

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>EMPLOYEES' RETIREMENT PLAN OF GALION COMMUNITY HOSPITAL</u>	1b Three-digit plan number (PN) ▶	001	
	1c Effective date of plan <u>10/01/1968</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>GALION COMMUNITY HOSPITAL</u> <u>269 PORTLAND WAY SOUTH</u> <u>GALION, OH 44833</u>	2b Employer Identification Number (EIN) <u>34-4451872</u>	2c Plan Sponsor's telephone number <u>419-468-0501</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.	10/10/2019	ERIC DRAIME
	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 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 577
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 216 6a(2) 180 6b 249 6c 129 6d 558 6e 15 6f 573 6g 6h
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 1I

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)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

A Name of plan <u>EMPLOYEES' RETIREMENT PLAN OF GALION COMMUNITY HOSPITAL</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GALION COMMUNITY HOSPITAL</u>	D Employer Identification Number (EIN) <u>34-4451872</u>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
---	---

Part I	Basic Information
---------------	--------------------------

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>			
2 Assets:			
a Market value.....	2a	<u>25819142</u>	
b Actuarial value	2b	<u>24028276</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>256</u>	<u>14833180</u>	<u>14833180</u>
b For terminated vested participants	<u>107</u>	<u>2737189</u>	<u>2737189</u>
c For active participants	<u>216</u>	<u>7202577</u>	<u>7240986</u>
d Total	<u>579</u>	<u>24772946</u>	<u>24811355</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.61 %</u>	
6 Target normal cost	6	<u>414400</u>	

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

SIGN HERE		<u>10/08/2019</u>
Signature of actuary		Date
<u>JOHN C. BENGÉ</u>		<u>17-04810</u>
Type or print name of actuary		Most recent enrollment number
<u>MCCREADY AND KEENE, INC.</u>		<u>317-285-6502</u>
Firm name		Telephone number (including area code)
<u>P.O. BOX 6094</u> <u>INDIANAPOLIS, IN 46206-6094</u>		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	2333	0
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)	2333	0
10 Interest on line 9 using prior year's actual return of <u>17.28</u> %	403	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		520
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.82</u> %		30
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		550
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	2736	0

Part III Funding Percentages

14 Funding target attainment percentage	14	96.83%
15 Adjusted funding target attainment percentage	15	96.83%
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	96.78%
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
07/10/2018	252000	0			
10/11/2018	126000	0			
01/15/2019	126000	0			
07/16/2019	111000	0			
Totals ▶			18(b)	615000	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	585522

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ 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	414400	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	785815	143609	
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	558009	
	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	558009	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	585522	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	27513	
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

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
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan EMPLOYEES' RETIREMENT PLAN OF GALION COMMUNITY HOSPITAL	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GALION COMMUNITY HOSPITAL	D Employer Identification Number (EIN) 34-4451872	

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)

FIFTH THIRD BANK

31-1051736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	132941	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCCREADY AND KEENE, INC.

35-0500670

(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?
11	NONE	80010	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan EMPLOYEES' RETIREMENT PLAN OF GALION COMMUNITY HOSPITAL	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 GALION COMMUNITY HOSPITAL	D Employer Identification Number (EIN) 34-4451872

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	3382	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	611000	237000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	31114	32125
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	295812	179627
(2) U.S. Government securities	1c(2)	506208	498495
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	767307	1974915
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	15137000	13763247
(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)		
(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)	8490904	6814484
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	25842727	23499893

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	25842727	23499893
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	615000	
(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)		615000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5726	
(B) U.S. Government securities	2b(1)(B)	14688	
(C) Corporate debt instruments	2b(1)(C)	32156	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	7976	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		60546
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	282530	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		282530
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3514772	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3685381	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-170609
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	-617268	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-617268

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-554947
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-384748

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1570712	
(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)		1570712
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)	212952	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	-1578	
(4) Other	2i(4)	176000	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		387374
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1958086

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2342834
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: PLANTE & MORAN PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	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 4171139. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>EMPLOYEES' RETIREMENT PLAN OF GALION COMMUNITY HOSPITAL</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GALION COMMUNITY HOSPITAL</u>	D Employer Identification Number (EIN) <u>34-4451872</u>

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>35-0735840</u> <u>31-1051736</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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) 2018
v. 171027

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____ % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

September 25, 2019

To the Board of Directors and Management
Galion Community Hospital Employees'
Retirement Plan

We have audited the financial statements of Galion Community Hospital Employees' Retirement Plan (the "Plan") as of and for the year ended December 31, 2018 and have issued our report thereon dated September 25, 2019. Professional standards require that we provide you with the following information related to our audit.

Our Responsibility Under U.S. Generally Accepted Auditing Standards

As stated in our engagement letter dated July 15, 2019, we conducted our audit in accordance with professional standards except that, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA and as instructed by you, we did not perform any auditing procedures with respect to certified information except for comparing such information to the related information included in the financial statements. Because of the significance of the information that we did not audit, we did not express an opinion on the financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from the certified information, were audited by us in accordance with auditing standards generally accepted in the United States of America and were subjected to tests of your accounting records and other procedures as we considered necessary to enable us to express an opinion as to whether they are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Our audit of the financial statements does not relieve you or management of your responsibilities. As part of our audit, we considered the applicable internal control of Galion Community Hospital Employees' Retirement Plan. Such considerations were solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal control.

We are responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures specifically to identify such matters.

Planned Scope and Timing of the Audit

We performed the audit according to the planned scope and timing previously communicated to you in our meeting about planning matters on July 22, 2019.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. In accordance with the terms of our engagement letter, we will advise management about the appropriateness of accounting policies and their application. The significant accounting policies used by Galion Community Hospital Employees' Retirement Plan are described in Note 2 to the financial statements. No significant new accounting policies were adopted, and the application of existing policies was not changed during 2018.

We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. We noted no significant transactions that have been recognized in the financial statements in a different period than when the transaction occurred.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were the Plan's valuation of investments and actuarial present value of accumulated plan benefits.

Management has informed us that, in determining the appropriateness of the estimate of investment values, they have recorded the fair values based on market values provided by the investment custodian. We performed no specific procedures related to the valuation of the investments due to the limited scope nature of the engagement.

Management's estimate of the actuarial present value of accumulated plan benefits is based on certain assumptions pertaining to interest rates, inflation rates, employee compensation, and demographics. We evaluated the key factors and assumptions used to develop the estimate in determining that it is reasonable in relation to the financial statements taken as a whole.

The disclosures in the financial statements are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Disagreements with Management

For the purpose of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report.

We are pleased to report that no such disagreements arose during the course of our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. We did not detect any misstatements as a result of audit procedures.

Significant Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards and plans and strategies that may affect the risks of material misstatement, with management each year prior to our retention as the Plan's auditors. However, these discussions occurred in the normal course of our professional relationship, and our responses were not a condition of our retention.

To the Board of Directors and Management
Galion Community Hospital Employees'
Retirement Plan

September 25, 2019

Management Representations

We have requested certain representations from management that are included in the management representation letter dated September 25, 2019.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Plan's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Information in Documents Containing Audited Financial Statements

Our responsibility for other information in documents containing the Plan's financial statements and report does not extend beyond the financial statements. We do not have an obligation to determine whether or not such other information is properly stated. However, we read the Plan's Form 5500 filing, and nothing came to our attention that caused us to believe that such information, or its manner of presentation, is materially inconsistent with the information or manner of its presentation appearing in the financial statements.

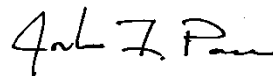
This information is intended solely for the use of the board of directors and management of Galion Community Hospital Employees' Retirement Plan and is not intended to be and should not be used by anyone other than these specified parties.

Other Matters

We did note that the Plan's allocation of assets is slightly out of compliance with the Plan's asset allocation policy. Plan management should ensure the allocation of the Plan's assets comply with the investment policy in place.

Very truly yours,

Plante & Moran, PLLC

A handwritten signature in black ink, appearing to read "Jordan F. Pace".

Jordan F. Pace
Partner

Galion Community Hospital Employees' Retirement Plan

**Financial Report
December 31, 2018**

Galion Community Hospital Employees' Retirement Plan

Contents

Independent Auditor's Report	1-2
Statement of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-9
Schedule of Assets Held at End of Year	10-18
Schedule of Reportable Transactions	19

Independent Auditor's Report

To the Plan Administrator
Galion Community Hospital Employees' Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Galion Community Hospital Employees' Retirement Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2018 and 2017 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fifth Third Bank (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 Trustee holds the Plan's investment assets and executes related transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2018 and 2017 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.

Other Matter

The supplemental schedules of assets held at end of year as of December 31, 2018 and reportable transactions for the year ended December 31, 2018 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

To the Plan Administrator
Galion Community Hospital Employees' Retirement Plan

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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Moreau, PLLC

Columbus, Ohio
September 25, 2019

Galion Community Hospital Employees' Retirement Plan

Statement of Net Assets Available for Benefits

	December 31, 2018 and 2017	
	2018	2017
Assets		
Investments at fair value:		
Money market fund	\$ 179,627	\$ 295,812
Mutual funds	6,814,484	8,490,904
U.S. government securities	498,495	506,208
Common stocks	13,763,247	15,137,000
Corporate debt securities	1,974,915	767,307
Total investments at fair value	23,230,768	25,197,231
Contributions receivable - Employer	237,000	611,000
Accrued income	32,125	31,114
Cash	-	3,382
Net Assets Available for Benefits	\$ 23,499,893	\$ 25,842,727

Galion Community Hospital Employees' Retirement Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2018 and 2017

	2018	2017
Additions to Net Assets		
Contributions - Employer	\$ 615,000	\$ 611,000
Investment income (loss):		
Interest and dividends	674,820	614,274
Net realized and unrealized (losses) gains on investments	(1,674,568)	3,254,193
Total investment loss	(999,748)	3,868,467
Total (reductions to) additions to net assets	(384,748)	4,479,467
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	1,570,712	1,616,682
Administrative expenses	387,374	417,056
Total deductions from net assets	1,958,086	2,033,738
Net (Decrease) Increase	(2,342,834)	2,445,729
Net Assets Available for Benefits		
Beginning of year	25,842,727	23,396,998
End of year	<u><u>\$ 23,499,893</u></u>	<u><u>\$ 25,842,727</u></u>

Galion Community Hospital Employees' Retirement Plan

Notes to Financial Statements

December 31, 2018 and 2017

Note 1 - Plan Description

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

General

The Plan is a defined benefit plan covering all eligible employees of Galion Community Hospital (the "Hospital"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility and Vesting

Employees become participants in the Plan following completion of one year of service in which they worked at least 1,000 hours and are at least 21 years old. Employees are fully vested for normal retirement benefits after five years of service.

