 04-26-2022 CUSIP: 38141GWC4	-55,000.000	13 Jul 17		101.0450		0.00	54,827.41	55,541.41	714.00
GREAT PLAINS 3.9% DUE 04-01-2027 CUSIP: 391164AJ9	-45,000.000	13 Jul 17		100.9830		0.00	44,857.10	45,415.08	557.98
HCP INC 4.25% DUE 11-15-2023 CUSIP: 40414LAJ8	-25,000.000	13 Jul 17		105.3310		0.00	25,822.25	26,316.95	494.70
HUNTINGTON 2.6% DUE 08-02-2018 CUSIP: 446150AH7	-110,000.000	13 Jul 17		100.8230		0.00	111,889.80	110,838.76	-1,051.04
INTEL CORP 3.7% DUE 07-29-2025 CUSIP: 458140AS9	-225,000.000	13 Jul 17		105.2820		0.00	229,443.75	236,742.37	7,298.62

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5500 Supplemental Schedules

1 JAN 17 - 31 DEC 17

Account number MANSFD
Account Name MANSFIELD ALL ACCOUNTS

Page 69 of 133

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
NORTHERN TRUST COMPANY, THE									
JPMCC RE-REMIC TR FLTGT RT 2.54094% DUE 11-27-2049 CUSIP: 46642KAC6	-50,000.000	13 Jul 17		91.0000		0.00	46,234.38	45,472.70	-761.68
JPMORGAN CHASE & CO FORMERLY J P MORGAN 6 DUE 01-15-2018 BEO CUSIP: 46625HGY0	-240,000.000	13 Jul 17		102.0990		0.00	282,815.57	244,890.58	-37,924.99
JPMORGAN CHASE & FIXED 2.25% DUE 01-23-2020 CUSIP: 46625HKA7	-130,000.000	13 Jul 17		100.5550		0.00	130,000.00	130,643.07	643.07
JPMORGAN CHASE & 3.25% DUE 09-23-2022 CUSIP: 46625HJE1	-225,000.000	13 Jul 17		102.9970		0.00	225,596.25	231,604.20	6,007.95
KINDER MORGAN 4.25% DUE 09-01-2024 CUSIP: 494550BV7	-135,000.000	13 Jul 17		103.0460		0.00	140,742.90	139,028.63	-1,714.27
LOWES COS INC 3.1% DUE 05-03-2027 CUSIP: 548661DP9	-140,000.000	13 Jul 17		99.9890		0.00	139,213.20	139,900.61	687.41
MARKEL CORP 4.9% DUE 07-01-2022 CUSIP: 570535AK0	-105,000.000	13 Jul 17		109.4590		0.00	115,137.75	114,862.99	-274.76
MAXIM INTEGRATED 3.45% DUE 06-15-2027 CUSIP: 57772KAD3	-12,000.000	13 Jul 17		99.0780		0.00	11,990.88	11,882.23	-108.65
MAY DEPT STORES CO 6.65% DUE 07-15-2024 CUSIP: 577778CB7	-75,000.000	13 Jul 17		108.4940		0.00	96,159.00	81,321.68	-14,837.32
MICROSOFT CORP 3.125% DUE 11-03-2025 CUSIP: 594918BJ2	-195,000.000	13 Jul 17		102.2750		0.00	206,308.05	199,316.59	-6,991.46
MIDAMERICAN ENERGY 3.5% DUE 10-15-2024 CUSIP: 595620AM7	-220,000.000	13 Jul 17		104.4290		0.00	226,001.60	229,605.95	3,604.35
MONSANTO CO NEW SR NT 5.5% DUE 08-15-2025/02-10-2006 CUSIP: 61166WAE1	-40,000.000	13 Jul 17		114.2170		0.00	46,256.40	45,659.39	-597.01
MORGAN STANLEY 5.5% DUE 01-26-2020 CUSIP: 61747YCM5	-85,000.000	13 Jul 17		107.8890		0.00	96,463.10	91,650.63	-4,812.47
MOTOROLA SOLUTIONS 3.75% DUE 05-15-2022 CUSIP: 620076BB4	-60,000.000	13 Jul 17		103.1060		0.00	60,394.05	61,826.48	1,432.43
MPLX LP FIXED 4.125% DUE 03-01-2027 CUSIP: 55336VAK6	-50,000.000	13 Jul 17		100.4390		0.00	50,008.50	50,189.37	180.87

