

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
---	---	---

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>WESTERN MARYLAND HEALTH SYSTEM RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</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>WESTERN MARYLAND HEALTH SYSTEM CORPORATION</u> <u>12500 WILLOWBROOK RD.</u> <u>CUMBERLAND, MD 21502</u>	1c Effective date of plan <u>01/01/1999</u>	2b Employer Identification Number (EIN) <u>52-0591531</u>	
		2c Plan Sponsor's telephone number <u>240-964-7000</u>	
		2d Business code (see instructions) <u>622000</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	KIM REPAC
	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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 3107
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) 1033
a(2) Total number of active participants at the end of the plan year	6a(2) 959
b Retired or separated participants receiving benefits	6b 1169
c Other retired or separated participants entitled to future benefits	6c 614
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2742
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 86
f Total. Add lines 6d and 6e	6f 2828
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 1
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 3H

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

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

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 2 **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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 WESTERN MARYLAND HEALTH SYSTEM RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN MARYLAND HEALTH SYSTEM CORPORATION	D Employer Identification Number (EIN) 52-0591531

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

1 Coverage Information:

(a) Name of insurance carrier PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	003150	115	01/01/2017	12/31/2017

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 5450032**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 5819942**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 211848
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** -1▶ **ROUNDING**(6) Total additions **7c(6)** 211847**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 6031789**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 538721(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 43036▶ **ADMINISTRATIVE EXPENSE**(5) Total deductions **7e(5)** 581757**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 5450032

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 WESTERN MARYLAND HEALTH SYSTEM RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN MARYLAND HEALTH SYSTEM CORPORATION	D Employer Identification Number (EIN) 52-0591531	

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

1 Coverage Information:

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	619023	2721	01/01/2017	12/31/2017

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	31500

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
--

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid CBIZ FINANCIAL SOLUTIONS INC P.O. BOX 643792 CINCINNATI, OH 45264-3792

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	31500	PRORATED INCENTIVE, NOT DEDUCTED FROM PLAN	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	129942123

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection</div>
--	---	--

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 WESTERN MARYLAND HEALTH SYSTEM RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WESTERN MARYLAND HEALTH SYSTEM CORPORATION	D Employer Identification Number (EIN) 52-0591531
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2017			
2	Assets:			
a	Market value	2a	224077074	
b	Actuarial value	2b	228140543	
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	1199	107956380	107956380
b	For terminated vested participants	891	36400095	36400095
c	For active participants	1037	69912227	71687486
d	Total	3127	214268702	216043961
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	5.96 %	
6	Target normal cost	6	6050936	

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.

<div>SIGN HERE</div>		
Signature of actuary	09/21/2018	Date
ALVIN K. WINTERS, FSA, EA, MAAA	17-06620	Most recent enrollment number
Type or print name of actuary	301-777-1500	Telephone number (including area code)
CBIZ BENEFITS & INSURANCE SERVICES		
Firm name		
44 BALTIMORE STREET CUMBERLAND, MD 21502		
Address of the firm		

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	12636613
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	12636613
10 Interest on line 9 using prior year's actual return of <u>7.30</u> %	0	922473
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		8816344
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.15</u> %		542205
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		9358549
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	1600000
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	11959086

Part III Funding Percentages

14 Funding target attainment percentage	14	100.06%
15 Adjusted funding target attainment percentage	15	105.59%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.00%
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
06/14/2018	6000000	0			
09/11/2018	6000000	0			
Totals ▶			18(b)	12000000	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	10956913

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

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 64
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	6050936	
b Excess assets, if applicable, but not greater than line 31a	31b	137496	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	5913440	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	5913440	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	10956913	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	5043473	
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 WESTERN MARYLAND HEALTH SYSTEM RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN MARYLAND HEALTH SYSTEM CORPORATION	D Employer Identification Number (EIN) 52-0591531	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

(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

(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

(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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 50 64	CONTRACT ADMINISTRATOR	111860	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PRUDENTIAL RETIREMENT INSURANCE

06-1050034

(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?
13	CONTRACT ADMIN	43036	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CBIZ FINANCIAL SOLUTIONS

52-1396995

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55	OTHER SERVICES	0	Yes ☒ No ☐	Yes ☐ No ☒	21000	Yes ☐ No ☒

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CBIZ FINANCIAL SOLUTIONS INC	49 55	21000
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	PRORATED INCENTIVE, NOT DEDUCTED FROM PLAN	
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.
---	--	--

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

A Name of plan <u>WESTERN MARYLAND HEALTH SYSTEM RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WESTERN MARYLAND HEALTH SYSTEM CORPORATION</u>	D Employer Identification Number (EIN) <u>52-0591531</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP SEP ACCT-I3</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE CO</u>			
c EIN-PN <u>42-0127290-020</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14076096</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIQUID ASSETS SA-I3</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE CO</u>			
c EIN-PN <u>42-0127290-024</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2773550</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN INTL EM MKT SEP ACCT-I4</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE CO</u>			
c EIN-PN <u>42-0127290-013</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9480232</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN DIV INTL SA-I5</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE CO</u>			
c EIN-PN <u>42-0127290-015</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16343817</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP VAL III SA-13</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE CO</u>			
c EIN-PN <u>42-0127290-022</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14298662</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN EQUITY INCOME SA-I3</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE CO</u>			
c EIN-PN <u>42-0127290-120</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>43161767</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN INCOME SEP ACCT I3</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE CO</u>			
c EIN-PN <u>42-0127290-118</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29807999</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)

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>WESTERN MARYLAND HEALTH SYSTEM RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WESTERN MARYLAND HEALTH SYSTEM CORPORATION</u>	D Employer Identification Number (EIN) <u>52-0591531</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)	16000000	12000000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2201033	1193312
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	117238780	129942123
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	78159699	96003363
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5819942	5450032
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1) 5223203	6585660
(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 224642657	251174490
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 0	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 224642657	251174490

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 12000000	
	(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)	12000000
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A) 6860	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C) 292500	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	299360
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C) 2022853	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	2022853
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 47096357	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B) 45356955	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	1739402
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B) 73647	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	73647

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		19471754
(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)		9942925
c Other income	2c		211848
d Total income. Add all income amounts in column (b) and enter total.....	2d		45761789

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	17533725	
(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)		17533725
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)		
(2) Contract administrator fees	2i(2)	154896	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1541335	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1696231
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		19229956

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		26531833
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: DIXON HUGHES GOODMAN LLP