Pension Benefits

Employees are entitled to monthly pension benefits beginning at the participant's normal retirement age (age 65 under the provisions of the Plan). Monthly retirement benefits are computed by multiplying the years of service by a rate specified by the Plan. The specified rate is based on a percentage of average monthly compensation and Social Security income, subject to a minimum monthly benefit of \$16 per year of service as of December 31, 2018 and 2017.

Employees electing to participate in the contributory supplemental pension benefit option of the Plan are eligible for additional monthly retirement benefits. These benefits are determined by application of a benefit ratio to a participant's total contribution for supplemental pension benefits.

Retirement benefits are also provided to employees with 15 years of service who have become fully disabled. Spouses of employees are provided benefits should an employee with five years or more of service die. Retirees may elect reduced monthly benefits to provide for continuing benefits to a surviving spouse.

Effective August 31, 2015, the Plan was amended to provide a lump-sum distribution window program whereby eligible participants, including those who have not yet reached the required commencement date, can elect to receive benefits in the form of a lump sum.

As of January 1, 2010, the Plan was frozen; consequently, additional participants, benefit service, and benefit accruals will no longer continue under the Plan.

Funding

Contributions are made by the Hospital in actuarially determined amounts. The Hospital's policy is to make contributions necessary to satisfy ERISA funding standards. The Plan has met the minimum plan sponsor funding requirements of ERISA for the years ended December 31, 2018 and 2017.

Employee Contributions

Employees who meet the eligibility requirements and elect to participate in the supplemental pension benefit may contribute up to 5 percent of their gross earnings on a pretax basis. Employees electing to participate in the supplemental pension benefit are fully vested in their contributions. Effective January 1, 2010, the plan sponsor froze employee contributions for participants in the Plan. No further employee contributions have been made to the Plan subsequent to this date. The total accumulated contributions and interest for all participants (at various rates) are \$1,123,433 as of December 31, 2017.

Galion Community Hospital Employees' Retirement Plan

Notes to Financial Statements

December 31, 2018 and 2017

Note 2 - Summary of Significant Accounting Policies

Investment Valuation

The Plan's investments are stated at fair value. The U.S. government securities and corporate debt securities are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve, as well as other relevant economic measures. All other investments are valued based on quoted market prices.

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

Administrative Expenses

The Plan reimburses Galion Community Hospital for various administrative expenses that the Hospital pays on the Plan's behalf. There are also administrative expenses absorbed by the Hospital.

Benefit Payments

Benefits are recorded when paid.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The present value of accumulated plan benefits is actuarially determined and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment due to death, disability, or retirement between the valuation date and the expected date of payment.

Actuarial Assumptions

The significant actuarial assumptions used in the valuation of the Plan at December 31, 2017 are summarized as follows:

Actuarial valuation basis	Accrued benefit (union credit)
Valuation interest rate	3.97 percent
Mortality basis	RP-2014, MP-2018
Disability basis	Wyatt 1985 Disability Study Class I
Retirement age	After five years of service, it is assumed participants will retire at the following rates:

Attained Age	Rate
55-59	2.00 %
60	10.00 %
61-63	15.00 %
64	40.00 %
65	100.00 %

December 31, 2018 and 2017

Note 2 - Summary of Significant Accounting Policies (Continued)

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

Use of Estimates

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

Risks and Uncertainties

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, demographics, and other actuarial assumptions. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. 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 financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including September 25, 2019, which is the date the financial statements were available to be issued.

Note 3 - Plan Termination

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

Note 4 - Tax Status

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

Galion Community Hospital Employees' Retirement Plan

Notes to Financial Statements

December 31, 2018 and 2017

Note 5 - Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries McCready & Keene, Inc. The most recent calculations of the estimated present value of accumulated plan benefits attributable to participants in the Plan, which was made as of and for the year ended December 31, 2017, are as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefit payments	\$ 17,565,183
Other vested participants	12,959,514
Total vested benefits	30,524,697
Nonvested benefits	16,875
Total actuarial present value of accumulated plan benefits	<u>\$ 30,541,572</u>
Actuarial present value of accumulated plan benefits - Beginning of year	\$ 30,709,876
Increase (decrease) during the year attributable to:	
Actuarial gain	113,091
Interest due to the decrease in the discount period	1,243,750
Benefits paid	(1,616,682)
Changes in assumptions	91,537
Net decrease	<u>(168,304)</u>
Actuarial present value of accumulated plan benefits - End of year	<u>\$ 30,541,572</u>

The assumption change in 2017 of \$91,537 was the result of a change in interest rates and a change in the mortality tables used for 2017.

Note 6 - Unaudited Investment Information

Fifth Third Bank (the "Trustee") holds the Plan's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements, supplemental schedule of assets held at end of year, and supplemental schedule of reportable transactions are based solely on information certified by the Trustee.

Note 7 - Fair Value Measurements

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

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2018 and 2017.

Level 1

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

Galion Community Hospital Employees' Retirement Plan

Notes to Financial Statements

December 31, 2018 and 2017

Note 7 - Fair Value Measurements (Continued)

Level 2

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

Level 3

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

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

Assets Measured at Fair Value on a Recurring Basis at December 31, 2018			
	Investments (at Fair Value)	Level 1	Level 2
Money market fund	\$ 179,627	\$ 179,627	\$ -
Mutual funds	6,814,484	6,814,484	-
U.S. government securities	498,495	-	498,495
Common stock	13,763,247	13,763,247	-
Corporate debt securities	1,974,915	-	1,974,915
Total investments at fair value	<u>\$ 23,230,768</u>	<u>\$ 20,757,358</u>	<u>\$ 2,473,410</u>

Assets Measured at Fair Value on a Recurring Basis at December 31, 2017			
	Investments (at Fair Value)	Level 1	Level 2
Money market fund	\$ 295,812	\$ 295,812	\$ -
Mutual funds	8,490,904	8,490,904	-
U.S. government securities	506,208	-	506,208
Common stock	15,137,000	15,137,000	-
Corporate debt securities	767,307	-	767,307
Total investments at fair value	<u>\$ 25,197,231</u>	<u>\$ 23,923,716</u>	<u>\$ 1,273,515</u>

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no significant transfers between levels of the fair value hierarchy during 2018 and 2017.

Galion Community Hospital Employees' Retirement Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 34-4451872, Plan No. 001
December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Total investments - See attached schedule	\$	- \$ 23,230,768

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
<u>CASH</u>						
MONEY MARKET INVESTMENTS						
179,627	FEDERATED GOVERNMENT OBLIGATIONS PREMIER	\$179,627.00	\$179,627.00	\$179,627.00		\$245.69
	TOTAL MONEY MARKET INVESTMENTS	<u>\$179,627.00</u>	<u>\$179,627.00</u>	<u>\$179,627.00</u>	<u>0.00</u>	<u>\$245.69</u>
<u>BONDS</u>						
U.S. GOVERNMENT BONDS						
250,000	UNITED STATES TREAS NOTE 08/15/11 2.125 08/15/21	253,056.64	247,725.00	250,362.50	\$2,637.50-	2,006.62
	TOTAL U.S. GOVERNMENT BONDS	<u>\$253,056.64</u>	<u>\$247,725.00</u>	<u>\$250,362.50</u>	<u>\$2,637.50-</u>	<u>\$2,006.62</u>
AGENCY BONDS						
250,000	FEDERAL HOME LN MTG CORP 03/27/09 3.750 03/27/19	255,892.50	250,770.00	255,845.00	5,075.00-	2,447.92
	TOTAL AGENCY BONDS	<u>\$255,892.50</u>	<u>\$250,770.00</u>	<u>\$255,845.00</u>	<u>\$5,075.00-</u>	<u>\$2,447.92</u>
CORPORATE BONDS						
250,000	CHEVRON CORP 03/03/17 2.895 03/03/24	242,532.50	243,982.50	242,532.50	1,450.00	2,372.29
250,000	COCA COLA CO 11/01/13 2.450 11/01/20 CD	247,155.00	248,412.50	247,155.00	1,257.50	1,020.83
150,000	DUKE ENERGY CAROLINAS LLC 06/07/10 4.300 06/15/20	154,696.50	152,908.50	157,108.50	4,200.00-	286.67
250,000	IBM CREDIT LLC 02/06/18 3.000 02/06/23	245,992.50	245,210.00	245,992.50	782.50-	3,020.83
250,000	NORTHERN TR CORP 08/22/11 3.375 08/23/21	250,797.50	251,795.00	250,797.50	997.50	3,000.00
250,000	ORACLE CORP SR NT 05/05/15 2.950 05/15/25	237,692.50	239,237.50	237,692.50	1,545.00	942.36