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5500 Supplemental Schedules

1 JAN 17 - 31 DEC 17

Account number MANSFD
Account Name MANSFIELD ALL ACCOUNTS

Page 70 of 133

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
NORTHERN TRUST COMPANY, THE									
NYSE EURONEXT 2% DUE 10-05-2017 CUSIP: 629491AB7	-80,000.000	13 Jul 17		100.0960		0.00	80,501.85	80,028.75	-473.10
OMNICOM GROUP INC 3.625% DUE 05-01-2022 CUSIP: 681919AZ9	-165,000.000	13 Jul 17		104.4490		0.00	168,601.37	172,237.45	3,636.08
PACIFIC GAS & ELEC CO 3.3% DUE 03-15-2027 CUSIP: 694308HS9	-35,000.000	13 Jul 17		101.6620		0.00	34,875.75	35,560.35	684.60
PFIZER INC 3% DUE 12-15-2026 CUSIP: 717081EA7	-135,000.000	13 Jul 17		100.7020		0.00	133,849.80	135,866.13	2,016.33
PUBLIC SVC CO N H 3.5 DUE 11-01-2023 CUSIP: 744482BL3	-200,000.000	13 Jul 17		104.3880		0.00	206,928.00	208,650.73	1,722.73
PVTPL BAMLL SER 2015-FR11 CL A-K25 FLTGT RT 9-27-2045 CUSIP: 05526VAG0	-60,000.000	13 Jul 17		87.0000		0.00	53,756.25	52,168.68	-1,587.57
PVTPL CHRYSLER CAP AUTO RECEIVABLES TR 2016-B NT CL D 144A 3.51 DUE 09-15-2023 CUSIP: 17119BAG2	-60,000.000	14 Jul 17		98.0313		0.00	59,989.40	58,783.46	-1,205.94
PVTPL CMO COMM 2014-UBS2 MTG TR COML MTG PASSTHRU CTF CL D VAR RT 03-10-2047 CUSIP: 12591UAP8	-145,000.000	14 Jul 17		79.2500		0.00	137,653.71	114,843.55	-22,810.16
PVTPL CMO FFREMF SER 2017-K62 CL B FLTGT 01-25-2050 CUSIP: 302949AQ5	-60,000.000	13 Jul 17		93.0000		0.00	57,300.00	55,766.52	-1,533.48
PVTPL CMO SHOPS AT CRYSTALS TR SER 2016- CSTL CL D 144A VAR 07-05-2036 CUSIP: 82510WAL4	-60,000.000	13 Jul 17		92.0000		0.00	55,856.82	55,166.88	-689.94
PVTPL COMM 2013-CR7 CL D VAR RT DUE 03-10-2046 CUSIP: 12625FBA3	-110,000.000	14 Jul 17		57.0000		0.00	104,689.06	62,662.38	-42,026.68
PVTPL MVW OWNER SER 2013-1A CL B 2.74 DUE 04-22-2030 CUSIP: 553893AB4	-61,131.960	14 Jul 17		97.1563		0.00	61,121.98	59,357.88	-1,764.10
PVTPL SANTANDER HLDGS USA INC SR NT 144A 3.7% DUE 03-28-2022 BEO CUSIP: 80282KAK2	-20,000.000	13 Jul 17		101.1750		0.00	19,968.40	20,222.86	254.46
PVTPL SFAVE COML MTG SECS TR SER 2015-5 AVE CL B VAR 01-05-2035 BEO CUSIP: 78413MAL2	-150,000.000	13 Jul 17		92.2500		0.00	155,700.60	138,291.97	-17,408.63
PVTPL SIERRA TIMESHARE 2014-1A RECEIVABLES FDG CL B 2.42 03-20-2030 CUSIP: 82652CAB8	-17,800.430	14 Jul 17		96.5938		0.00	17,800.03	17,183.79	-616.24