(2) EIN: 56-0747981

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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 4072517. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan WESTERN MARYLAND HEALTH SYSTEM RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN MARYLAND HEALTH SYSTEM CORPORATION		D Employer Identification Number (EIN) 52-0591531
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-0127290 06-1050034		
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		3 265
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☒ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 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: 57.2% Investment-Grade Debt: 16.6% High-Yield Debt: 16.1% Real Estate: 0.0% Other: 10.1%

- 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):

Western Maryland Health System, Inc. Retirement Plan

Financial Statements – Modified Cash Basis

Years Ended December 31, 2017 and 2016



Table of Contents

Independent Auditors' Report 1

Financial Statements:

 Statements of Net Assets Available for Benefits and Accumulated Plan Benefits -

 Modified Cash Basis..... 3

 Statements of Changes in Net Assets Available for Benefits and

 Accumulated Plan Benefits – Modified Cash Basis 4

 Notes to Financial Statements 5

Supplementary Information:

 Schedule of Assets (Held at End of Year) – Modified Cash Basis..... 14

 Schedule of Reportable Transactions – Modified Cash Basis 15

Independent Auditors' Report

Plan Administrator
Western Maryland Health System, Inc. Retirement Plan
Cumberland, Maryland

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Western Maryland Health System, Inc. Retirement Plan (the "Plan"), which comprise of the statements of net assets available for benefits and accumulated plan benefits – modified cash basis as of December 31, 2017 and 2016, and the related statements of changes in net assets available for plan benefits and accumulated benefits – modified cash basis 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 the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to certain information summarized in Note 3, which was certified by Prudential Retirement Insurance and Annuity Company, the custodian, and Principal Trust Company, the trustee, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian and trustee hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodian and trustee as of and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion

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



Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter – Supplementary Information

The supplemental schedule of assets (held at end of year) as of December 31, 2017 and the supplemental schedule of reportable transactions for the year ended December 31, 2017 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedules.

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

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

Dixon Hughes Goodman LLP

Gaithersburg, Maryland
October 5, 2018

Western Maryland Health System, Inc. Retirement Plan
Statements of Net Assets Available for Benefits
and Accumulated Plan Benefits - Modified Cash Basis
December 31, 2017 and 2016
(Dollars in thousands)

	<u>2017</u>	<u>2016</u>
Net assets available for benefits:		
Prudential Financial, Inc. investment accounts:		
Immediate participation guarantee fund	\$ 5,450	\$ 5,820
Principal Financial Group investment accounts:		
Maryland state municipal bonds	6,586	5,223
Mutual funds	96,003	78,160
Pooled separate accounts	<u>131,135</u>	<u>119,441</u>
Net assets available for benefits	<u>\$ 239,174</u>	<u>\$ 208,644</u>
Accumulated plan benefits:		
Actuarial present value of vested benefits:		
Participants currently receiving benefits	\$ 107,366	\$ 97,703
Other participants	<u>91,065</u>	<u>97,757</u>
	198,431	195,460
Actuarial present value of nonvested benefits	<u>1,887</u>	<u>2,033</u>
Total actuarial present value of accumulated plan benefits	<u>200,318</u>	<u>197,493</u>
Excess of net assets available for benefits over actuarial present value of accumulated plan benefits	<u>\$ 38,856</u>	<u>\$ 11,151</u>

Western Maryland Health System, Inc. Retirement Plan
Statements of Net Assets Available for Benefits
and Accumulated Plan Benefits - Modified Cash Basis
Years Ended December 31, 2017 and 2016
(Dollars in thousands)

	<u>2017</u>	<u>2016</u>
Net change in net assets available for benefits:		
Net changes in Prudential Financial, Inc. investment accounts:		
Investment income	\$ 212	\$ 247
Benefits paid to participants	(539)	(588)
Administrative expenses	(43)	(41)
	<u>(370)</u>	<u>(382)</u>
Net changes in Principal Financial Group investment accounts:		
Contribution	16,000	31,000
Dividends and interest	2,322	1,860
Other cash receipts	12	13
Realized gain	1,739	264
Unrealized gain	29,499	11,204
Benefits paid to participants	(17,007)	(9,223)
Administrative expenses	(1,653)	(1,663)
Other cash disbursements	(11)	(114)
	<u>30,901</u>	<u>33,341</u>
Net change in net assets available for benefits	<u>30,531</u>	<u>32,959</u>
Net increase in actuarial present value of accumulated plan benefits:		
Increase during the year attributable to:		
Benefits accumulated	7,030	5,037
Increase for interest due to decrease in discount period	13,330	12,911
Benefits paid	(17,534)	(9,799)
Net increase in actuarial present value of accumulated plan benefits	<u>2,826</u>	<u>8,149</u>
Change in excess of net assets available for benefits over actuarial present value of accumulated plan benefits	27,705	24,810
Excess (deficit) of net assets available for benefits over actuarial present value of accumulated plan benefits:		
Beginning of year	<u>11,151</u>	<u>(13,659)</u>
End of year	<u>\$ 38,856</u>	<u>\$ 11,151</u>

See accompanying notes.

Notes to Financial Statements

1. Plan Description

The Western Maryland Health System, Inc. Retirement Plan (the "Plan") was established January 1, 1999. Assets of approximately \$32,600 and \$53 were transferred into the Plan to provide for benefits of active and inactive participants from the plan assets of the Memorial Hospital and Medical Center of Cumberland, Inc. Pension Plan and the Medilab of Cumberland Retirement Plan, respectively. Assets of approximately \$18,000 were transferred from the Ascension Health Retirement Plan into the Plan to provide for the benefits of the active participants of Sacred Heart Hospital, St. Vincent DePaul Nursing Center, and Haystack Consolidated Services, Inc.

The Plan is a noncontributory defined benefit plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan covers all eligible employees of Western Maryland Health System, Inc. ("WMHS") and the following participating organizations, each of which is wholly owned or controlled, as applicable, by WMHS:

- Frostburg Nursing and Rehabilitation Center
- Haystack Consolidated Services, Inc.
- Memorial Hospital and Medical Center of Cumberland, Inc.
- Braddock Hospital

Eligibility for participation began on January 1 or July 1 coinciding with or following a year of eligible service. One year of eligible service was credited to an employee at the end of the twelve months during which 832 or more hours had been completed. In 2011, plan management elected to freeze eligibility for new employees to participate in the Plan. Employees hired or re-hired after June 30, 2011 were not eligible to become a participant in the Plan on or after July 1, 2011. Employees re-hired after June 30, 2011 were not eligible to accrue any additional benefit under the Plan based on service or compensation after June 30, 2011. Benefits continued to accrue in the Plan for current participants, and no changes to the formula used to calculate benefits were made. In 2017, the Plan was amended to freeze benefits effective January 1, 2018 for all active participants who have not attained age 55 and have been credited with at least 20 years of services for benefit accrual basis or is eligible for Grandfathered Formula as defined by the Plan. The 2017 plan amendment additionally added a window from September 1, 2017 to October 16, 2017 for certain terminated participants to elect to receive immediate payment or the commencement of an annuity payment. During 2017, \$6,820,787 in lump sum payments were made under this temporary provision.