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
250,000	PHILIP MORRIS INTL INC 11/02/17 2.500 11/01/22	\$240,285.00	\$240,275.00	\$240,285.00	\$10.00-	\$1,024.31
250,000	SIMON PPTY GROUP L P 03/13/12 3.375 03/15/22	249,957.50	250,352.50	249,957.50	395.00	2,484.38
TOTAL CORPORATE BONDS		<u>\$1,869,109.00</u>	<u>\$1,872,173.50</u>	<u>\$1,871,521.00</u>	<u>\$652.50</u>	<u>\$14,151.67</u>
FOREIGN BONDS						
100,000	DIAGEO CAP PLC 05/14/10 4.828 07/15/20	102,379.00	102,739.00	106,268.00	3,529.00-	2,226.24
TOTAL FOREIGN BONDS		<u>\$102,379.00</u>	<u>\$102,739.00</u>	<u>\$106,268.00</u>	<u>\$3,529.00-</u>	<u>\$2,226.24</u>
<u>BOND FUNDS</u>						
MUTUAL BOND FUNDS						
25,000	DODGE & COX INCOME FD	348,500.00	331,500.00	344,000.00	12,500.00-	
5,783	ISHARES BARCLAYS TIPS BOND FUND	635,269.27	633,296.33	659,724.64	26,428.31-	
3,000	ISHARES HIGH YIELD CORP BND FND	274,064.60	243,300.00	261,780.00	18,480.00-	
10,000	ISHARES SHORT-TERM CORPORATE BOND ETF	523,834.00	516,400.00	522,700.00	6,300.00-	
30,000	TOUCHSTONE FLEXIBLE INCOME FUND CLASS Y	321,900.00	312,900.00	330,300.00	17,400.00-	
TOTAL MUTUAL BOND FUNDS		<u>\$2,103,567.87</u>	<u>\$2,037,396.33</u>	<u>\$2,118,504.64</u>	<u>\$81,108.31-</u>	<u>0.00</u>
<u>COMMON STOCK</u>						
CHEMICALS						
3,000	ECOLAB INC	201,758.70	442,050.00	402,540.00	39,510.00	1,380.00
TOTAL CHEMICALS		<u>\$201,758.70</u>	<u>\$442,050.00</u>	<u>\$402,540.00</u>	<u>\$39,510.00</u>	<u>\$1,380.00</u>
PAPER & FOREST PRODUCTS						
4,615	DOWDUPONT INC COM	<u>183,350.41</u>	<u>246,810.20</u>	<u>328,680.30</u>	<u>81,870.10-</u>	

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
	TOTAL PAPER & FOREST PRODUCTS	\$183,350.41	\$246,810.20	\$328,680.30	\$81,870.10-	0.00
	BUILDING PRODUCTS					
3,050	ALLEGION PUB LTD CO ORD SHS	\$201,086.50	\$243,115.50	\$242,658.00	\$457.50	
	TOTAL BUILDING PRODUCTS	<u>\$201,086.50</u>	<u>\$243,115.50</u>	<u>\$242,658.00</u>	<u>\$457.50</u>	<u>0.00</u>
	ROAD & RAIL					
2,300	UNION PAC CORP	242,995.00	317,929.00	308,430.00	9,499.00	
	TOTAL ROAD & RAIL	<u>\$242,995.00</u>	<u>\$317,929.00</u>	<u>\$308,430.00</u>	<u>\$9,499.00</u>	<u>0.00</u>
	AIR FREIGHT & LOGISTICS					
1,800	UNITED PARCEL SVC INC	86,831.46	175,554.00	214,470.00	38,916.00-	
	TOTAL AIR FREIGHT & LOGISTICS	<u>\$86,831.46</u>	<u>\$175,554.00</u>	<u>\$214,470.00</u>	<u>\$38,916.00-</u>	<u>0.00</u>
	MACHINERY					
2,000	DEERE & CO	156,962.00	298,340.00	313,020.00	14,680.00-	\$1,520.00
3,000	ILLINOIS TOOL WKS INC	150,120.00	380,070.00	500,550.00	120,480.00-	
	TOTAL MACHINERY	<u>\$307,082.00</u>	<u>\$678,410.00</u>	<u>\$813,570.00</u>	<u>\$135,160.00-</u>	<u>\$1,520.00</u>
	AEROSPACE & DEFENSE					
2,700	UNITED TECHNOLOGIES CORP	198,933.47	287,496.00	344,439.00	56,943.00-	
	TOTAL AEROSPACE & DEFENSE	<u>\$198,933.47</u>	<u>\$287,496.00</u>	<u>\$344,439.00</u>	<u>\$56,943.00-</u>	<u>0.00</u>
	HOTEL RESTAURANTS & LEISURE					
2,000	MCDONALDS CORP	181,220.00	355,140.00	344,240.00	10,900.00	
	TOTAL HOTEL RESTAURANTS & LEISURE	<u>\$181,220.00</u>	<u>\$355,140.00</u>	<u>\$344,240.00</u>	<u>\$10,900.00</u>	<u>0.00</u>
	INTERNET & CATALOG RETAIL					
250	AMAZON.COM INC	165,659.50	375,492.50	292,367.50	83,125.00	

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
TOTAL INTERNET & CATALOG RETAIL		<u>\$165,659.50</u>	<u>\$375,492.50</u>	<u>\$292,367.50</u>	<u>\$83,125.00</u>	<u>0.00</u>
SPECIALTY RETAIL						
9,000	TJX COS INC	\$57,389.40	\$402,660.00	\$344,070.00	\$58,590.00	
TOTAL SPECIALTY RETAIL		<u>\$57,389.40</u>	<u>\$402,660.00</u>	<u>\$344,070.00</u>	<u>\$58,590.00</u>	<u>0.00</u>
TEXTILES APPAREL & LUXURY GOODS						
6,400	NIKE INC	114,798.65	474,496.00	400,320.00	74,176.00	\$1,408.00
TOTAL TEXTILES APPAREL & LUXURY GOODS		<u>\$114,798.65</u>	<u>\$474,496.00</u>	<u>\$400,320.00</u>	<u>\$74,176.00</u>	<u>\$1,408.00</u>
BEVERAGES						
2,000	ANHEUSER BUSCH INBEV SA/NV ADR	153,479.10	131,620.00	223,120.00	91,500.00-	
3,800	COCA COLA CO	116,390.20	179,930.00	174,344.00	5,586.00	
2,000	PEPSICO INC	127,559.80	220,960.00	239,840.00	18,880.00-	1,855.00
TOTAL BEVERAGES		<u>\$397,429.10</u>	<u>\$532,510.00</u>	<u>\$637,304.00</u>	<u>\$104,794.00-</u>	<u>\$1,855.00</u>
FOOD & STAPLES RETAILING						
2,000	WALGREENS BOOTS ALLIANCE INC	174,817.00	136,660.00	145,240.00	8,580.00-	
TOTAL FOOD & STAPLES RETAILING		<u>\$174,817.00</u>	<u>\$136,660.00</u>	<u>\$145,240.00</u>	<u>\$8,580.00-</u>	<u>0.00</u>
HOUSEHOLD PRODUCTS						
2,000	PROCTER & GAMBLE CO	128,519.00	183,840.00	183,760.00	80.00	
TOTAL HOUSEHOLD PRODUCTS		<u>\$128,519.00</u>	<u>\$183,840.00</u>	<u>\$183,760.00</u>	<u>\$80.00</u>	<u>0.00</u>
ENERGY EQUIPMENT & SERVICES						
1,250	SCHLUMBERGER LTD	51,152.87	45,100.00	84,237.50	39,137.50-	625.00
TOTAL ENERGY EQUIPMENT & SERVICES		<u>\$51,152.87</u>	<u>\$45,100.00</u>	<u>\$84,237.50</u>	<u>\$39,137.50-</u>	<u>\$625.00</u>

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
OIL, GAS & CONSUMABLE FUELS						
1,400	CHEVRON CORPORATION	\$118,409.20	\$152,306.00	\$175,266.00	\$22,960.00-	
3,600	CONOCOPHILLIPS	135,433.06	224,460.00	197,604.00	26,856.00	
2,000	EOG RES INC	234,424.00	174,420.00	234,424.00	60,004.00-	
1,400	EXXON MOBIL CORP	119,489.72	95,466.00	117,096.00	21,630.00-	
	TOTAL OIL, GAS & CONSUMABLE FUELS	<u>\$607,755.98</u>	<u>\$646,652.00</u>	<u>\$724,390.00</u>	<u>\$77,738.00-</u>	<u>0.00</u>
HEALTH CARE PROVIDERS & SERVICES						
4,000	UNITEDHEALTH GROUP INC	176,393.20	996,480.00	881,840.00	114,640.00	
	TOTAL HEALTH CARE PROVIDERS & SERVICES	<u>\$176,393.20</u>	<u>\$996,480.00</u>	<u>\$881,840.00</u>	<u>\$114,640.00</u>	<u>0.00</u>
BIOTECHNOLOGY						
3,000	GILEAD SCIENCES INC	60,617.41	187,650.00	214,920.00	27,270.00-	
	TOTAL BIOTECHNOLOGY	<u>\$60,617.41</u>	<u>\$187,650.00</u>	<u>\$214,920.00</u>	<u>\$27,270.00-</u>	<u>0.00</u>
PHARMACEUTICALS						
1,910	BRISTOL MYERS SQUIBB CO	49,782.40	99,281.80	117,044.80	17,763.00-	
4,000	MERCK & CO INC	172,764.25	305,640.00	225,080.00	80,560.00	
8,000	PFIZER INC	169,284.50	349,200.00	289,760.00	59,440.00	
	TOTAL PHARMACEUTICALS	<u>\$391,831.15</u>	<u>\$754,121.80</u>	<u>\$631,884.80</u>	<u>\$122,237.00</u>	<u>0.00</u>
COMMERCIAL BANKS						
6,050	CITIGROUP INC	317,867.00	314,963.00	450,180.50	135,217.50-	
2,750	PNC FINANCIAL SERVICES GROUP	389,950.00	321,502.50	389,950.00	68,447.50-	
	TOTAL COMMERCIAL BANKS	<u>\$707,817.00</u>	<u>\$636,465.50</u>	<u>\$840,130.50</u>	<u>\$203,665.00-</u>	<u>0.00</u>
INSURANCE						