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5500 Supplemental Schedules

1 JAN 17 - 31 DEC 17

Account number MANSFD
Account Name MANSFIELD ALL ACCOUNTS

Page 71 of 133

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
NORTHERN TRUST COMPANY, THE									
PVTPL SPRINGLEAF MTG LN TR 2013-3 CL M-3 VAR RT DUE 09-25-2057 BEO CUSIP: 85172HAD7	-220,000.000	13 Jul 17		100.2500		0.00	217,249.21	220,417.67	3,168.46
S CAROLINA ELEC & 5.45% DUE 02-01-2041 CUSIP: 837004CE8	-110,000.000	13 Jul 17		115.4710		0.00	131,011.10	126,941.89	-4,069.21
SANTANDER DR AUTO 2.8% DUE 08-15-2022 CUSIP: 80284RAG4	-220,000.000	13 Jul 17		99.5938		0.00	219,930.55	218,974.79	-955.76
SANTANDER DR AUTO 4.02% DUE 04-15-2022 CUSIP: 80285EAG2	-220,000.000	13 Jul 17		102.7500		0.00	219,966.49	225,914.37	5,947.88
SEAGATE HDD CAYMAN 4.875% DUE 06-01-2027 CUSIP: 81180WAR2	-15,000.000	13 Jul 17		98.9100		0.00	14,043.75	14,827.60	783.85
SHIRE ACQUISITIONS 2.4% DUE 09-23-2021 CUSIP: 82481LAB5	-125,000.000	13 Jul 17		99.2850		0.00	125,156.25	124,031.79	-1,124.46
SIERRA TIMESHARE FIXED 2.4% DUE 08-20-2031 144A 2014-2A CL B CUSIP: 82652DAB6	-11,068.520	14 Jul 17		97.6563		0.00	11,067.89	10,802.62	-265.27
SOUTHN CAL EDISON 4% DUE 04-01-2047 CUSIP: 842400GG2	-140,000.000	13 Jul 17		104.0280		0.00	140,554.41	145,551.82	4,997.41
SPRINT SPECTRUM CO 3.36% DUE 09-20-2021 CUSIP: 85208NAA8	-210,000.000	13 Jul 17		100.9290		0.00	212,093.75	211,823.73	-270.02
SUNOCO LOGISTICS 4.65% DUE 02-15-2022 CUSIP: 86765BAJ8	-185,000.000	13 Jul 17		106.6630		0.00	186,635.40	197,208.15	10,572.75
SYNCHRONY BK 3% DUE 06-15-2022 CUSIP: 87166FAA1	-45,000.000	13 Jul 17		99.4560		0.00	44,933.40	44,728.35	-205.05
TANGER PPTYS LTD 3.875% DUE 07-15-2027 CUSIP: 875484AK3	-30,000.000	13 Jul 17		98.8620		0.00	29,870.40	29,640.80	-229.60
TC PIPELINES LP 3.9% DUE 05-25-2027 CUSIP: 87233QAC2	-15,000.000	13 Jul 17		99.6640		0.00	15,033.15	14,940.63	-92.52
TC PIPELINES LP 4.375% DUE 03-13-2025 CUSIP: 87233QAB4	-30,000.000	13 Jul 17		103.4510		0.00	31,365.00	31,016.68	-348.32
TECH DATA CORP 3.7% DUE 02-15-2022 CUSIP: 878237AG1	-45,000.000	13 Jul 17		101.9880		0.00	45,048.60	45,867.06	818.46