Retirement benefits

Generally, plan benefits are based on the benefit formula adopted by WMHS, participant earnings, covered compensation, and credited service. An employee is 100% vested in his or her accrued benefit after completing five years of vesting service. The Plan also provides for full benefits on an early retirement date if certain conditions are met.

Death benefits

The Plan includes provisions for death benefits to be paid to in the event of a participant's death. The death benefits vary based on whether the participant is an active employee, retiree or termed vested participant at the time of their death.

Western Maryland Health System, Inc. Retirement Plan
Notes to Financial Statements
(Dollars in thousands)

Funding policy

The funding policy of WMHS is to remit amounts sufficient to provide the Plan with assets with which to pay pension benefits to plan participants. The Plan has met the minimum funding requirements for 2017 and 2016 under ERISA.

Plan termination

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

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

- 1) Retirement income called for under the Plan for those former participants or beneficiaries who have been receiving monthly payments for three years, or who would have been receiving monthly payments for three years if they had been eligible to and elected to retire three years previously; in both cases based on the terms of the Plan in effect five years preceding the date of termination of the Plan.
- 2) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. government agency, up to the applicable limitations.
- 3) All other vested benefits not insured by the PBGC.
- 4) All nonvested benefits.

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

Tax status

The Plan has received a determination letter from the Internal Revenue Service dated January 3, 2018 stating that the Plan is qualified under Section 401(a) of the Code; therefore, the related trust is exempt from taxation.

Management has also considered the impact of unrelated business activities, and has concluded that the Plan is not subject to unrelated business tax or any other taxes that could be imposed by the Internal Revenue Code or state taxing authorities. As such, no provision is made for income taxes and no asset or liability has been recognized for deferred taxes. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Current accounting standards require the Plan to recognize the impact of an uncertain tax position in its financial statements if that position is more likely than not to be sustained on audit, based on the technical merits of the position. In the opinion of plan management, there are no uncertain tax positions required to be accrued or disclosed in the Plan's financial statements.

2. Summary of Significant Accounting Policies

Basis of accounting

The accounts of the Plan are maintained, and the accompanying financial statements have been prepared on the modified cash basis; investment income and contributions are recognized when received and disbursements are recognized when made. Additionally, investment securities are reflected at fair value. Accordingly, the financial statements are not intended to present the net assets available for benefits and changes in net assets available for benefits of the Plan in conformity with accounting principles generally accepted in the United States of America.

Uses of estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the trustee and custodian. See Note 4 for additional information with respect to fair value measurements.

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

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Actuarial present value of accumulated plan benefits and summary of actuarial assumptions

Accumulated plan benefits are those estimated future periodic payments and lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered as of the valuation date.

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

Western Maryland Health System, Inc. Retirement Plan
Notes to Financial Statements
(Dollars in thousands)

Actuarial assumptions at December 31, 2017 and 2016 are as follows:

	<u>2017</u>			<u>2016</u>			
Pre-Retirement for Retirement and Spousal Benefits							
Interest Discount	Segment Rates (Four-month lookback; reflects MAP-21)				Segment Rates (Four-month lookback; reflects MAP-21)		
			For 430 <u>and 436</u>	For <u>404</u>		For 430 <u>and 436</u>	For <u>404</u>
		First Segment:	3.92 %	1.75%	First Segment:	4.43%	1.34%
		Second Segment:	5.52 %	3.70%	Second Segment:	5.91%	4.03%
		Third Segment:	6.29 %	4.56%	Third Segment:	6.65%	5.06%
Mortality	2018 Static Mortality for non-annuitants			2016 Static Mortality for non-annuitants			
Salary Scale	2.50 %			2.00%			
Retirement Age	Varying by age as shown below:			Varying by age as shown below:			
Pre-Retirement for Retirement and Spousal Benefits (Continued)							

	<u>2017</u>		<u>2016</u>	
	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	<u>Age</u>
	6.00%	57-61	6.00%	57-61
	10.00%	62-63	10.00%	62-63
	20.00%	64	20.00%	64
	17.50%	65-66	17.50%	65-66
	100.00%	67+	100.00%	67+
Expenses	Based on estimated administrative expenses paid from Plan assets		Based on estimated administrative expenses paid from Plan assets	

Post-Retirement for Retirement Benefits

	<u>2017</u>	<u>2016</u>
Interest Discount	Same as pre-retirement assumption	Same as pre-retirement assumption
Mortality	2018 Static Mortality for annuitants	2016 Static Mortality for annuitants
Asset Valuation Method	24-month average limited by 90%/110% corridor	24-month average limited by 90%/110% corridor
Effective Interest Rate	5.75%	6.15%
Assumed Earnings Rate	7.00%	7.00%

Western Maryland Health System, Inc. Retirement Plan
Notes to Financial Statements
(Dollars in thousands)

Compliance
Testing

Based on the data provided, the Plan meets the requirements of IRC Sections 401(a)(4), 401(a)(26), 410(b) and 415(b) for the current Plan year. The Plan is not considered "top heavy" for the current Plan year.

Based on the data provided, the Plan meets the requirements of IRC Sections 401(a)(4), 401(a)(26), 410(b) and 415(b) for the current Plan year. The Plan is not considered "top heavy" for the current Plan year.

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

Subsequent events

Subsequent events have been evaluated by management through October 5, 2018, the date the financial statements were available to be issued.

3. Unaudited Information Certified by Trustee and Custodian

The investment information summarized below and included in the Plan's financial statements is unaudited and has been certified as complete and accurate by Prudential and Principal as of and for the years ended December 31, 2017 and 2016, respectively.

	<u>2017</u>	<u>2016</u>
Investments:		
Unallocated fund account with Prudential		
Immediate participation guarantee fund	\$ 5,450	\$ 5,820
Investments with Principal		
Maryland state municipal bonds	6,586	5,223
Mutual funds	96,003	78,160
Pooled separate accounts	<u>131,135</u>	<u>119,441</u>
	<u>\$ 239,174</u>	<u>\$ 208,644</u>
	<u>2017</u>	<u>2016</u>
Investment income:		
Unallocated fund account with Prudential		
Investment income	\$ 212	\$ 247
Investments with Principal		
Dividends and interest	2,322	1,860
Realized gain	1,739	264
Unrealized gain	<u>29,499</u>	<u>11,204</u>
	<u>\$ 33,772</u>	<u>\$ 13,574</u>

4. Fair Value Measurements

Fair value, as defined under the modified cash basis, is an exit price representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GAAP establishes a three-tier fair value hierarchy which prioritizes the inputs used in measuring fair value. These tiers include:

Level 1: Observable inputs such as quoted prices in active markets.