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
1,500	BERKSHIRE HATHAWAY INC DEL CL B NEW	\$128,085.00	\$306,270.00	\$297,330.00	\$8,940.00	
	TOTAL INSURANCE	<u>\$128,085.00</u>	<u>\$306,270.00</u>	<u>\$297,330.00</u>	<u>\$8,940.00</u>	<u>0.00</u>
	DIVERSIFIED FINANCIAL SERVICES					
11,150	BANK AMER CORP	327,685.12	274,736.00	327,685.12	52,949.12-	
6,000	JPMORGAN CHASE & CO	206,343.30	585,720.00	641,640.00	55,920.00-	
	TOTAL DIVERSIFIED FINANCIAL SERVICES	<u>\$534,028.42</u>	<u>\$860,456.00</u>	<u>\$969,325.12</u>	<u>\$108,869.12-</u>	<u>0.00</u>
	DIVERSIFIED TELECOM SERVICES					
2,900	AT&T INC	83,024.39	82,766.00	112,752.00	29,986.00-	
300	ALPHABET INC CAP STK CL C	84,455.22	310,683.00	313,920.00	3,237.00-	
300	ALPHABET INC CAP STK CL A	84,465.86	313,488.00	316,020.00	2,532.00-	
7,000	COMCAST CORP CL A	109,970.00	238,350.00	280,350.00	42,000.00-	\$1,330.00
2,000	DISNEY WALT CO	64,436.71	219,300.00	215,020.00	4,280.00	1,760.00
1,900	FACEBOOK INC	198,816.00	249,071.00	335,274.00	86,203.00-	
	TOTAL DIVERSIFIED TELECOM SERVICES	<u>\$625,168.18</u>	<u>\$1,413,658.00</u>	<u>\$1,573,336.00</u>	<u>\$159,678.00-</u>	<u>\$3,090.00</u>
	SEMICONDUCTORS & EQUIPMENT					
8,000	INTEL CORP	200,680.40	375,440.00	369,280.00	6,160.00	
	TOTAL SEMICONDUCTORS & EQUIPMENT	<u>\$200,680.40</u>	<u>\$375,440.00</u>	<u>\$369,280.00</u>	<u>\$6,160.00</u>	<u>0.00</u>
	COMPUTERS & PERIPHERALS					
4,500	APPLE INC	60,018.89	709,830.00	761,535.00	51,705.00-	
2,500	INTERNATIONAL BUSINESS MACHS	260,027.85	284,175.00	383,550.00	99,375.00-	
	TOTAL COMPUTERS & PERIPHERALS	<u>\$320,046.74</u>	<u>\$994,005.00</u>	<u>\$1,145,085.00</u>	<u>\$151,080.00-</u>	<u>0.00</u>
	SOFTWARE					

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
8,400	ORACLE CORPORATION	\$159,080.65	\$379,260.00	\$397,152.00	\$17,892.00-	
	TOTAL SOFTWARE	<u>\$159,080.65</u>	<u>\$379,260.00</u>	<u>\$397,152.00</u>	<u>\$17,892.00-</u>	<u>0.00</u>
	IT SERVICES					
1,500	ACCENTURE PLC CLASS A	67,530.00	211,515.00	229,635.00	18,120.00-	
6,800	VISA INC CL A	213,670.80	897,192.00	775,336.00	121,856.00	
	TOTAL IT SERVICES	<u>\$281,200.80</u>	<u>\$1,108,707.00</u>	<u>\$1,004,971.00</u>	<u>\$103,736.00</u>	<u>0.00</u>
	MISCELLANEOUS					
1,601	CHUBB LIMITED ISIN# CH0044328745 SEDOL# 2DH98C7	177,839.08	206,817.18	233,954.13	27,136.95-	\$1,168.73
	TOTAL MISCELLANEOUS	<u>\$177,839.08</u>	<u>\$206,817.18</u>	<u>\$233,954.13</u>	<u>\$27,136.95-</u>	<u>\$1,168.73</u>

EQUITY FUNDS

	MUTUAL EQUITY FUNDS					
19,345.812	FIDELITY LOW PRICED STK FD #316	801,688.98	839,414.78	1,043,873.94	204,459.16-	
43,350	INVESCO EXCHANGE-TRADED FD TR II PFD ETF	623,302.87	583,924.50	644,181.00	60,256.50-	
10,000	ISHARES MSCI EMERGING MKTS IND F	325,795.81	390,600.00	471,200.00	80,600.00-	
8,000	ISHARES MSCI EAFE INDEX FD	443,782.86	470,240.00	562,480.00	92,240.00-	
3,300	ISHARES S&P MIDCAP 400 GROWTH	463,592.04	631,059.00	712,239.00	81,180.00-	
4,400	ISHARES S&P SM CAP 600 GROWTH	463,395.68	709,852.00	748,660.00	38,808.00-	
10,000	OPPENHEIMER MLP SELECT 40 CLASS I	96,900.00	72,600.00	87,300.00	14,700.00-	
14,475	VANGUARD REAL ESTATE ETF	940,613.21	1,079,400.75	1,170,039.00	90,638.25-	
	TOTAL MUTUAL EQUITY FUNDS	<u>\$4,159,071.45</u>	<u>\$4,777,091.03</u>	<u>\$5,439,972.94</u>	<u>\$662,881.91-</u>	<u>0.00</u>

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
TOTAL INVESTMENTS		\$15,986,270.53	\$23,230,767.54	\$24,592,025.93	\$1,361,258.39-	\$32,124.87

Galion Community Hospital Employees' Retirement Plan

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j
EIN 34-4451872, Plan No. 001
Year Ended December 31, 2018

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
Fifth Third Bank	Federated Government Obligations - Premier:					
	Purchases - 6	\$ 1,346,131	\$ -	\$ 1,346,131	\$ 1,346,131	\$ -
	Sales - 6	-	1,462,316	1,462,316	1,462,316	-

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

Schedule SB Line 26 - Schedule of Active Participant Data

Plan Name: Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872 Plan Number: 001

ANALYSIS OF EMPLOYEES BY AGE AND FROZEN SERVICE AS OF JANUARY 1, 2018

YEARS OF FROZEN CREDITED SERVICE

Attained Age	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. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	5	1	0	0	0	0	0	0	0
35 to 39	1	11	12	0	0	0	0	0	0	0
40 to 44	0	11	13	2	0	0	0	0	0	0
45 to 49	1	13	8	2	0	1	0	0	0	0
50 to 54	0	13	6	2	1	2	1	0	0	0
55 to 59	0	11	6	12	8	5	6	2	0	0
60 to 64	0	8	7	3	5	3	6	9	0	0
65 to 69	0	5	2	2	2	3	0	0	2	0
70 & up	0	1	1	0	0	0	0	0	0	1

The plan is "hard frozen" and for any cell that has 20 or more participants, the average accrued benefit is also shown.

Schedule SB Part V - Statement Of Actuarial Assumptions / Methods

Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2018 to December 31, 2018

	<u>PPA Funding</u>
ACTUARIAL COST METHOD	Accrued Benefit (Unit Credit)
ASSET VALUATION METHOD	See Below

Accrued Benefit (Unit Credit)

The funding target is equal to the sum of the individual accrued liabilities for all participants. The individual's accrued liability is the present value of the benefit accrued in prior plan years. The target normal cost is the present value of benefits accruing in the plan year. Experience gains and losses are included in the calculation of the funding target and are amortized as part of the shortfall amortization.

Actuarial Value of Assets

The Actuarial Value of Assets is a 24-month average determined in accordance with Notice 2009-22. Actuarial Value of Assets must fall within 90% to 110% of market value.

Assumed rate of return is the lesser of 7.00% or the segment rate specified in Notice 2009-22.

Schedule SB Part V - Statement Of Actuarial Assumptions / Methods

Employees' Retirement Plan of Galion Community

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2018 to December 31, 2018

	<u>PPA Funding</u>
Segmented Interest Rates	
Segment 1 (0-5 years)	3.92%
Segment 2 (5-20 years)	5.52%
Segment 3 (20+ years)	6.29%
Applicable Month	September
Effective Interest Rate	5.61%
Future Salary Increases	N/A
Mortality	2018 Applicable Table (Separate) (per IRS Notice 2017-60) ¹
Additional Mortality Improvement	None Assumed
Disability	Wyatt 1985 Disability Study Class 1
Termination	Based on Galion Hospital Experience
Assumed Retirement Age (Active)	see table
Assumed Retirement Age (Terminated Vested)	Age 65
Percent Married	85% male 50% female
Age Difference in Participant & Spouse	Males three years older than females
Administrative Expense	Anticipated Administrative Expenses

¹ Reflects election to defer adoption of the updated IRS prescribed base mortality table until the 2019 plan year

Schedule SB Part V - Statement Of Actuarial Assumptions / Methods

Employees' Retirement Plan of Galion Community

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2018 to December 31, 2018

Retirement Rates

<u>Attained</u>	
<u>Age</u>	<u>Rate</u>
55-59	2%
60	10%
61-63	15%
64	40%
65	100%

Turnover Rates
(selected rates)

<u>Attained</u>		
<u>Age</u>	<u>Males</u>	<u>Females</u>
20	0.2246	0.3743
25	0.1494	0.2245
30	0.1042	0.1493
35	0.0738	0.1041
40	0.0432	0.0738
45	0.0268	0.0432
50	0.0090	0.0267
55	0.0000	0.0090

