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 6047(e), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE UNIONTOWN HOSPITAL EMPLOYEE CONTROLLED RETIREMENT ACCOUNT

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/2006

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

FAYETTE REGIONAL HEALTH SYSTEM

500 WEST BERKELEY STREET
UNIONTOWN, PA 15401

500 WEST BERKELEY ST.
UNIONTOWN, PA 15401

2b Employer Identification Number (EIN) 25-1451183

2c Sponsor's telephone number 724-430-5000

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/11/2013	JAMES D. PROUD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/11/2013	JAMES D. PROUD
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
MANAGEMENT EXECUTIVE COMMITTEE
C/O THE UNIONTOWN HOSPITAL
500 WEST BERKELEY STREET
UNIONTOWN, PA 15401

3b Administrator's EIN
51-0629244

3c Administrator's telephone number
724-430-5290

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name
THE UNIONTOWN HOSPITAL

4b EIN
25-0965588

4c PN
002

5	Total number of participants at the beginning of the plan year	**5**	1190
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	919
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	254
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1173
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	1173
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1169
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2F 2G 2L 2M

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan
THE UNIONTOWN HOSPITAL EMPLOYEE CONTROLLED RETIREMENT ACCOUNT

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FAYETTE REGIONAL HEALTH SYSTEM

D Employer Identification Number (EIN)
25-1451183

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-1592130

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	SERVICE PROVIDER	18496	Yes [X] No [ ]	Yes [X] No [ ]	22269	Yes [ ] No [X]

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

CAPITAL RETIREMENT PLAN SERVICES

501 CORPORATE DRIVE
SUITE 215
CANONSBURG, PA 15317-8584

25-1802421

(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?
12 49	THIRD PARTY ADMINISTRATO	19245	Yes [X] No [ ]	Yes [X] No [ ]	3438	Yes [ ] No [X]

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

MEEDER ADVISORY SERVICES, INC.

6125 MEMORIAL DRIVE
DUBLIN, OH 43017

31-1332744

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	SERVICE PROVIDER	317	Yes [ ] No [X]	Yes [X] No [ ]		Yes [ ] No [X]

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)

LPL FINANCIAL CORPORATION

ATTN CARMELA WILLIAMS
9785 TOWNE CENTRE DRIVE
SAN DIEGO, CA 92121

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	SERVICE PROVIDER	11469	Yes [X] No [ ]	Yes [X] No [ ]	459	Yes [ ] No [X]

(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

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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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan
THE UNIONTOWN HOSPITAL EMPLOYEE CONTROLLED RETIREMENT ACCOUNT

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FAYETTE REGIONAL HEALTH SYSTEM

D Employer Identification Number (EIN)
25-1451183

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	4942770	5763730
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	4942770	5763730
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 through1j)	1k	0	
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4942770	5763730

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)	1181915	
(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)		1181915
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

			(a) Amount	(b) Total
2b	**(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		
	(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)		-33346
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		1148569
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	289551	
	(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)		289551
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: **(1)** Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)	38058	
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		38058
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		327609
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		820960
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: BKD, LLP **(2)** EIN: 44-0160260

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
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**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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 section 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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan
THE UNIONTOWN HOSPITAL EMPLOYEE CONTROLLED RETIREMENT ACCOUNT

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FAYETTE REGIONAL HEALTH SYSTEM

D Employer Identification Number (EIN)
25-1451183

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-1592130

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 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 items 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 items 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 items 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 items 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 items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete items (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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

The Uniontown Hospital Employee Controlled Retirement Account

EIN 25-1451183 PN 002

Auditor's Report and Financial Statements

June 30, 2012 and 2011

The Uniontown Hospital
Employee Controlled Retirement Account
June 30, 2012 and 2011

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BKD LLP
CPAs & Advisors

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Springfield, MO 65801-1190
417.865.8701 Fax 417.865.0682 www.bkd.com

Independent Auditor's Report

Plan Administrator
The Uniontown Hospital Employee Controlled Retirement Account
Uniontown, Pennsylvania

We were engaged to audit the accompanying statements of net assets available for benefits of The Uniontown Hospital Employee Controlled Retirement Account as of June 30, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended and the accompanying supplemental schedule. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, auditing procedures with respect to the information summarized in *Note 3*, which was certified by The Nationwide Financial Services, Inc., the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the years ended June 30, 2012 and 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The accompanying supplemental schedule listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*. Because of the significance of the matter described above, it is inappropriate to, and we do not, express an opinion on the supplementary information referred to above. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*.