Level 2: Inputs other than quoted prices in active markets that are either directly or indirectly observable.

Level 3: Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

There have been no changes in the methodologies used to evaluate fair values of the Plan's investments at December 31, 2017 and 2016. The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds

Mutual funds are publicly traded investments and are valued daily at the closing price reported on the active market on which the funds are traded.

Pooled separate accounts

The Plan invests in pooled separate accounts for which quoted prices are not available in active markets for identical instruments. The Plan utilizes the Net Assets Value ("NAV") of units, as determined by Principal as the estimated fair value. Because quoted prices in active markets for identical assets are not available, these prices are determined using observable market information such as quotes from less active markets and/or quoted prices of securities with similar characteristics.

State municipal bonds

These investments are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing the value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, those bonds are valued under a discounted cash flow approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Non-benefit-responsive guaranteed interest contract

The fair value of the non-benefit-responsive interest contract is estimated by Prudential. Disclosure of unobservable inputs to fair value measurement has not been included for the non-benefit-responsive investment contract because quantitative unobservable inputs are not developed by the Plan when measuring fair value and have not been made available to the Plan by Prudential.

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

Western Maryland Health System, Inc. Retirement Plan
Notes to Financial Statements
(Dollars in thousands)

The following tables present assets that are measured at fair value on a recurring basis as of December 31, 2017 and 2016:

	Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 96,003	\$ -	\$ -	\$ 96,003
Municipal bonds	-	6,586	-	6,586
Non-benefit responsive investment contract	-	-	5,450	5,450
Total assets in FV hierarchy	<u>\$ 96,003</u>	<u>\$ 6,586</u>	<u>\$ 5,450</u>	
Investments measured at NAV (a)				<u>131,135</u>
Investments at fair value				<u>\$ 239,174</u>

	Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 78,160	\$ -	\$ -	\$ 78,160
Municipal bonds	-	5,223	-	5,223
Non-benefit responsive investment contract	-	-	5,820	5,820
Total assets in FV hierarchy	<u>\$ 78,160</u>	<u>\$ 5,223</u>	<u>\$ 5,820</u>	
Investments measured at NAV (a)				<u>119,441</u>
Investments at fair value				<u>\$ 208,644</u>

(a) In accordance with Topic 820, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of such amounts to the corresponding presentation in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2017 and 2016.

	Fair Value at December 31, 2017	Fair Value at December 31, 2016	Unfunded Commitments	Other Redemption Restrictions	Redemption Notice Period
Pooled separate accounts	\$ 131,135	\$ 119,441	None	Daily	None

Western Maryland Health System, Inc. Retirement Plan
Notes to Financial Statements
(Dollars in thousands)

The following table presents the roll-forward of financial statements for which fair value measurement is determined using level 3 inputs:

	Immediate Participant Guarantee Fund
Balance as of December 31, 2015	\$ 6,202
Withdrawals	(629)
Investment income	<u>247</u>
Balance as of December 31, 2016	5,820
Withdrawals	(582)
Investment income	<u>212</u>
Balance as of December 31, 2017	<u>\$ 5,450</u>

5. 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 the amounts reported in the statement of net assets available for benefits.

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

6. Differences Between Financial Statements and Federal Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to Schedule H of Form 5500:

	2017	2016
Net assets available for benefits per the financial statements	\$ 239,174	\$ 208,644
Employer contributions receivable not reflected on the financial statements	<u>12,000</u>	<u>16,000</u>
Net assets available for benefits per the federal Form 5500	<u>\$ 251,174</u>	<u>\$ 224,644</u>

Western Maryland Health System, Inc. Retirement Plan
Notes to Financial Statements
(Dollars in thousands)

The following is a reconciliation of net change in net assets available for benefits per the financial statements for the year ended December 31, 2017 to Schedule H of Form 5500:

Net change in net assets available for benefits per the financial statements	\$ 30,531
Add current year employer contribution receivable	12,000
Deduct prior year employer contribution receivable	<u>(16,000)</u>
Net income per Form 5500	<u>\$ 26,531</u>

7. Parties-In-Interest Transactions

Certain Plan investments are managed by Prudential and Principal, the custodian and trustee, respectively, as defined by the Plan. Therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan to Prudential amounted to approximately \$43 and \$42 for the years ended December 31, 2017 and 2016, respectively. Fees paid by the Plan to Principal amounted to approximately \$112 and \$146 for the years ended December 31, 2017 and 2016, respectively. Fees paid by the Plan to the PBGC amounted to approximately \$1,541 and \$1,517 for the years ended December 31, 2017 and 2016, respectively. Investment management fees to Prudential and Principal are paid from investment income of the Plan. Certain other fees are paid by the Plan Sponsor.

Supplementary Information

Western Maryland Health System, Inc. Retirement Plan
Schedule of Assets (Held At End Of Year) - Modified Cash Basis
Schedule H, line 4i
EIN: 52-0591531 Plan: 001
December 31, 2017
(Dollars in thousands)

(a)	(b) Identity of Issuer Borrower, Lessor or Similar Party	(c) Description of investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Principal	Vanguard Growth Index Fund	\$ 30,421	\$ 45,419
*	Principal	Edge Equity Income Fund	28,352	43,162
*	Principal	Metro West Total Return Bond Fund	34,863	34,383
*	Principal	Edge Income Account	27,136	29,808
*	Principal	Principal Diversified International Fund	12,201	16,344
*	Principal	AM. Century Small Company Investment Fund	13,682	16,201
*	Principal	Principal/Barrow Hanley Mid Cap Value III	11,024	14,299
*	Principal	Principal Mid Cap Blend Fund	9,110	14,076
*	Principal	Principal International Emerging Markets Fund	7,155	9,480
*	Prudential	Immediate Participation Guarantee Fund	5,450	5,450
*	Principal	MD St Health & Higher Ed 5.25 7/1/25	2,858	2,910
*	Principal	Principal Money Market Select Fund	2,767	2,773
*	Principal	MD St Health & Higher Ed 5.25 7/1/26	2,297	2,317
	Principal	MD St Health & Higher Ed 5.0 7/1/24	1,323	1,359
*	Principal	Northern Government Select Fund	1,193	1,193
			<u>\$ 159,411</u>	<u>\$ 239,174</u>

* *Party in interest*

Western Maryland Health System, Inc. Retirement Plan
Schedule of Reportable Transactions - Modified Cash Basis
Schedule H, Part 4, Line 4(j)
EIN: 52-0591531 Plan: 001
Year Ended December 31, 2017
(Dollars in thousands)

Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of Loan)	Units	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on		Net Gain or Loss
						Transaction Date		
Principal Financial Group	Principal Glb Invts MM Sep Acct	346,303	\$ -	\$ 18,839,103	\$ 18,805,068	\$ 18,813,715	\$	34,035
Principal Financial Group	Principal Glb Invts MM Sep Acct	252,833	13,764,492	-	13,764,492	13,764,492		-

See independent auditors' report.