NOTE: TRANSACTIONS ARE BASED ON THE 2016-06-30 VALUE (INCLUDING ACCRUALS) OF 77,902,401.36

5500 Supplemental Schedules

1 JAN 17 - 31 DEC 17

Account number MANSFD
Account Name MANSFIELD ALL ACCOUNTS

Page 72 of 133

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
NORTHERN TRUST COMPANY, THE									
TECH DATA CORP 4.95% 02-15-2027 CUSIP: 878237AH9	-45,000.000	13 Jul 17		105.8010		0.00	45,106.05	47,581.88	2,475.83
TEXTRON INC 3.65% DUE 03-15-2027 CUSIP: 883203BX8	-40,000.000	13 Jul 17		100.5220		0.00	40,712.80	40,184.67	-528.13
UNITEDHEALTH GROUP 1.4% DUE 10-15-2017 CUSIP: 91324PBY7	-210,000.000	13 Jul 17		99.9700		0.00	211,260.00	209,811.04	-1,448.96
VALLEY NATL BANCORP 5.125 09-27-2023 CUSIP: 919794AB3	-40,000.000	13 Jul 17		108.4430		0.00	39,900.80	43,351.17	3,450.37
VENTAS RLTY LTD PARTNERSHIP 3.75 DUE 05-01-2024 CUSIP: 92277GAD9	-157,000.000	13 Jul 17		101.9940		0.00	158,970.35	160,034.50	1,064.15
VERIZON COMMUNICATIONS INC 4.5 DUE 09-15-2020 CUSIP: 92343VBQ6	-40,000.000	13 Jul 17		106.7600		0.00	44,315.60	42,678.38	-1,637.22
VERIZON COMMUNICATIONS 4.125% DUE 03-16-2027 CUSIP: 92343VDY7	-50,000.000	13 Jul 17		102.2780		0.00	49,700.50	51,108.32	1,407.82
VERIZON 4.15% DUE 03-15-2024 CUSIP: 92343VBY9	-110,000.000	13 Jul 17		105.0620		0.00	112,647.70	115,498.86	2,851.16
WELLPOINT INC 3.125% DUE 05-15-2022 CUSIP: 94973VAX5	-100,000.000	13 Jul 17		102.2730		0.00	95,886.00	102,211.64	6,325.64
WELLS FARGO & CO TRANCHE # SR 00129 3.45 DUE 02-13-2023 CUSIP: 94974BFJ4	-300,000.000	13 Jul 17		102.4560		0.00	301,881.00	307,183.58	5,302.58
WELLS FARGO & CO 3.069% DUE 01-24-2023 CUSIP: 949746SK8	-27,000.000	13 Jul 17		101.4310		0.00	26,964.76	27,369.94	405.18
WELLS FARGO COML FLTG RT 4.58378% DUE 12-15-2059 CUSIP: 95000JBA5	-90,000.000	14 Jul 17		100.0000		0.00	91,721.52	89,946.00	-1,775.52
WYETH 6.45% DUE 02-01-2024 CUSIP: 983024AF7	-55,000.000	13 Jul 17		122.3570		0.00	67,306.25	67,255.97	-50.28
WYNDHAM WORLDWIDE 4.15% DUE 04-01-2024 CUSIP: 98310WAP3	-50,000.000	13 Jul 17		102.9820		0.00	50,615.90	51,460.11	844.21
Total NORTHERN TRUST COMPANY, THE							76,791,627.88	77,257,396.53	465,768.65

NOTE: TRANSACTIONS ARE BASED ON THE 2016-06-30 VALUE (INCLUDING ACCRUALS) OF 77,902,401.36

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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

Part I Basic Information				
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>				
2 Assets:				
a Market value	2a		96,978,567	
b Actuarial value	2b		99,879,987	
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	610	17,500,256	17,500,256	
b For terminated vested participants	1,057	16,970,233	16,970,233	
c For active participants	2,021	40,769,944	41,198,627	
d Total	3,688	75,240,433	75,669,116	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐				
a Funding target disregarding prescribed at-risk assumptions	4a			
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b			
5 Effective interest rate	5	5.79%		
6 Target normal cost	6	826,000		