BKD, LLP

Springfield, Missouri
April 9, 2013

Federal Employer Identification Number: 44-0160260

experienceBKD

Praxity MEMBER GLOBAL ALLIANCE OF INDEPENDENT FIRMS

The Uniontown Hospital
Employee Controlled Retirement Account
Statements of Net Assets Available for Benefits
June 30, 2012 and 2011

Assets

	2012	2011
Investments, At Fair Value	$ 5,763,730	$ 4,942,770
Net Assets Available for Benefits	$ 5,763,730	$ 4,942,770

The Uniontown Hospital
Employee Controlled Retirement Account
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2012 and 2011

	2012	2011
Investment Income (Loss)		
Net appreciation (depreciation) in fair value of investments	$ (186,220)	$ 728,552
Interest and dividends	152,874	89,555
Net investment income (loss)	(33,346)	818,107
Contributions		
Employer	1,181,915	1,165,842
Total additions	1,148,569	1,983,949
Deductions		
Benefits paid directly to participants	289,551	147,306
Administrative expenses	38,058	32,566
Total deductions	327,609	179,872
Net Increase	820,960	1,804,077
Net Assets Available for Benefits, Beginning of Year	4,942,770	3,138,693
Net Assets Available for Benefits, End of Year	$ 5,763,730	$ 4,942,770

The Uniontown Hospital
Employee Controlled Retirement Account
Notes to Financial Statements
June 30, 2012 and 2011

Note 1: Description of the Plan

The following description of The Uniontown Hospital Employee Controlled Retirement Account (Plan) provides only general information. Participants should refer to the *Plan Document and Summary Plan Description* for a more complete description of the Plan's provisions, which is available from the plan administrator.

General

The Plan is a defined contribution plan according to Code Section 403(b) sponsored by Fayette Regional Health System (Health System) for the benefit of certain employees (full time, part time and occasional) hired after July 1, 2006 (both union and nonunion), and those hired before that date that elected to participate in the Plan at July 1, 2006, 2007 or 2009. The Uniontown Hospital and Fayette Homecare are also participating employers. Until July 1, 2011, The Uniontown Hospital was the plan sponsor. An employee is eligible to receive a contribution after 90 days of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Management Executive Committee of the Uniontown Hospital serves as the administrator of the Plan. The Nationwide Financial Services, Inc. serves as the plan custodian.

Effective June 24, 2012, the Plan was amended to extend eligibility to employees who were participants in the Retirement Plan for Employees of the Uniontown Hospital at the close of business on June 23, 2012, when that plan was frozen.

Contributions

For eligible full-time or part-time employees who have completed 90 days of service, or for occasional or casual employees who have completed 1,000 hours of service, the Health System makes contributions of 2-6% of eligible wages based on the number of points an employee has earned. Points are determined by the participant's age plus the participant's years of service as of the day before at the beginning of each plan year. Contributions are subject to certain limitations.

Participant Investment Account Options

Investment account options available include various funds. Each participant has the option of directing the contributions to his account into any of the separate investment accounts and may change the allocation daily.

Participant Accounts

Each participant's account is credited with the Health System's contribution and plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in the Health System's contributions plus earnings thereon.

Payment of Benefits

Upon termination of service, a participant may elect to receive a lump-sum amount equal to the value of his account or have the balance rolled to an IRA or another plan.

Plan Termination

Although it has not expressed an intention to do so, the Health System has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Valuation of Investments and Income Recognition

Quoted market prices, if available, are used to value investments. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end.

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

Plan Tax Status

The Plan has not requested or obtained a determination letter as the Internal Revenue Service does not currently provide that service for 403(b) plans. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. With a few exceptions, the Plan is no longer subject to U.S. federal, state and local income tax examinations by tax authorities for years before 2009.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Health System or the Plan at the Health System's discretion.

Subsequent Events

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.

Note 3: Investments

The Plan's investments were held by The Nationwide Financial Services, Inc. (Nationwide) as of June 30, 2012 and 2011. The Plan's investments held by Nationwide (including investments bought, sold and held during the period) appreciated (depreciated) in fair value as follows:

	2012	
	Net Depreciation in Fair Value During the Year	Fair Value at End of Year
Mutual funds	$ (186,220)	$ 5,763,730
	$ (186,220)	$ 5,763,730

	2011	
	Net Appreciation in Fair Value During the Year	Fair Value at End of Year
Mutual funds	$ 728,552	$ 4,942,770
	$ 728,552	$ 4,942,770

The fair value of individual investments that represent 5% or more of the Plan's net assets available for benefits were as follows:

	2012	2011
Fidelity Freedom 2015 Fund	$ 372,333	$ 337,485
Fidelity Freedom 2020 Fund	1,005,283	849,948
Fidelity Freedom 2025 Fund	1,205,676	1,001,652
Fidelity Freedom 2030 Fund	778,717	659,867
Fidelity Freedom 2035 Fund	616,793	534,916
Fidelity Freedom 2040 Fund	303,403	266,622
Fidelity Freedom 2045 Fund	300,916	286,463

Interest and dividends realized on the Plan's investments held by Nationwide for the years ended June 30, 2012 and 2011, were $152,874 and $89,555, respectively.