Plan Name: Western Maryland Health System Retirement Plan

Schedule SB, line 26 - Schedule of Active Participants

EIN: 52-0591531

PN: 001

Year: 2017

Schedule of Active Participants

Age	Years of Service																				Total
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		
	Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		
	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	
Under 25	0	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
25 to 29	0	0	7	0	31	35,442	2	0	0	0	0	0	0	0	0	0	0	0	0	0	40
30 to 34	0	0	2	0	33	44,366	30	60,036	0	0	0	0	0	0	0	0	0	0	0	0	65
35 to 39	0	0	1	0	29	55,560	41	66,802	29	58,063	1	0	0	0	0	0	0	0	0	0	101
40 to 44	0	0	4	0	23	48,797	23	64,218	29	65,895	18	0	0	0	0	0	0	0	0	0	97
45 to 49	0	0	1	0	25	54,351	29	63,892	33	62,547	25	62,149	31	71,844	2	0	0	0	0	0	146
50 to 54	0	0	2	0	24	62,271	27	67,453	33	52,335	25	60,730	40	75,964	26	63,292	4	0	0	0	181
55 to 59	0	0	1	0	27	54,728	30	62,860	29	56,413	20	69,515	34	70,244	27	67,269	42	66,304	2	0	212
60 to 64	0	0	1	0	16	0	16	0	28	56,094	12	0	18	0	16	0	24	80,621	24	63,990	155
65 to 69	0	0	0	0	6	0	0	0	4	0	2	0	2	0	5	0	0	0	6	0	25
70 & up	0	0	0	0	1	0	2	0	1	0	2	0	1	0	0	0	0	0	1	0	8
Total	0	0	20	0	217	355,515	200	385,261	186	351,347	105	192,394	126	218,052	76	130,561	70	146,925	33	63,990	1,033

Plan Name: Western Maryland Health System Retirement Plan

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

EIN: 52-0591531

PN: 001

Year: 2017

Actuarial Cost Method

Traditional Unit Credit

Actuarial Value of Assets

24 month average limited by 90%/110% corridor

Date of Calculations

January 1, 2017

Employees Included in the Calculations

All active employees hired on or before June 30, 2011 who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or are entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

Source of Data

Data is as of the valuation date and is supplied to us by the Employer.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break-in-service. These employees may have participation requirements different from other new employees.

Although we believe these to be accurate and complete, the data and financial information have not been audited by us.

Pre-retirement for Retirement and Spousal Benefits:

Investment Return - Segment Rates (4-month lookback)

		For 404	For 430 and 436
Sample Rates:	Rate 1:	1.52%	4.16%
	Rate 2:	3.80%	5.72%
	Rate 3:	4.79%	6.48%

Mortality: 2017 Static Mortality for non-annuitants

Salary Scale: 2.50%

This assumption reflects the plan sponsor's best expectation of future budgeted salary increases.

Increase in Taxable

Wage Base: 2.00%

Plan Name: Western Maryland Health System Retirement Plan

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

EIN: 52-0591531

PN: 001

Year: 2017

Termination of Employment: Varying by age as illustrated below:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
25	10.00%	45	5.00%
30	7.50%	50	4.50%
35	6.50%	55	0.00%
40	5.50%		

The turnover assumption has not generated significant gains or losses since its adoption and continues to be reasonable.

Retirement Age: Varying by age as shown below:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
57 - 61	6.00%	65 - 66	17.50%
62 - 63	10.00%	67+	100.00%
64	20.00%		

This assumption reflects the early retirement provisions of the plan and any implicit subsidies.

Post-retirement for Retirement Benefits:

Investment Return - Segment Rates (4-month lookback)

	For 404	For 430 and 436
Sample Rates:		
Rate 1:	1.52%	4.16%
Rate 2:	3.80%	5.72%
Rate 3:	4.79%	6.48%

Mortality: 2017 Static Mortality for annuitants

Plan Expenses: Based on estimated administrative expenses paid from plan assets.

Form of Benefit Payment: 100% of Participants are assumed to elect the Normal Form. The plan pays only lump sums valued under \$5,000 and all other optional forms are actuarially equivalent to the normal form.

Effective Rate of Interest: 5.96%

ASC 960 Liabilities: ABO liabilities are based on the assumptions listed above except the discount rate used is 7.00%.

Compliance Testing: Based on the data provided, the plan meets the requirements of IRC Sections 401(a)(4), 401(a)(26), 410(b) and 415(b) for the current plan year. The company is not considered Top Heavy for the current plan year.

Western Maryland Health System, Inc. Retirement Plan
Schedule of Reportable Transactions - Modified Cash Basis
Schedule H, Part 4, Line 4(j)
EIN: 52-0591531 Plan: 001
Year Ended December 31, 2017
(Dollars in thousands)

Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of Loan)	Units	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or Loss
Principal Financial Group	Principal Glb Invts MM Sep Acct	346,303	\$ -	\$ 18,839,103	\$ 18,805,068	\$ 18,813,715	\$ 34,035
Principal Financial Group	Principal Glb Invts MM Sep Acct	252,833	13,764,492	-	13,764,492	13,764,492	-

See independent auditors' report.