Galion Community Hospital Employees' Retirement Plan

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j
EIN 34-4451872, Plan No. 001
Year Ended December 31, 2018

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
Fifth Third Bank	Federated Government Obligations - Premier:					
	Purchases - 6	\$ 1,346,131	\$ -	\$ 1,346,131	\$ 1,346,131	\$ -
	Sales - 6	-	1,462,316	1,462,316	1,462,316	-

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

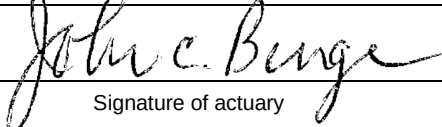
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan EMPLOYEES' RETIREMENT PLAN OF GALION COMMUNITY HOSPITAL	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GALION COMMUNITY HOSPITAL	D Employer Identification Number (EIN) 34-4451872
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 2018	
2 Assets:	
a Market value.....	2a 25,819,142
b Actuarial value	2b 24,028,276
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 256 (2) Vested Funding Target 14,833,180 (3) Total Funding Target 14,833,180
b For terminated vested participants	107 2,737,189 2,737,189
c For active participants	216 7,202,577 7,240,986
d Total	579 24,772,946 24,811,355
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 5.61%
6 Target normal cost	6 414,400

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		10/08/2019
JOHN C. BENGE	Signature of actuary	Date
	Type or print name of actuary	1704810
MCCREADY AND KEENE, INC.	Firm name	Most recent enrollment number
		317-285-6502
P.O. BOX 6094		Telephone number (including area code)
INDIANAPOLIS IN 46206-6094	Address of the firm	

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

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

**Schedule SB (Form 5500) 2018
v. 171027**

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).....	2,333	0
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).....	2,333	0
10 Interest on line 9 using prior year's actual return of <u>17.28%</u>	403	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		520
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.82%</u>		30
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.....		550
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	2,736	0

Part III Funding Percentages

14 Funding target attainment percentage	14	96.83%
15 Adjusted funding target attainment percentage.....	15	96.83%
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	96.78%
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
07/10/2018	252,000	0			
10/11/2018	126,000	0			
01/15/2019	126,000	0			
07/16/2019	111,000	0			
Totals ▶			18(b)	615,000	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	585,522

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	☐ N/A, full yield curve used
b Applicable month (enter code)	21b			4
22 Weighted average retirement age	22			63
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ 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	414,400	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	785,815	143,609	
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	558,009	
	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	558,009	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	585,522	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	27,513	
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

SCHEDULE SB, LINE 19 - DISCOUNTED EMPLOYER CONTRIBUTIONS

Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2018 to December 31, 2018

Plan Year Beginning	1/1/2018	Current Valuation Date	1/1/2019
Effective Interest Rate	5.61%	Next Valuation Date	1/1/2020
Interest Rate for Late Quarterlies	10.61%		

Contribution Classification	Schedule SB Line	Classified Amount	Date Made	Date Due	Plan Year Beginning	Days Late	Days to Discount to 1/1/2018	Late Discount	Remaining Discount	Discounted Value
1	19c	\$ 125,553	7/10/2018	4/15/2018	1/1/2018	86	190	0.976520	0.984568	\$ 120,713
1	19c	125,553	7/10/2018	7/15/2018	1/1/2018	0	190	1.000000	0.971987	122,036
1	19c	894	7/10/2018	10/15/2018	1/1/2018	0	190	1.000000	0.971987	869
1	19c	124,659	10/11/2018	10/15/2018	1/1/2018	0	283	1.000000	0.958563	119,494
1	19c	1,341	10/11/2018	1/15/2019	1/1/2018	0	283	1.000000	0.958563	1,285
1	19c	124,212	1/15/2019	1/15/2019	1/1/2018	0	379	1.000000	0.944900	117,368
2	19c	1,788	1/15/2019	9/15/2019	1/1/2018	0	379	1.000000	0.944900	1,689
2	19c	111,000	7/16/2019	9/15/2019	1/1/2018	0	561	1.000000	0.919530	102,068

Total	\$ 615,000	\$ 585,522
-------	------------	------------

Classification	Description	Schedule SB Line
1	Quarterly contribution	19c
2	Other contributions for minimum funding	19c
3	Contributions to avoid benefit restrictions (not included in prefunding balance)	19b
4	Contributions to meet funding deficiency (minimum funding requirements from prior years)	19a
5	Contributions necessary to meet liquidity requirements	19c

Retirement plan administrative and recordkeeping services provided by
MCCREADY AND KEENE, INC. | a ONEAMERICA® company

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

Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2018 to December 31, 2018

(a)	(b)	(c)	
Retirement Age	Retirement Rate	Survival to Age	(a) x (b) x (c)
55	0.02	1.000	1.10
56	0.02	0.980	1.10
57	0.02	0.960	1.09
58	0.02	0.941	1.09
59	0.02	0.922	1.09
60	0.1	0.904	5.42
61	0.15	0.814	7.44
62	0.15	0.691	6.43
63	0.15	0.588	5.55
64	0.4	0.500	12.79
65	1	0.300	19.48
AVERAGE RETIREMENT AGE			63

Schedule SB, line 32 - Schedule of Amortization Bases

Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2018 to December 31, 2018

SHORTFALL AMORTIZATION CHARGE

<u>Date Established</u>	<u>Initial Balance</u>	<u>Amortization Method</u>	<u>Years Remaining</u>	<u>Shortfall Amortization Installment</u>	<u>Balance 1/1/2017</u>
1/1/2017	789,147	7-Year	6	129,587	699,920
1/1/2018	85,895	7-Year	7	<u>14,022</u>	<u>85,895</u>
Total				\$ 143,609	\$ 785,815

Schedule SB Part V - Statement Of Actuarial Assumptions / Methods

Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2018 to December 31, 2018

	<u>PPA Funding</u>
ACTUARIAL COST METHOD	Accrued Benefit
	(Unit Credit)
ASSET VALUATION METHOD	See Below

Accrued Benefit (Unit Credit)

The funding target is equal to the sum of the individual accrued liabilities for all participants. The individual's accrued liability is the present value of the benefit accrued in prior plan years. The target normal cost is the present value of benefits accruing in the plan year. Experience gains and losses are included in the calculation of the funding target and are amortized as part of the shortfall amortization.

Actuarial Value of Assets

The Actuarial Value of Assets is a 24-month average determined in accordance with Notice 2009-22. Actuarial Value of Assets must fall within 90% to 110% of market value.

Assumed rate of return is the lesser of 7.00% or the segment rate specified in Notice 2009-22.

Schedule SB Part V - Statement Of Actuarial Assumptions / Methods

Employees' Retirement Plan of Galion Community

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2018 to December 31, 2018

	<u>PPA Funding</u>
Segmented Interest Rates	
Segment 1 (0-5 years)	3.92%
Segment 2 (5-20 years)	5.52%
Segment 3 (20+ years)	6.29%
Applicable Month	September
Effective Interest Rate	5.61%
Future Salary Increases	N/A
Mortality	2018 Applicable Table (Separate) (per IRS Notice 2017-60) ¹
Additional Mortality Improvement	None Assumed
Disability	Wyatt 1985 Disability Study Class 1
Termination	Based on Galion Hospital Experience
Assumed Retirement Age (Active)	see table
Assumed Retirement Age (Terminated Vested)	Age 65
Percent Married	85% male 50% female
Age Difference in Participant & Spouse	Males three years older than females
Administrative Expense	Anticipated Administrative Expenses

¹ Reflects election to defer adoption of the updated IRS prescribed base mortality table until the 2019 plan year

Schedule SB Part V - Statement Of Actuarial Assumptions / Methods

Employees' Retirement Plan of Galion Community

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2018 to December 31, 2018

Retirement Rates

<u>Attained</u>	
<u>Age</u>	<u>Rate</u>
55-59	2%
60	10%
61-63	15%
64	40%
65	100%

Turnover Rates
(selected rates)

<u>Attained</u>		
<u>Age</u>	<u>Males</u>	<u>Females</u>
20	0.2246	0.3743
25	0.1494	0.2245
30	0.1042	0.1493
35	0.0738	0.1041
40	0.0432	0.0738
45	0.0268	0.0432
50	0.0090	0.0267
55	0.0000	0.0090

Schedule SB Part V - Summary Of Plan Provisions

Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2018 to December 31, 2018

EFFECTIVE DATE	October 1, 1968 (as amended and restated January 1, 2007)
PARTICIPATION	Entry takes place on the January 1 or July 1 which coincides with or next follows the attainment of age 21 and one year of service with at least 1,000 hours Plan Participation was frozen December 31, 2009
ELIGIBILITY FOR BENEFITS:	
Normal Retirement	Age 65
Late Retirement	A participant who continues employment after normal retirement will be entitled to begin receiving benefits after termination of employment.
Early Retirement	Age 55 and 10 years of Eligibility Service
Death Benefit	Payable to a surviving spouse in the event of participant's death after his completion of 5 years of vesting service.
Disability Benefit	15 years of Eligibility Service
Termination Benefit	5 or more years of Eligibility Service.

Schedule SB Part V - Summary Of Plan Provisions

Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2018 to December 31, 2018

AMOUNT OF BENEFITS

Normal Retirement Benefit	The Basic Benefit is a monthly pension for the life of the participant in a monthly amount equal to the greater of (a) or (b): (a) 0.65% of final 5-year average compensation up to Social Security Covered Compensation plus 0.5% of final 5-year average monthly compensation over Social Security Covered Compensation the total times years of Eligibility Service (maximum 35 years) (b) \$16.00 per month of Credited Service Benefit accruals were frozen December 31, 2009
Supplemental Benefit	Employees who meet the requirements of Eligibility and contribute receive a Supplemental Benefit. Highly Compensated Employees are not eligible to contribute. The monthly benefit payable at normal retirement date for the life of the participant equal to the greater of 1/12 of 30% of the total amount of employee contributions to the Supplemental Pension Benefit and actuarially equivalent single life annuity payable at normal retirement date based on employee contributions with interest.
Late Retirement Benefit	The accrued retirement benefit as of the late retirement date.
Early Retirement Benefit	The early retirement is the accrued retirement benefit determined as of early retirement date payable commencing at normal retirement date. However, participant may elect to have his benefit commence prior to normal retirement date in a reduced monthly amount. Benefits are reduced 1/180 for each of the first 60 months and 1/360 for the next 60 months that the benefit commences early.