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

SIGN HERE	 Signature of actuary	<u>09/18/2018</u> Date
<u>Lori A. DeVore</u> Type or print name of actuary		<u>1705257</u> Most recent enrollment number
<u>Aon Consulting, Inc.</u> Firm name		<u>614-825-9424</u> Telephone number (including area code)
<u>445 Hutchinson Ave</u> <u>Suite 900</u> <u>Columbus OH 43235</u> 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 ☐

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	5,268,322
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	5,268,322
10 Interest on line 9 using prior year's actual return of <u>3.96%</u>	0	208,626
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		17,998,046
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>5.99%</u>		1,078,083
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		19,076,129
d Portion of (c) to be added to prefunding balance.....		19,076,129
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	24,553,077

Part III Funding Percentages

14 Funding target attainment percentage	14	99.54%
15 Adjusted funding target attainment percentage.....	15	131.99%
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	105.34%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(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: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	826,000										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>342,206</td> <td>56,194</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	342,206	56,194	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	342,206	56,194										
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	882,194										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....		0	882,194									
36 Additional cash requirement (line 34 minus line 35).....	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	0										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0										
40 Unpaid minimum required contributions for all years	40	0										

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

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
 Employees' Retirement Plan of MedCentral Health System
 EIN: 34-0714456 PN: 002

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

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

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
 Employees' Retirement Plan of MedCentral Health System
 EIN: 34-0714456 PN: 002

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

Interest Rates	Based on segment rates with a four month lookback (as of September 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor.
1st Segment Rate	4.16%
2nd Segment Rate	5.72%
3rd Segment Rate	6.48%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2016), without regard to interest rate stabilization
1st Segment Rate	1.52%
2nd Segment Rate	3.80%
3rd Segment Rate	4.79%
Salary Increases	N/A
Cash Balance Interest Crediting Rate	30-year Treasury rate for the December preceding the valuation date, but not less than 3%. 3.11% for 2017.
Lump Sum Conversion for Minimum Benefits	Based on the underlying interest rates and the applicable mortality table as of the valuation date
Optional Payment Form Election Percentage	
Active Retirements	100% lump sum
Future Vested Deferreds	100% lump sum
Current Vested Deferreds	
– with a Mansfield Plan benefit	70% life annuity, 30% 75% joint and survivor annuity
– with only a cash balance benefit	100% lump sum
Future Deaths	100% lump sum
Future Disableds	100% lump sum
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2017 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

Schedule SB Attachment (Form 5500)—2017 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$215,000 and the 401(a)(17) compensation limit of \$270,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2015 Plan Year	5.60%
2016 Plan Year	6.40%
2017 Plan Year	7.10%
	The applicable third segment rate limitation is 6.48%.
Trust Expenses Included in Target Normal Cost	The administrative and investment expenses paid from the plan's trust for the previous year excluding the PBGC premium plus the expected PBGC premium for the current year. This amount is rounded to the nearest \$1,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2017

Schedule SB Attachment (Form 5500)—2017 Plan Year
 Employees' Retirement Plan of MedCentral Health System
 EIN: 34-0714456 PN: 002

Table 1

Retirement Rates

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

Table 2

Withdrawal—Sample Rates

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

Table 3

Disability—Sample Rates

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

General Information

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

Eligibility

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

Service

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

Normal Retirement Date

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

Normal Retirement Benefit

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Compensation Credits

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

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

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

Interest Credits

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

Delayed Retirement

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

Accrued Benefit

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

Early Retirement

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

Disability Retirement

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

Death Benefit

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Severance Benefit

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

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

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

Optional Methods of Settlement

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

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

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

Amendment or Termination of Plan

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

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

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

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

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the expected return on plan assets from 6.40% for 2016 to 7.10% for 2017.