SB Actuary Signature

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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

► 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 WESTERN MARYLAND HEALTH SYSTEM RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WESTERN MARYLAND HEALTH SYSTEM CORPORATION	D Employer Identification Number (EIN) 52-0591531	
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	224,077,074
	b Actuarial value	2b	228,140,543
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1,199	107,956,380
	b For terminated vested participants	891	36,400,095
	c For active participants	1,037	69,912,227
	d Total	3,127	214,268,702
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	5.96%
6	Target normal cost	6	6,050,936

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 ALVIN K. WINTERS, FSA, EA, MAAA Type or print name of actuary CBIZ BENEFITS & INSURANCE SERVICES Firm name 44 BALTIMORE STREET CUMBERLAND MD 21502 Address of the firm	<u>9/21/18</u> Date 1706620 Most recent enrollment number 301-777-1500 Telephone number (including area code)
------------------	--	--

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

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

Schedule SB (Form 5500) 2017

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

SB Actuary Signature

Schedule SB (Form 5500) 2017

Page 3

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 64
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 6,050,936
b Excess assets, if applicable, but not greater than line 31a			31b 137,496
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....			34 5,913,440
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....			36 5,913,440
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 10,956,913
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 5,043,473
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 38 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

SB Actuary Signature

Plan Name: Western Maryland Health System Retirement Plan

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

EIN: 52-0591531

PN: 001

Year: 2017

Retirement Rates:

<u>Age</u>	<u>Rate</u>	<u>Surviving Percentage</u>
57	6.0%	94%
58	6.0%	88%
59	6.0%	83%
60	6.0%	78%
61	6.0%	73%
62	10.0%	66%
63	10.0%	59%
64	20.0%	48%
65	17.5%	39%
66	17.5%	32%
67	100.0%	0%

Weighted retirement age: 64

SB Actuary Signature

Plan Name: Western Maryland Health System Retirement Plan

Schedule SB, line 26 - Schedule of Active Participants

EIN: 52-0591531

PN: 001

Year: 2017

Schedule of Active Participants

Age	Years of Service																					
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		Total	
	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.		
Under 25	0	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	
25 to 29	0	0	7	0	31	35,442	2	0	0	0	0	0	0	0	0	0	0	0	0	0	40	
30 to 34	0	0	2	0	33	44,366	30	60,036	0	0	0	0	0	0	0	0	0	0	0	0	65	
35 to 39	0	0	1	0	29	55,560	41	66,802	29	58,063	1	0	0	0	0	0	0	0	0	0	101	
40 to 44	0	0	4	0	23	48,797	23	64,218	29	65,895	18	0	0	0	0	0	0	0	0	0	97	
45 to 49	0	0	1	0	25	54,351	29	63,892	33	62,547	25	62,149	31	71,844	2	0	0	0	0	0	146	
50 to 54	0	0	2	0	24	62,271	27	67,453	33	52,335	25	60,730	40	75,964	26	63,292	4	0	0	0	181	
55 to 59	0	0	1	0	27	54,728	30	62,860	29	56,413	20	69,515	34	70,244	27	67,269	42	66,304	2	0	212	
60 to 64	0	0	1	0	16	0	16	0	28	56,094	12	0	18	0	16	0	24	80,621	24	63,990	155	
65 to 69	0	0	0	0	6	0	0	0	4	0	2	0	2	0	5	0	0	0	6	0	25	
70 & up	0	0	0	0	1	0	2	0	1	0	2	0	1	0	0	0	0	0	1	0	8	
Total	0	0	20	0	217	355,515	200	385,261	186	351,347	105	192,394	126	218,052	76	130,561	70	146,925	33	63,990	1,033	

SB Actuary Signature

Plan Name: Western Maryland Health System Retirement Plan

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

EIN: 52-0591531

PN: 001

Year: 2017

Actuarial Cost Method

Traditional Unit Credit

Actuarial Value of Assets

24 month average limited by 90%/110% corridor

Date of Calculations

January 1, 2017

Employees Included in the Calculations

All active employees hired on or before June 30, 2011 who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or are entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

Source of Data

Data is as of the valuation date and is supplied to us by the Employer.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break-in-service. These employees may have participation requirements different from other new employees.

Although we believe these to be accurate and complete, the data and financial information have not been audited by us.

Pre-retirement for Retirement and Spousal Benefits:

Investment Return - Segment Rates (4-month lookback)

		For 404	For 430 and 436
Sample Rates:	Rate 1:	1.52%	4.16%
	Rate 2:	3.80%	5.72%
	Rate 3:	4.79%	6.48%

Mortality: 2017 Static Mortality for non-annuitants

Salary Scale: 2.50%

This assumption reflects the plan sponsor's best expectation of future budgeted salary increases.

Increase in Taxable
Wage Base: 2.00%

SB Actuary Signature

Plan Name: Western Maryland Health System Retirement Plan

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

EIN: 52-0591531

PN: 001

Year: 2017

Termination of Employment:

Varying by age as illustrated below:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
25	10.00%	45	5.00%
30	7.50%	50	4.50%
35	6.50%	55	0.00%
40	5.50%		

The turnover assumption has not generated significant gains or losses since its adoption and continues to be reasonable.

Retirement Age:

Varying by age as shown below:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
57 - 61	6.00%	65 - 66	17.50%
62 - 63	10.00%	67+	100.00%
64	20.00%		

This assumption reflects the early retirement provisions of the plan and any implicit subsidies.

Post-retirement for Retirement Benefits:

Investment Return - Segment Rates (4-month lookback)

	For 404	For 430 and 436
Sample Rates:		
Rate 1:	1.52%	4.16%
Rate 2:	3.80%	5.72%
Rate 3:	4.79%	6.48%

Mortality:

2017 Static Mortality for annuitants

Plan Expenses:

Based on estimated administrative expenses paid from plan assets.

Form of Benefit Payment:

100% of Participants are assumed to elect the Normal Form. The plan pays only lump sums valued under \$5,000 and all other optional forms are actuarially equivalent to the normal form.

Effective Rate of Interest:

5.96%

ASC 960 Liabilities:

ABO liabilities are based on the assumptions listed above except the discount rate used is 7.00%.

Compliance Testing:

Based on the data provided, the plan meets the requirements of IRC Sections 401(a)(4), 401(a)(26), 410(b) and 415(b) for the current plan year. The company is not considered Top Heavy for the current plan year.

SB Actuary Signature

Plan Name: Western Maryland Health System Retirement Plan

Schedule SB, Part V - Statement of Plan Provisions

EIN: 52-0591531
PN: 001
Year: 2017

The following summary describes Principal Plan Provisions assumed in calculating the cost of the Pension Plan.

General Information

Original Effective Date	1/1/1999
Plan Year	January 1 through December 31
Employer ID No.	52-0591531
Plan Number	001

Eligibility

All employees of the Employer who have completed a year of eligibility service may participate in the Plan, excluding leased employees, individuals covered by a collective bargaining agreement that does not provide for participation in the plan, leased employees and non-resident aliens. A year of eligibility service is defined as a plan year in which the employee receives credit for at least 832 hours of service. Notwithstanding the above, no employee hired or rehired after 6/30/2011 shall be eligible to participate in the Plan.