Schedule SB Part V - Summary Of Plan Provisions

Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2018 to December 31, 2018

AMOUNT OF BENEFITS, Continued

Death Benefit	The surviving spouse of a participant who dies after completing 5 years of vesting service, before or after termination of employment, shall be entitled to a benefit which is actuarially equivalent to the Qualified Pre-retirement Survivor Annuity. The Qualified Pre-retirement Survivor Annuity is the benefit that would be payable at the participant's earliest retirement date (or date of death, if later) if he had terminated on his date of death, survived to his earliest retirement date, elected a joint and 50% survivor annuity, and died before benefits commenced.
Disability Benefit	The accrued retirement benefit payable immediately without reduction.
Termination Benefit	After completion of at least 5 years of Eligibility Service and prior to becoming eligible for any retirement benefit, he shall be 100% vested in his accrued benefit.
Eligibility Service	One year for each year after age 18 in which the employee completes 1,000 hours of service. Eligibility Service may not be less than Credited Service at Retirement.
Credited Service	For each year after age 21, hours worked divided by 1800 rounded to the nearest 1/10 (not more than 1.0).
Employee Contributions	For Supplemental Benefit only, 1, 1.5, 2, 2.5, 3, 3.5, 4, 4.5, or 5% of total annual earnings, as elected by the employee. Employee Contributions ceased after December 31, 2009

Schedule SB Part V - Summary Of Plan Provisions

Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2018 to December 31, 2018

FORMS OF PAYMENT:

Normal	Single or married less than 1 year: Life Annuity
	Married at least 1 year: Actuarially Equivalent Joint and 50% Survivor Annuity
Optional	Life Annuity
	Joint and 50%, 75% and 100% Survivor
	Life with 10 years certain
	Lump Sum (only for withdrawal of employee contributions)

ACTUARIAL EQUIVALENCE:

Lump Sums:

- Interest: 417(e) Applicable Interest Rate

Lookback: November preceding first day of the Plan Year

- Mortality: 417(e) Applicable Mortality Table

All Other:

- Interest: 6.00%

- Mortality: UP-1984 table set back three years

Schedule SB Line 26 - Schedule of Active Participant Data

Plan Name: Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872 Plan Number: 001

ANALYSIS OF EMPLOYEES BY AGE AND FROZEN SERVICE AS OF JANUARY 1, 2018

YEARS OF FROZEN CREDITED SERVICE

Attained Age	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. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	5	1	0	0	0	0	0	0	0
35 to 39	1	11	12	0	0	0	0	0	0	0
40 to 44	0	11	13	2	0	0	0	0	0	0
45 to 49	1	13	8	2	0	1	0	0	0	0
50 to 54	0	13	6	2	1	2	1	0	0	0
55 to 59	0	11	6	12	8	5	6	2	0	0
60 to 64	0	8	7	3	5	3	6	9	0	0
65 to 69	0	5	2	2	2	3	0	0	2	0
70 & up	0	1	1	0	0	0	0	0	0	1

The plan is "hard frozen" and for any cell that has 20 or more participants, the average accrued benefit is also shown.

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

Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2018 to December 31, 2018

(a)	(b)	(c)	
Retirement Age	Retirement Rate	Survival to Age	(a) x (b) x (c)
55	0.02	1.000	1.10
56	0.02	0.980	1.10
57	0.02	0.960	1.09
58	0.02	0.941	1.09
59	0.02	0.922	1.09
60	0.1	0.904	5.42
61	0.15	0.814	7.44
62	0.15	0.691	6.43
63	0.15	0.588	5.55
64	0.4	0.500	12.79
65	1	0.300	19.48
AVERAGE RETIREMENT AGE			63.0

SCHEDULE SB, LINE 19 - DISCOUNTED EMPLOYER CONTRIBUTIONS

Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2018 to December 31, 2018

Plan Year Beginning	1/1/2018	Current Valuation Date	1/1/2019
Effective Interest Rate	5.61%	Next Valuation Date	1/1/2020
Interest Rate for Late Quarterlies	10.61%		

Contribution Classification	Schedule SB Line	Classified Amount	Date Made	Date Due	Plan Year Beginning	Days Late	Days to Discount to 1/1/2018	Late Discount	Remaining Discount	Discounted Value
1	19c	\$ 125,553	7/10/2018	4/15/2018	1/1/2018	86	190	0.976520	0.984568	\$ 120,713
1	19c	125,553	7/10/2018	7/15/2018	1/1/2018	0	190	1.000000	0.971987	122,036
1	19c	894	7/10/2018	10/15/2018	1/1/2018	0	190	1.000000	0.971987	869
1	19c	124,659	10/11/2018	10/15/2018	1/1/2018	0	283	1.000000	0.958563	119,494
1	19c	1,341	10/11/2018	1/15/2019	1/1/2018	0	283	1.000000	0.958563	1,285
1	19c	124,212	1/15/2019	1/15/2019	1/1/2018	0	379	1.000000	0.944900	117,368
2	19c	1,788	1/15/2019	9/15/2019	1/1/2018	0	379	1.000000	0.944900	1,689
2	19c	111,000	7/16/2019	9/15/2019	1/1/2018	0	561	1.000000	0.919530	102,068

Total		\$ 615,000									\$ 585,522
-------	-------	------------	--	--	--	--	--	--	--	-------	------------

Classification	Description	Schedule SB Line
1	Quarterly contribution	19c
2	Other contributions for minimum funding	19c
3	Contributions to avoid benefit restrictions (not included in prefunding balance)	19b
4	Contributions to meet funding deficiency (minimum funding requirements from prior years)	19a
5	Contributions necessary to meet liquidity requirements	19c

Retirement plan administrative and recordkeeping services provided by
MCCREADY AND KEENE, INC. | a ONEAMERICA® company

Schedule SB Part V - Summary Of Plan Provisions

Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2018 to December 31, 2018

EFFECTIVE DATE	October 1, 1968 (as amended and restated January 1, 2007)
PARTICIPATION	Entry takes place on the January 1 or July 1 which coincides with or next follows the attainment of age 21 and one year of service with at least 1,000 hours Plan Participation was frozen December 31, 2009
ELIGIBILITY FOR BENEFITS:	
Normal Retirement	Age 65
Late Retirement	A participant who continues employment after normal retirement will be entitled to begin receiving benefits after termination of employment.
Early Retirement	Age 55 and 10 years of Eligibility Service
Death Benefit	Payable to a surviving spouse in the event of participant's death after his completion of 5 years of vesting service.
Disability Benefit	15 years of Eligibility Service
Termination Benefit	5 or more years of Eligibility Service.

Schedule SB Part V - Summary Of Plan Provisions

Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2018 to December 31, 2018

AMOUNT OF BENEFITS

Normal Retirement Benefit	The Basic Benefit is a monthly pension for the life of the participant in a monthly amount equal to the greater of (a) or (b): (a) 0.65% of final 5-year average compensation up to Social Security Covered Compensation plus 0.5% of final 5-year average monthly compensation over Social Security Covered Compensation the total times years of Eligibility Service (maximum 35 years) (b) \$16.00 per month of Credited Service Benefit accruals were frozen December 31, 2009
Supplemental Benefit	Employees who meet the requirements of Eligibility and contribute receive a Supplemental Benefit. Highly Compensated Employees are not eligible to contribute. The monthly benefit payable at normal retirement date for the life of the participant equal to the greater of 1/12 of 30% of the total amount of employee contributions to the Supplemental Pension Benefit and actuarially equivalent single life annuity payable at normal retirement date based on employee contributions with interest.
Late Retirement Benefit	The accrued retirement benefit as of the late retirement date.
Early Retirement Benefit	The early retirement is the accrued retirement benefit determined as of early retirement date payable commencing at normal retirement date. However, participant may elect to have his benefit commence prior to normal retirement date in a reduced monthly amount. Benefits are reduced 1/180 for each of the first 60 months and 1/360 for the next 60 months that the benefit commences early.