Note 4: Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, and an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association, or relatives of such persons.

The Nationwide Financial Services, Inc. (Nationwide) is the custodian of the Plan. Expenses paid to Nationwide totaled $18,496 and $17,913 in the years ended June 30, 2012, and 2011, respectively. Expenses paid to the third-party administrator, Capital Retirement Plan Services, totaled $19,245 and $14,173 in the years ended June 30, 2012 and 2011, respectively.

Certain legal and accounting fees and certain other administrative expenses relating to the Plan are paid by the Health System. In addition, the Health System provides certain administrative services at no cost to the Plan.

Note 5: Fair Value Measurements

ASC Topic 820, *Fair Value Measurements*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Topic 820 also specifies a fair value hierarchy which requires a plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities.

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include mutual funds and money market mutual funds and are valued at the net asset value (NAV) of shares held at year end. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. The Plan held no investments at year end classified as Level 2. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The Plan held no investments at year end classified as Level 3 investments.

The Uniontown Hospital
Employee Controlled Retirement Account
Notes to Financial Statements
June 30, 2012 and 2011

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at June 30, 2012 and 2011:

	2012 Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds				
International	$ 132,741	$ 132,741	$ -	$ -
Bonds	179,012	179,012	-	-
Large-Cap	173,113	173,113	-	-
Mid-Cap	87,436	87,436	-	-
Small-Cap	53,234	53,234	-	-
Balanced funds	5,088,641	5,088,641	-	-
Specialty	3,262	3,262	-	-
Money market	46,291	46,291	-	-
	$ 5,763,730	$ 5,763,730	$ -	$ -

	2011 Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds				
International	$ 120,807	$ 120,807	$ -	$ -
Bonds	133,998	133,998	-	-
Large-Cap	138,946	138,946	-	-
Mid-Cap	87,611	87,611	-	-
Small-Cap	50,504	50,504	-	-
Balanced funds	4,404,302	4,404,302	-	-
Specialty	1,124	1,124	-	-
Money market	5,478	5,478	-	-
	$ 4,942,770	$ 4,942,770	$ -	$ -

Note 6: Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. The Plan's exposure to these risks has been heightened because of the current economic environment. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially adversely affect the participants' account balances and the amounts reported in the statements of net assets available for benefits. The financial statements have been prepared using values and information currently available to the Plan.

Supplemental Schedule

The Uniontown Hospital
Employee Controlled Retirement Account
EIN 25-1451183 PN 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
June 30, 2012

Identity of Issuer	Description of Investment	Current Value
Mutual Funds		
American Beacon	American Beason Small Cap Value	$ 14,026
American Century Funds	American Century Equity Index Inv	18,935
American Century Funds	American Century Heritage A	17,193
American Funds	American Funds Capital World Growth Income R3	47,325
American Funds	American Funds EuroPacific Growth R3	61,143
American Funds	American Funds Fundamental Investors R3	57,947
BlackRock	BlackRock Energy & Resources Inv A	159
BlackRock	BlackRock Small Cap Growth Equity Inv A	19,251
Cambiar Funds	Cambiar Aggressive Value Fund I	259
Delaware Investments	Delaware Emerging Markets A	30
Delaware Investments	Delaware Smid Cap Growth Fund A	232
Dodge & Cox	Dodge & Cox International Stock	1,079
Fidelity Investments	Fidelity Floating Rate High Income A	15
Fidelity Investments	Fidelity Freedom 2005 Fund	652
Fidelity Investments	Fidelity Freedom 2010 Fund	88,836
Fidelity Investments	Fidelity Freedom 2015 Fund	372,333
Fidelity Investments	Fidelity Freedom 2020 Fund	1,005,283
Fidelity Investments	Fidelity Freedom 2025 Fund	1,205,676
Fidelity Investments	Fidelity Freedom 2030 Fund	778,717
Fidelity Investments	Fidelity Freedom 2035 Fund	616,793
Fidelity Investments	Fidelity Freedom 2040 Fund	303,403
Fidelity Investments	Fidelity Freedom 2045 Fund	300,916
Fidelity Investments	Fidelity Freedom 2050 Fund	272,665
Fidelity Investments	Fidelity Freedom 2055 Fund	632
Fidelity Investments	Fidelity Freedom Income Fund	3,531
Fidelity Investments	Fidelity Advisor Leveraged Company Stock A	15
The Flex-funds	Meeder Aggressive Growth Fund	504
The Flex-funds	Meeder Balanced Fund	16,990
The Flex-funds	Meeder Dynamic Growth Fund	8,447
The Flex-funds	Meeder Muirfield Fund	8,672
The Flex-funds	Meeder Quantex Fund	85
The Flex-funds	Meeder Strategic Growth Fund	14,315
The Flex-funds	Meeder Total Return Bond Fund	11,166
The Flex-funds	Meeder Utilities and Infrastructure Fund	675
	Total forward	5,247,900