Service

Effective 1/1/1999, service is credited for each plan year an employee is credited with at least 832 hours. Partial credit for completed months worked is granted for years of hire, rehire or termination in which the employee worked at the rate of 832 hours.

Service prior to the effective date of the plan is determined under prior plan provisions, as applicable.

Normal Retirement Date

Normal Retirement Date is the first of the month coinciding with or next following attainment of age 65.

Normal Retirement Benefit

The amount of annual benefit based on service to Normal Retirement Date is:

Post 1/1/2008 Career Average Formula:

Accrued Benefit as of 1/01/2008 **PLUS** for each subsequent year, 1.05% (1.25% if years of service as of the valuation date equals or exceeds 15) of Compensation **PLUS** .50% of the excess, if any, of Compensation over Covered Compensation (as limited by permitted disparity regulations). The participant must receive full or partial service credit to receive benefit accrual for the year.

OR

Grandfathered Formula:

1.05% of Final Average Compensation times years of credited service **PLUS** .50% of the excess, if any, of Final Average Compensation over Covered Compensation times years of Service limited to 35 total years.

Only employees participating in the Plan who had at least 25 years of continuous "Years of Hospital Service" as of 12/31/2007 are eligible for the Grandfathered Formula after 1/01/2008.

SB Actuary Signature

Plan Name: Western Maryland Health System Retirement Plan

Schedule SB, Part V - Statement of Plan Provisions

EIN: 52-0591531

PN: 001

Year: 2017

Normal Retirement Benefit [continued]

A minimum annual benefit of \$180 per year of Service applies to all active participants.

Compensation

Amounts earned during the plan year for employment including W-2 pay plus pay excluded under IRC Sections 125, 401(k) and 403(b). Earnings exclude IRC Section 457 deferred compensation included in the year paid to the Employee and IRC Section 107 parsonage rental values. Earnings are subject to IRC 401(a)(17) limitations.

Final Average Compensation (Grandfathered Formula)

The average of the highest five consecutive plan years of Compensation paid during the ten years preceding actual retirement date. Years in which the participant is not credited with at least 832 hours are excluded.

Covered Compensation

The monthly average of the Social Security Wage Bases in effect for each calendar year during the 35 year period ending with the calendar year in which the Participant attains Social Security Retirement Age.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using Compensation and Service as of the accrual date.

Early Retirement Benefit

Upon the completion of five years of Service and the attainment of age 55, a participant may elect to retire. The participant may receive an immediate benefit equal to the Normal Retirement Benefit based on service and compensation at early retirement, reduced by 5/12 of 1% for each month by which actual retirement precedes normal retirement. There is no reduction on or after age 62 if the sum of age and Service equals or exceeds 90.

Delayed Retirement

A participant may continue in the employment of the Employer after Normal Retirement Date. In such event, the participant will receive, at actual retirement, the greater of the actuarial equivalent of the prior year's Accrued Benefit or the benefit based on service and compensation as of the actual termination date.

Disability Retirement Benefit

For participants who become disabled on or after 1/01/2008, there is no disability benefit payable under the Plan. For participants who met the requirements for disability prior to 1/01/2008, the disability benefit is calculated under the grandfathered benefit formula based on projected salary and Service through the elected retirement date.

Death Benefit

A pre-retirement death benefit is generally payable to the beneficiary of an active participant and to the beneficiary of a vested, married terminated participant. For retired participants, the only death benefit payable is based on the elected annuity option.

SB Actuary Signature

Plan Name: Western Maryland Health System Retirement Plan

Schedule SB, Part V - Statement of Plan Provisions

EIN: 52-0591531

PN: 001

Year: 2017

Severance Benefit

Upon termination of employment after five years of Service, a participant shall have a vested interest in their accrued benefit, which will be payable at Normal Retirement Date. The percentage vested shall be:

<u>Years of Vesting Service</u>	<u>Vested Percent</u>
Fewer than five	0%
Five or more	100%

An employee is also deemed fully-vested upon attainment of normal retirement age.

Normal Form of Payment

The Normal Form of Payment is an annuity paid in monthly installments for life, or if married, an actuarially equivalent Joint & 50% Survivor Annuity.

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment. The options available are as follows:

- (1) An equivalent benefit to be paid during the participant's lifetime with 50%, 66.67%, 75% or 100% of the adjusted benefit to be continued to the spouse for their lifetime after the participant's death.
- (2) An equivalent benefit to be paid for life with 60, 120 or 180 monthly payments guaranteed.
- (3) An equivalent benefit to be paid for life with no death benefit.
- (4) A lump sum benefit if the value is less than \$5,000.
- (5) For employees with a prior match account balance or employee contribution balance, they may elect a lump sum withdrawal of either or both balances, as applicable.

Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment based on the 1983 GAM (male) Table with a 4 year setback for participants (2 year setback for non-participants) and an 8.50% interest rate. Lump sum equivalence is generally based on the Applicable Mortality and Applicable Interest Rates as determined under IRC Section 417(e)(3). The lookback month is the second month preceding the first day of the plan year in which distribution occurs. The stability period is the plan year.

Additional Information

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

Plan Name: Western Maryland Health System Retirement Plan

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

EIN: 52-0591531

PN: 001

Year: 2017

Retirement Rates:

<u>Age</u>	<u>Rate</u>	<u>Surviving Percentage</u>
57	6.0%	94%
58	6.0%	88%
59	6.0%	83%
60	6.0%	78%
61	6.0%	73%
62	10.0%	66%
63	10.0%	59%
64	20.0%	48%
65	17.5%	39%
66	17.5%	32%
67	100.0%	0%

Weighted retirement age: 64

Plan Name: Western Maryland Health System Retirement Plan

Schedule SB, Part V - Statement of Plan Provisions

EIN: 52-0591531

PN: 001

Year: 2017

The following summary describes Principal Plan Provisions assumed in calculating the cost of the Pension Plan.

General Information

Original Effective Date	1/1/1999
Plan Year	January 1 through December 31
Employer ID No.	52-0591531
Plan Number	001

Eligibility

All employees of the Employer who have completed a year of eligibility service may participate in the Plan, excluding leased employees, individuals covered by a collective bargaining agreement that does not provide for participation in the plan, leased employees and non-resident aliens. A year of eligibility service is defined as a plan year in which the employee receives credit for at least 832 hours of service. Notwithstanding the above, no employee hired or rehired after 6/30/2011 shall be eligible to participate in the Plan.