Schedule SB Part V - Summary Of Plan Provisions

Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2018 to December 31, 2018

AMOUNT OF BENEFITS, Continued

Death Benefit	The surviving spouse of a participant who dies after completing 5 years of vesting service, before or after termination of employment, shall be entitled to a benefit which is actuarially equivalent to the Qualified Pre-retirement Survivor Annuity. The Qualified Pre-retirement Survivor Annuity is the benefit that would be payable at the participant's earliest retirement date (or date of death, if later) if he had terminated on his date of death, survived to his earliest retirement date, elected a joint and 50% survivor annuity, and died before benefits commenced.
Disability Benefit	The accrued retirement benefit payable immediately without reduction.
Termination Benefit	After completion of at least 5 years of Eligibility Service and prior to becoming eligible for any retirement benefit, he shall be 100% vested in his accrued benefit.
Eligibility Service	One year for each year after age 18 in which the employee completes 1,000 hours of service. Eligibility Service may not be less than Credited Service at Retirement.
Credited Service	For each year after age 21, hours worked divided by 1800 rounded to the nearest 1/10 (not more than 1.0).
Employee Contributions	For Supplemental Benefit only, 1, 1.5, 2, 2.5, 3, 3.5, 4, 4.5, or 5% of total annual earnings, as elected by the employee. Employee Contributions ceased after December 31, 2009

Schedule SB Part V - Summary Of Plan Provisions

Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2018 to December 31, 2018

FORMS OF PAYMENT:

Normal	Single or married less than 1 year: Life Annuity
	Married at least 1 year: Actuarially Equivalent Joint and 50% Survivor Annuity
Optional	Life Annuity
	Joint and 50%, 75% and 100% Survivor
	Life with 10 years certain
	Lump Sum (only for withdrawal of employee contributions)

ACTUARIAL EQUIVALENCE:

Lump Sums:

- Interest: 417(e) Applicable Interest Rate

Lookback: November preceding first day of the Plan Year

- Mortality: 417(e) Applicable Mortality Table

All Other:

- Interest: 6.00%

- Mortality: UP-1984 table set back three years

Galion Community Hospital Employees' Retirement Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 34-4451872, Plan No. 001
December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Total investments - See attached schedule	\$	- \$ 23,230,768

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
<u>CASH</u>						
MONEY MARKET INVESTMENTS						
179,627	FEDERATED GOVERNMENT OBLIGATIONS PREMIER	\$179,627.00	\$179,627.00	\$179,627.00		\$245.69
	TOTAL MONEY MARKET INVESTMENTS	<u>\$179,627.00</u>	<u>\$179,627.00</u>	<u>\$179,627.00</u>	<u>0.00</u>	<u>\$245.69</u>
<u>BONDS</u>						
U.S. GOVERNMENT BONDS						
250,000	UNITED STATES TREAS NOTE 08/15/11 2.125 08/15/21	253,056.64	247,725.00	250,362.50	\$2,637.50-	2,006.62
	TOTAL U.S. GOVERNMENT BONDS	<u>\$253,056.64</u>	<u>\$247,725.00</u>	<u>\$250,362.50</u>	<u>\$2,637.50-</u>	<u>\$2,006.62</u>
AGENCY BONDS						
250,000	FEDERAL HOME LN MTG CORP 03/27/09 3.750 03/27/19	255,892.50	250,770.00	255,845.00	5,075.00-	2,447.92
	TOTAL AGENCY BONDS	<u>\$255,892.50</u>	<u>\$250,770.00</u>	<u>\$255,845.00</u>	<u>\$5,075.00-</u>	<u>\$2,447.92</u>
CORPORATE BONDS						
250,000	CHEVRON CORP 03/03/17 2.895 03/03/24	242,532.50	243,982.50	242,532.50	1,450.00	2,372.29
250,000	COCA COLA CO 11/01/13 2.450 11/01/20 CD	247,155.00	248,412.50	247,155.00	1,257.50	1,020.83
150,000	DUKE ENERGY CAROLINAS LLC 06/07/10 4.300 06/15/20	154,696.50	152,908.50	157,108.50	4,200.00-	286.67
250,000	IBM CREDIT LLC 02/06/18 3.000 02/06/23	245,992.50	245,210.00	245,992.50	782.50-	3,020.83
250,000	NORTHERN TR CORP 08/22/11 3.375 08/23/21	250,797.50	251,795.00	250,797.50	997.50	3,000.00
250,000	ORACLE CORP SR NT 05/05/15 2.950 05/15/25	237,692.50	239,237.50	237,692.50	1,545.00	942.36

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
250,000	PHILIP MORRIS INTL INC 11/02/17 2.500 11/01/22	\$240,285.00	\$240,275.00	\$240,285.00	\$10.00-	\$1,024.31
250,000	SIMON PPTY GROUP L P 03/13/12 3.375 03/15/22	249,957.50	250,352.50	249,957.50	395.00	2,484.38
TOTAL CORPORATE BONDS		<u>\$1,869,109.00</u>	<u>\$1,872,173.50</u>	<u>\$1,871,521.00</u>	<u>\$652.50</u>	<u>\$14,151.67</u>
FOREIGN BONDS						
100,000	DIAGEO CAP PLC 05/14/10 4.828 07/15/20	102,379.00	102,739.00	106,268.00	3,529.00-	2,226.24
TOTAL FOREIGN BONDS		<u>\$102,379.00</u>	<u>\$102,739.00</u>	<u>\$106,268.00</u>	<u>\$3,529.00-</u>	<u>\$2,226.24</u>
<u>BOND FUNDS</u>						
MUTUAL BOND FUNDS						
25,000	DODGE & COX INCOME FD	348,500.00	331,500.00	344,000.00	12,500.00-	
5,783	ISHARES BARCLAYS TIPS BOND FUND	635,269.27	633,296.33	659,724.64	26,428.31-	
3,000	ISHARES HIGH YIELD CORP BND FND	274,064.60	243,300.00	261,780.00	18,480.00-	
10,000	ISHARES SHORT-TERM CORPORATE BOND ETF	523,834.00	516,400.00	522,700.00	6,300.00-	
30,000	TOUCHSTONE FLEXIBLE INCOME FUND CLASS Y	321,900.00	312,900.00	330,300.00	17,400.00-	
TOTAL MUTUAL BOND FUNDS		<u>\$2,103,567.87</u>	<u>\$2,037,396.33</u>	<u>\$2,118,504.64</u>	<u>\$81,108.31-</u>	<u>0.00</u>
<u>COMMON STOCK</u>						
CHEMICALS						
3,000	ECOLAB INC	201,758.70	442,050.00	402,540.00	39,510.00	1,380.00
TOTAL CHEMICALS		<u>\$201,758.70</u>	<u>\$442,050.00</u>	<u>\$402,540.00</u>	<u>\$39,510.00</u>	<u>\$1,380.00</u>
PAPER & FOREST PRODUCTS						
4,615	DOWDUPONT INC COM	<u>183,350.41</u>	<u>246,810.20</u>	<u>328,680.30</u>	<u>81,870.10-</u>	

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
	TOTAL PAPER & FOREST PRODUCTS	\$183,350.41	\$246,810.20	\$328,680.30	\$81,870.10-	0.00
	BUILDING PRODUCTS					
3,050	ALLEGION PUB LTD CO ORD SHS	\$201,086.50	\$243,115.50	\$242,658.00	\$457.50	
	TOTAL BUILDING PRODUCTS	<u>\$201,086.50</u>	<u>\$243,115.50</u>	<u>\$242,658.00</u>	<u>\$457.50</u>	<u>0.00</u>
	ROAD & RAIL					
2,300	UNION PAC CORP	242,995.00	317,929.00	308,430.00	9,499.00	
	TOTAL ROAD & RAIL	<u>\$242,995.00</u>	<u>\$317,929.00</u>	<u>\$308,430.00</u>	<u>\$9,499.00</u>	<u>0.00</u>
	AIR FREIGHT & LOGISTICS					
1,800	UNITED PARCEL SVC INC	86,831.46	175,554.00	214,470.00	38,916.00-	
	TOTAL AIR FREIGHT & LOGISTICS	<u>\$86,831.46</u>	<u>\$175,554.00</u>	<u>\$214,470.00</u>	<u>\$38,916.00-</u>	<u>0.00</u>
	MACHINERY					
2,000	DEERE & CO	156,962.00	298,340.00	313,020.00	14,680.00-	\$1,520.00
3,000	ILLINOIS TOOL WKS INC	150,120.00	380,070.00	500,550.00	120,480.00-	
	TOTAL MACHINERY	<u>\$307,082.00</u>	<u>\$678,410.00</u>	<u>\$813,570.00</u>	<u>\$135,160.00-</u>	<u>\$1,520.00</u>
	AEROSPACE & DEFENSE					
2,700	UNITED TECHNOLOGIES CORP	198,933.47	287,496.00	344,439.00	56,943.00-	
	TOTAL AEROSPACE & DEFENSE	<u>\$198,933.47</u>	<u>\$287,496.00</u>	<u>\$344,439.00</u>	<u>\$56,943.00-</u>	<u>0.00</u>
	HOTEL RESTAURANTS & LEISURE					
2,000	MCDONALDS CORP	181,220.00	355,140.00	344,240.00	10,900.00	
	TOTAL HOTEL RESTAURANTS & LEISURE	<u>\$181,220.00</u>	<u>\$355,140.00</u>	<u>\$344,240.00</u>	<u>\$10,900.00</u>	<u>0.00</u>
	INTERNET & CATALOG RETAIL					
250	AMAZON.COM INC	165,659.50	375,492.50	292,367.50	83,125.00	

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
TOTAL INTERNET & CATALOG RETAIL		<u>\$165,659.50</u>	<u>\$375,492.50</u>	<u>\$292,367.50</u>	<u>\$83,125.00</u>	<u>0.00</u>
SPECIALTY RETAIL						
9,000	TJX COS INC	\$57,389.40	\$402,660.00	\$344,070.00	\$58,590.00	
TOTAL SPECIALTY RETAIL		<u>\$57,389.40</u>	<u>\$402,660.00</u>	<u>\$344,070.00</u>	<u>\$58,590.00</u>	<u>0.00</u>
TEXTILES APPAREL & LUXURY GOODS						
6,400	NIKE INC	114,798.65	474,496.00	400,320.00	74,176.00	\$1,408.00
TOTAL TEXTILES APPAREL & LUXURY GOODS		<u>\$114,798.65</u>	<u>\$474,496.00</u>	<u>\$400,320.00</u>	<u>\$74,176.00</u>	<u>\$1,408.00</u>
BEVERAGES						
2,000	ANHEUSER BUSCH INBEV SA/NV ADR	153,479.10	131,620.00	223,120.00	91,500.00-	
3,800	COCA COLA CO	116,390.20	179,930.00	174,344.00	5,586.00	
2,000	PEPSICO INC	127,559.80	220,960.00	239,840.00	18,880.00-	1,855.00
TOTAL BEVERAGES		<u>\$397,429.10</u>	<u>\$532,510.00</u>	<u>\$637,304.00</u>	<u>\$104,794.00-</u>	<u>\$1,855.00</u>
FOOD & STAPLES RETAILING						
2,000	WALGREENS BOOTS ALLIANCE INC	174,817.00	136,660.00	145,240.00	8,580.00-	
TOTAL FOOD & STAPLES RETAILING		<u>\$174,817.00</u>	<u>\$136,660.00</u>	<u>\$145,240.00</u>	<u>\$8,580.00-</u>	<u>0.00</u>
HOUSEHOLD PRODUCTS						
2,000	PROCTER & GAMBLE CO	128,519.00	183,840.00	183,760.00	80.00	
TOTAL HOUSEHOLD PRODUCTS		<u>\$128,519.00</u>	<u>\$183,840.00</u>	<u>\$183,760.00</u>	<u>\$80.00</u>	<u>0.00</u>
ENERGY EQUIPMENT & SERVICES						
1,250	SCHLUMBERGER LTD	51,152.87	45,100.00	84,237.50	39,137.50-	625.00
TOTAL ENERGY EQUIPMENT & SERVICES		<u>\$51,152.87</u>	<u>\$45,100.00</u>	<u>\$84,237.50</u>	<u>\$39,137.50-</u>	<u>\$625.00</u>