The Uniontown Hospital
Employee Controlled Retirement Account
EIN 25-1451183 PN 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
June 30, 2012

Identity of Issuer	Description of Investment	Current Value
	Total forward	$ 5,247,900
Mutual Funds		
Heartland	Heartland Value Plus Inv	15
Invesco	Invesco Van Kampen Growth and Income A	17,497
JPMorgan	JPMorgan Growth Advantage A	40,759
JPMorgan	JPMorgan US Equity A	15
Janus	Janus Flexible Bond S	1,587
Janus	Janus Forty S	30
Janus	Janus Overseas I	15,169
Janus	Perkins Mid Cap Value I	45,829
Lord Abbett	Lord Abbett Developing Growth A	3,095
MFS	MFS Value A	31
*Nationwide Financial	Nationwide Mid Cap Market Index Instl	23,862
*Nationwide Financial	Nationwide Money Market Instl	46,291
*Nationwide Financial	Nationwide Small Cap Index Instl	16,846
OppenheimerFunds	Oppenheimer Global Opportunities A	7,995
OppenheimerFunds	Oppenheimer Gold & Special Minerals A	78
PIMCO	PIMCO Total Return Instl	45
Principal Funds	Principal Equity Income A	5,467
Putnam	Putnam Global Natural Resources M	94
RS Funds	RS Global Natural Resources A	16
RS Funds	RS Technology Fund A	212
RidgeWorth	RidgeWorth Total Return Bond I	86,413
Guggenheim Investments	Rydex Biotechnology Adv	1,677
Guggenheim Investments	Rydex Consumer Products Adv	246
Guggenheim Investments	Rydex S&P MidCap 400 Pure Growth H	219
Guggenheim Investments	Rydex Transportation Adv	106
Vanguard	Vanguard Intermediate Term Treasury	79,786
Vanguard	Vanguard STAR Inv	122,213
Wells Fargo Advantage	Wells Fargo Advantage Growth A	237
		$ 5,763,730

*Party-in-interest as defined by ERISA

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 6047(e), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For the calendar plan year 2011 or fiscal plan year beginning 07/01/2011 **and ending** 06/30/2012

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information --- enter all requested information.

1a Name of plan
The Uniontown Hospital Employee Controlled Retirement Account

1b Three-digit plan number (PN) ► 002

1c Effective date of plan 07/01/2006

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

Fayette Regional Health System

500 West Berkeley Street

US Uniontown PA 15401

2b Employer Identification Number (EIN)
25-1451183

2c Sponsor's telephone number
(724) 430-5000

2d Business code (see instructions)
622000

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

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

SIGN HERE	J D Proud	4/11/13	James D. Proud
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	J D Proud	4/11/13	James D. Proud
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
Management Executive Committee

c/o The Uniontown Hospital
500 West Berkeley Street

US Uniontown PA 15401

3b Administrator's EIN
51-0629244

3c Administrator's telephone number
(724) 430-5290

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name
The Uniontown Hospital

4b EIN
25-0965588

4c PN
002

5	Total number of participants at the beginning of the plan year	**5**	1,190
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	919
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	254
d	Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	1,173
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	1,173
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1,169
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2F 2G 2L 2M

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

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

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

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

a Pension Schedules
- (1) [X] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules
- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information - Small Plan)
- (3) [ ] ____ **A** (Insurance Information)
- (4) [X] **C** (Service Provider Information)
- (5) [ ] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

Sponsor Location Information

Sponsor name: Fayette Regional Health System
Sponsor DBA name:
Sponsor care of name:

500 West Berkeley St.

US Uniontown PA 15401

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 07/01/2011 and ending 06/30/2012

Name of plan

The Uniontown Hospital Employee Controlled Retirement Account

Employer Identification Number

25-1451183

Three-digit plan number ► 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Fidelity Investments	Fidadv Free 2045 A		300,916
*	Fidelity Investments	Fidadv Free 2050 A		272,665
*	Fidelity Investments	Fidadv Free Inc A		3,531
*	The Flex Funds	Flex Defn Bal		16,990
*	The Flex Funds	Flex Strat Gr		14,315
*	Vanguard	Vangrd Star Inv		122,213
*	Janus	Jns Frty S		30
*	Delaware Investments	De Emrg Mkt A		30
*	Heartland	Heartland Val Pls Inv		15
*	The Flex Funds	Flex Ttl Rtn Bd		11,166
*	Janus	Jns Flex Bd S		1,586
*	Pimco	Pimco Ttl Rtn Inst		45
*	Oppenheimer	Opp Glbl Oppr A		7,995
*	RidgeWorth	Rdgwrth Ttl Rtn Bd I		86,413
*	Vanguard	Vanguard Intermed Term Treas		79,786
*	Guggenheim Investments	Rydexsgi Bio Adv		1,677
*	RS Funds	Rs Glbl Natrl Rsrc A		15
*	Fidelity Investments	Fidadv Flotng Rt Hi Inc A		15
*	MFS	MFS Val A		31
*	JP Morgan	JPM Us Eq A		15
*	JP Morgan	JPM Gr Advtg A		40,758
*	Fidelity Investments	Fidadv Levr Co Stk A		15
*	Fidelity Investments	Fidadv Free 2055 A		632
*	Fidelity Investments	Fidadv Flotng Rt Hi Inc A		15
*	Nationwide Financial	NW MNY MKT INST		46,291

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Schedule of Assets (Held At End of Year)

For the plan year beginning 07/01/2011 and ending 06/30/2012

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Black Rock	Blkrk Enrgy Rsrc Inv A		159
	The Flex Funds	Flex Ttl Rtn Util		674
*	Oppenheimer	Opp Gold Spec Mnrls A		78
*	Putnam	Ptnm Glbl Natrl Rsrc M		94
*	RS Funds	RS Tech A		212
*	Guggenheim Investments	Rydexsgi Cnsmr Prdcts Adv		246
*	Guggenheim Investments	Rydexsgi Trnsprt Adv		106
*	Wells Fargo Advantage	Wfa Gr A		237
*	American Funds	Amfds Cap Wld Gr Inc R3		47,325
*	American Funds	Amfds Europacfc Gr R3		61,143
*	Dodge & Cox	DodgeCox Intl Stk		1,079
*	Janus	Jns Ovrseas I		15,169
*	American Beacon	Ambcn Smcap Val Adv		14,026
*	BlackRock	Blkrk Smcap Gr Eq Inv A		19,251
*	Lord Abbett	Lrdabt Devl Gr A		3,095
*	Nationwide Financial	NW Smcap Indx Inst		16,846
*	American Century	Amcent Hertg A		17,193
*	Delaware Investments	De Smid Cap Gr A		232
*	The Flex Funds	Flex Qntx		85
*	Janus	Jns Prkns Mdcap Val I		45,829
*	Nationwide Financial	NW Mdcap Mkt Indx Inst		23,861
*	Guggenheim Investments	Rydexsgi Spmdcap400purgrh		219
*	Cambiar Funds	Aicf Cambiar Aggr Val Inv		259
*	American Century	Amcent Eq Indx Inv		18,935
*	American Funds	Amfds Fdmntl Inv R3		57,947
*	MFS	MFS Val A		31
*	The Flex Funds	Flex Aggr Gr		504
*	The Flex Funds	Flex Dynmc Gr		8,447
*	The Flex Funds	Flex Mrfld		8,672
*	Invesco	Invsco Vk Gr Inc A		17,497
*	Principal Funds	Prncpl Eq Inc A		5,467
*	Fidelity Investments	Fidadv Free 2005 A		652
*	Fidelity Investments	Fidadv Free 2010 A		88,836
*	Fidelity Investments	Fidadv Free 2015 A		372,333
*	Fidelity Investments	Fidadv Free 2020 A		1,055,283
*	Fidelity Investments	Fidadv Free 2025 A		1,205,676
*	Fidelity Investments	Fidadv Free 2030 A		778,717
*	Fidelity Investments	Fidadv Free 2035 A		616,793
*	Fidelity Investments	Fidadv Free 2040 A		303,403