This change was made to better reflect the anticipated plan experience.

Schedule SB Attachment (Form 5500)—2017 Plan Year
 Employees' Retirement Plan of MedCentral Health System
 EIN: 34-0714456 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2017

**Schedule SB, Line 26—Schedule of Active Participant Data
 As of January 1, 2017**

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

EIN: 34-0714456 PN: 002

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		35 \$21,835	7							
25-29		118 \$33,703	64 \$34,652	1						
30-34		53 \$29,842	102 \$44,321	42 \$45,701	4					
35-39		58 \$47,075	67 \$40,894	70 \$49,525	25 \$47,144					
40-44		40 \$38,634	65 \$41,720	65 \$52,507	72 \$55,873	15	2			
45-49		42 \$39,406	39 \$54,868	54 \$49,289	60 \$59,452	26 \$53,287	22 \$54,707	4		
50-54		23 \$65,162	56 \$42,757	55 \$48,857	44 \$45,787	26 \$53,697	36 \$56,491	25 \$51,087	4	
55-59		28 \$58,855	41 \$74,398	66 \$42,734	53 \$44,903	24 \$58,370	27 \$54,593	29 \$57,504	33 \$64,306	5
60-64		20 \$55,122	28 \$142,560	33 \$40,300	35 \$51,934	18	18	22 \$56,432	29 \$67,650	13
65-69		3	8	13	9	7	8	3	2	3
70+		3	4	3	7		2			3

N-2,021

Schedule SB Attachment (Form 5500)—2017 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 342,206	01/01/2017	7	\$ 56,194

Schedule SB Attachment (Form 5500)—2017 Plan Year
 Employees' Retirement Plan of MedCentral Health System
 EIN: 34-0714456 PN: 002

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

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

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

General Information

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

Eligibility

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

Service

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

Normal Retirement Date

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

Normal Retirement Benefit

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Compensation Credits

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

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

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

Interest Credits

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

Delayed Retirement

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

Accrued Benefit

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

Early Retirement

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

Disability Retirement

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

Death Benefit

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Severance Benefit

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

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

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

Optional Methods of Settlement

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

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

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

Amendment or Termination of Plan

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

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

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

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

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

Employees' Retirement Plan of MedCentral Health System

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
 EIN 34-0714456, Plan No. 002
 December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
The Northern Trust Company	Interest-bearing cash	\$ 806,794	\$ 802,707
	Mutual funds:		
	Vanguard Index FDS EXT Market Portfolio	5,793,655	6,162,310
	Baird FDS Inc Aggregated Bond Fund	4,560,729	4,544,216
	Corporate bonds -		
	Becton Dickinson & Co	208,066	204,509
	103-12 Investment entities:		
	Lazard EM Small Cap Equity Trust Fund	2,624,872	2,685,408
	Gryphon Intl Eafe Growth Group Limited Partnership	6,500,000	6,588,466
	Common and collective trusts:		
	NT Collective Russell 1000 Index Fund	15,249,846	16,485,576
	The Northern Trust Long Term Bond Index Fund LP	18,000,000	18,433,550
	Alternative investments/Limited partnerships:		
	Pointer Offshore III, Ltd	3,108,545	3,485,655
	Baxter Street Fund II LP	7,000,000	7,383,936
	The LGIMA Long Duration US Credit Fund LLC	29,450,180	30,692,531
	Clarion Lion Properties Fund LLC	5,978,969	6,114,621
	City of London Global Emerging	2,500,000	2,685,970
Total		\$ 101,781,656	\$ 106,269,455

*Cost information not required

Schedule SB Attachment (Form 5500)—2017 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 342,206	01/01/2017	7	\$ 56,194

Schedule SB Attachment (Form 5500)—2017 Plan Year
Employees' Retirement Plan of MedCentral Health System
EIN: 34-0714456 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the expected return on plan assets from 6.40% for 2016 to 7.10% for 2017.

This change was made to better reflect the anticipated plan experience.