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
OIL, GAS & CONSUMABLE FUELS						
1,400	CHEVRON CORPORATION	\$118,409.20	\$152,306.00	\$175,266.00	\$22,960.00-	
3,600	CONOCOPHILLIPS	135,433.06	224,460.00	197,604.00	26,856.00	
2,000	EOG RES INC	234,424.00	174,420.00	234,424.00	60,004.00-	
1,400	EXXON MOBIL CORP	119,489.72	95,466.00	117,096.00	21,630.00-	
	TOTAL OIL, GAS & CONSUMABLE FUELS	<u>\$607,755.98</u>	<u>\$646,652.00</u>	<u>\$724,390.00</u>	<u>\$77,738.00-</u>	<u>0.00</u>
HEALTH CARE PROVIDERS & SERVICES						
4,000	UNITEDHEALTH GROUP INC	176,393.20	996,480.00	881,840.00	114,640.00	
	TOTAL HEALTH CARE PROVIDERS & SERVICES	<u>\$176,393.20</u>	<u>\$996,480.00</u>	<u>\$881,840.00</u>	<u>\$114,640.00</u>	<u>0.00</u>
BIOTECHNOLOGY						
3,000	GILEAD SCIENCES INC	60,617.41	187,650.00	214,920.00	27,270.00-	
	TOTAL BIOTECHNOLOGY	<u>\$60,617.41</u>	<u>\$187,650.00</u>	<u>\$214,920.00</u>	<u>\$27,270.00-</u>	<u>0.00</u>
PHARMACEUTICALS						
1,910	BRISTOL MYERS SQUIBB CO	49,782.40	99,281.80	117,044.80	17,763.00-	
4,000	MERCK & CO INC	172,764.25	305,640.00	225,080.00	80,560.00	
8,000	PFIZER INC	169,284.50	349,200.00	289,760.00	59,440.00	
	TOTAL PHARMACEUTICALS	<u>\$391,831.15</u>	<u>\$754,121.80</u>	<u>\$631,884.80</u>	<u>\$122,237.00</u>	<u>0.00</u>
COMMERCIAL BANKS						
6,050	CITIGROUP INC	317,867.00	314,963.00	450,180.50	135,217.50-	
2,750	PNC FINANCIAL SERVICES GROUP	389,950.00	321,502.50	389,950.00	68,447.50-	
	TOTAL COMMERCIAL BANKS	<u>\$707,817.00</u>	<u>\$636,465.50</u>	<u>\$840,130.50</u>	<u>\$203,665.00-</u>	<u>0.00</u>
INSURANCE						

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
1,500	BERKSHIRE HATHAWAY INC DEL CL B NEW	\$128,085.00	\$306,270.00	\$297,330.00	\$8,940.00	
	TOTAL INSURANCE	<u>\$128,085.00</u>	<u>\$306,270.00</u>	<u>\$297,330.00</u>	<u>\$8,940.00</u>	<u>0.00</u>
	DIVERSIFIED FINANCIAL SERVICES					
11,150	BANK AMER CORP	327,685.12	274,736.00	327,685.12	52,949.12-	
6,000	JPMORGAN CHASE & CO	206,343.30	585,720.00	641,640.00	55,920.00-	
	TOTAL DIVERSIFIED FINANCIAL SERVICES	<u>\$534,028.42</u>	<u>\$860,456.00</u>	<u>\$969,325.12</u>	<u>\$108,869.12-</u>	<u>0.00</u>
	DIVERSIFIED TELECOM SERVICES					
2,900	AT&T INC	83,024.39	82,766.00	112,752.00	29,986.00-	
300	ALPHABET INC CAP STK CL C	84,455.22	310,683.00	313,920.00	3,237.00-	
300	ALPHABET INC CAP STK CL A	84,465.86	313,488.00	316,020.00	2,532.00-	
7,000	COMCAST CORP CL A	109,970.00	238,350.00	280,350.00	42,000.00-	\$1,330.00
2,000	DISNEY WALT CO	64,436.71	219,300.00	215,020.00	4,280.00	1,760.00
1,900	FACEBOOK INC	198,816.00	249,071.00	335,274.00	86,203.00-	
	TOTAL DIVERSIFIED TELECOM SERVICES	<u>\$625,168.18</u>	<u>\$1,413,658.00</u>	<u>\$1,573,336.00</u>	<u>\$159,678.00-</u>	<u>\$3,090.00</u>
	SEMICONDUCTORS & EQUIPMENT					
8,000	INTEL CORP	200,680.40	375,440.00	369,280.00	6,160.00	
	TOTAL SEMICONDUCTORS & EQUIPMENT	<u>\$200,680.40</u>	<u>\$375,440.00</u>	<u>\$369,280.00</u>	<u>\$6,160.00</u>	<u>0.00</u>
	COMPUTERS & PERIPHERALS					
4,500	APPLE INC	60,018.89	709,830.00	761,535.00	51,705.00-	
2,500	INTERNATIONAL BUSINESS MACHS	260,027.85	284,175.00	383,550.00	99,375.00-	
	TOTAL COMPUTERS & PERIPHERALS	<u>\$320,046.74</u>	<u>\$994,005.00</u>	<u>\$1,145,085.00</u>	<u>\$151,080.00-</u>	<u>0.00</u>
	SOFTWARE					

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
8,400	ORACLE CORPORATION	\$159,080.65	\$379,260.00	\$397,152.00	\$17,892.00-	
	TOTAL SOFTWARE	<u>\$159,080.65</u>	<u>\$379,260.00</u>	<u>\$397,152.00</u>	<u>\$17,892.00-</u>	<u>0.00</u>
	IT SERVICES					
1,500	ACCENTURE PLC CLASS A	67,530.00	211,515.00	229,635.00	18,120.00-	
6,800	VISA INC CL A	213,670.80	897,192.00	775,336.00	121,856.00	
	TOTAL IT SERVICES	<u>\$281,200.80</u>	<u>\$1,108,707.00</u>	<u>\$1,004,971.00</u>	<u>\$103,736.00</u>	<u>0.00</u>
	MISCELLANEOUS					
1,601	CHUBB LIMITED ISIN# CH0044328745 SEDOL# 2DH98C7	177,839.08	206,817.18	233,954.13	27,136.95-	\$1,168.73
	TOTAL MISCELLANEOUS	<u>\$177,839.08</u>	<u>\$206,817.18</u>	<u>\$233,954.13</u>	<u>\$27,136.95-</u>	<u>\$1,168.73</u>

EQUITY FUNDS

	MUTUAL EQUITY FUNDS					
19,345.812	FIDELITY LOW PRICED STK FD #316	801,688.98	839,414.78	1,043,873.94	204,459.16-	
43,350	INVESCO EXCHANGE-TRADED FD TR II PFD ETF	623,302.87	583,924.50	644,181.00	60,256.50-	
10,000	ISHARES MSCI EMERGING MKTS IND F	325,795.81	390,600.00	471,200.00	80,600.00-	
8,000	ISHARES MSCI EAFE INDEX FD	443,782.86	470,240.00	562,480.00	92,240.00-	
3,300	ISHARES S&P MIDCAP 400 GROWTH	463,592.04	631,059.00	712,239.00	81,180.00-	
4,400	ISHARES S&P SM CAP 600 GROWTH	463,395.68	709,852.00	748,660.00	38,808.00-	
10,000	OPPENHEIMER MLP SELECT 40 CLASS I	96,900.00	72,600.00	87,300.00	14,700.00-	
14,475	VANGUARD REAL ESTATE ETF	940,613.21	1,079,400.75	1,170,039.00	90,638.25-	
	TOTAL MUTUAL EQUITY FUNDS	<u>\$4,159,071.45</u>	<u>\$4,777,091.03</u>	<u>\$5,439,972.94</u>	<u>\$662,881.91-</u>	<u>0.00</u>

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
TOTAL INVESTMENTS		\$15,986,270.53	\$23,230,767.54	\$24,592,025.93	\$1,361,258.39-	\$32,124.87

Schedule SB, line 32 - Schedule of Amortization Bases

Employees' Retirement Plan of Galion Community Hospital

EIN: 34-4451872

PN: 001

Plan Year: January 1, 2018 to December 31, 2018

SHORTFALL AMORTIZATION CHARGE

<u>Date Established</u>	<u>Initial Balance</u>	<u>Amortization Method</u>	<u>Years Remaining</u>	<u>Shortfall Amortization Installment</u>	<u>Balance 1/1/2017</u>
1/1/2017	789,147	7-Year	6	129,587	699,920
1/1/2018	85,895	7-Year	7	<u>14,022</u>	<u>85,895</u>
Total				\$ 143,609	\$ 785,815