Service

Effective 1/1/1999, service is credited for each plan year an employee is credited with at least 832 hours. Partial credit for completed months worked is granted for years of hire, rehire or termination in which the employee worked at the rate of 832 hours.

Service prior to the effective date of the plan is determined under prior plan provisions, as applicable.

Normal Retirement Date

Normal Retirement Date is the first of the month coinciding with or next following attainment of age 65.

Normal Retirement Benefit

The amount of annual benefit based on service to Normal Retirement Date is:

Post 1/1/2008 Career Average Formula:

Accrued Benefit as of 1/01/2008 **PLUS** for each subsequent year, 1.05% (1.25% if years of service as of the valuation date equals or exceeds 15) of Compensation **PLUS** .50% of the excess, if any, of Compensation over Covered Compensation (as limited by permitted disparity regulations). The participant must receive full or partial service credit to receive benefit accrual for the year.

OR

Grandfathered Formula:

1.05% of Final Average Compensation times years of credited service **PLUS** .50% of the excess, if any, of Final Average Compensation over Covered Compensation times years of Service limited to 35 total years.

Only employees participating in the Plan who had at least 25 years of continuous "Years of Hospital Service" as of 12/31/2007 are eligible for the Grandfathered Formula after 1/01/2008.

Plan Name: Western Maryland Health System Retirement Plan

Schedule SB, Part V - Statement of Plan Provisions

EIN: 52-0591531

PN: 001

Year: 2017

Normal Retirement Benefit [continued]

A minimum annual benefit of \$180 per year of Service applies to all active participants.

Compensation

Amounts earned during the plan year for employment including W-2 pay plus pay excluded under IRC Sections 125, 401(k) and 403(b). Earnings exclude IRC Section 457 deferred compensation included in the year paid to the Employee and IRC Section 107 parsonage rental values. Earnings are subject to IRC 401(a)(17) limitations.

Final Average Compensation (Grandfathered Formula)

The average of the highest five consecutive plan years of Compensation paid during the ten years preceding actual retirement date. Years in which the participant is not credited with at least 832 hours are excluded.

Covered Compensation

The monthly average of the Social Security Wage Bases in effect for each calendar year during the 35 year period ending with the calendar year in which the Participant attains Social Security Retirement Age.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using Compensation and Service as of the accrual date.

Early Retirement Benefit

Upon the completion of five years of Service and the attainment of age 55, a participant may elect to retire. The participant may receive an immediate benefit equal to the Normal Retirement Benefit based on service and compensation at early retirement, reduced by 5/12 of 1% for each month by which actual retirement precedes normal retirement. There is no reduction on or after age 62 if the sum of age and Service equals or exceeds 90.

Delayed Retirement

A participant may continue in the employment of the Employer after Normal Retirement Date. In such event, the participant will receive, at actual retirement, the greater of the actuarial equivalent of the prior year's Accrued Benefit or the benefit based on service and compensation as of the actual termination date.

Disability Retirement Benefit

For participants who become disabled on or after 1/01/2008, there is no disability benefit payable under the Plan. For participants who met the requirements for disability prior to 1/01/2008, the disability benefit is calculated under the grandfathered benefit formula based on projected salary and Service through the elected retirement date.

Death Benefit

A pre-retirement death benefit is generally payable to the beneficiary of an active participant and to the beneficiary of a vested, married terminated participant. For retired participants, the only death benefit payable is based on the elected annuity option.

Plan Name: Western Maryland Health System Retirement Plan

Schedule SB, Part V - Statement of Plan Provisions

EIN: 52-0591531

PN: 001

Year: 2017

Severance Benefit

Upon termination of employment after five years of Service, a participant shall have a vested interest in their accrued benefit, which will be payable at Normal Retirement Date. The percentage vested shall be:

<u>Years of Vesting Service</u>	<u>Vested Percent</u>
Fewer than five	0%
Five or more	100%

An employee is also deemed fully-vested upon attainment of normal retirement age.

Normal Form of Payment

The Normal Form of Payment is an annuity paid in monthly installments for life, or if married, an actuarially equivalent Joint & 50% Survivor Annuity.

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment.

The options available are as follows:

- (1) An equivalent benefit to be paid during the participant's lifetime with 50%, 66.67%, 75% or 100% of the adjusted benefit to be continued to the spouse for their lifetime after the participant's death.
- (2) An equivalent benefit to be paid for life with 60, 120 or 180 monthly payments guaranteed.
- (3) An equivalent benefit to be paid for life with no death benefit.
- (4) A lump sum benefit if the value is less than \$5,000.
- (5) For employees with a prior match account balance or employee contribution balance, they may elect a lump sum withdrawal of either or both balances, as applicable.

Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment based on the 1983 GAM (male) Table with a 4 year setback for participants (2 year setback for non-participants) and an 8.50% interest rate. Lump sum equivalence is generally based on the Applicable Mortality and Applicable Interest Rates as determined under IRC Section 417(e)(3). The lookback month is the second month preceding the first day of the plan year in which distribution occurs. The stability period is the plan year.

Additional Information

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

Western Maryland Health System, Inc. Retirement Plan
Schedule of Assets (Held At End Of Year) - Modified Cash Basis
Schedule H, line 4i
EIN: 52-0591531 Plan: 001
December 31, 2017
(Dollars in thousands)

(a)	(b) Identity of Issuer Borrower, Lessor or Similar Party	(c) Description of investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Principal	Vanguard Growth Index Fund	\$ 30,421	\$ 45,419
*	Principal	Edge Equity Income Fund	28,352	43,162
*	Principal	Metro West Total Return Bond Fund	34,863	34,383
*	Principal	Edge Income Account	27,136	29,808
*	Principal	Principal Diversified International Fund	12,201	16,344
*	Principal	AM. Century Small Company Investment Fund	13,682	16,201
*	Principal	Principal/Barrow Hanley Mid Cap Value III	11,024	14,299
*	Principal	Principal Mid Cap Blend Fund	9,110	14,076
*	Principal	Principal International Emerging Markets Fund	7,155	9,480
*	Prudential	Immediate Participation Guarantee Fund	5,450	5,450
*	Principal	MD St Health & Higher Ed 5.25 7/1/25	2,858	2,910
*	Principal	Principal Money Market Select Fund	2,767	2,773
*	Principal	MD St Health & Higher Ed 5.25 7/1/26	2,297	2,317
	Principal	MD St Health & Higher Ed 5.0 7/1/24	1,323	1,359
*	Principal	Northern Government Select Fund	1,193	1,193
			<u>\$ 159,411</u>	<u>\$ 239,174</u>

* *Party in interest*