

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</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); or	
	☒ 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>UNITED HOSPITAL CENTER, INC MONEY PUCHASE PLAN</u>	1b Three-digit plan number (PN) ▶	<u>003</u>
		1c Effective date of plan	<u>07/01/1996</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	<u>UNITED HOSPITAL, CENTER INC</u> <u>UNITED HOSPITAL, CENTER INC</u> <u>WAYNE RECKTENWALD</u> <u>327 MEDICAL PARK DRIVE</u> <u>BRIDGEPORT, WV 26330</u>		
	2b Employer Identification Number (EIN)	<u>55-0525724</u>	
	2c Plan Sponsor's telephone number	<u>681-342-1649</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.	10/13/2015	WAYNE RECKTENWALD
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor UNITED HOSPITAL CENTER INC 327 MEDICAL PARK DRIVE BRIDGEPORT, WV 26330	3b Administrator's EIN 55-0525724
	3c Administrator's telephone number 681-342-1649
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 2219
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 1902
a(2) Total number of active participants at the end of the plan year	6a(2) 1902
b Retired or separated participants receiving benefits	6b 28
c Other retired or separated participants entitled to future benefits.....	6c 262
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2192
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 2192
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 56
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: 2C 2G	
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) ☐ <u>0</u> 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 2014 Form M-1 annual report. If the plan was not required to file the 2014 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 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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>UNITED HOSPITAL CENTER, INC MONEY PUCHASE PLAN</u>	B Three-digit plan number (PN) ► <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNITED HOSPITAL, CENTER INC</u>	D Employer Identification Number (EIN) <u>55-0525724</u>

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)

FIDELITY INVESTMENTS

04-2723880

(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	NONE	351	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 ☐

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2014 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>UNITED HOSPITAL CENTER, INC MONEY PUCHASE PLAN</u>	B Three-digit plan number (PN) ► <u>003</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>UNITED HOSPITAL, CENTER INC</u>	D Employer Identification Number (EIN) <u>55-0525724</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MANAGED INCOME PORTFOLIO

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST CO TTEE

c EIN-PN <u>04-3022712-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5170728</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>UNITED HOSPITAL CENTER, INC MONEY PUCHASE PLAN</u>		B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNITED HOSPITAL, CENTER INC</u>		D Employer Identification Number (EIN) <u>55-0525724</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	0	0
	(2) Participant contributions.....	1b(2)	0	0
	(3) Other.....	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
	(2) U.S. Government securities	1c(2)	0	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other.....	1c(3)(B)	0	0
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	0
	(B) Common.....	1c(4)(B)	0	0
	(5) Partnership/joint venture interests	1c(5)	0	0
	(6) Real estate (other than employer real property).....	1c(6)	0	0
	(7) Loans (other than to participants)	1c(7)	0	0
	(8) Participant loans.....	1c(8)	0	0
	(9) Value of interest in common/collective trusts	1c(9)	5579249	5170728
	(10) Value of interest in pooled separate accounts	1c(10)	0	0
	(11) Value of interest in master trust investment accounts	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	48479609	50891038
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	54058858	56061766

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	54058858	56061766
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3386323	
(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)		3386323
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)		0
(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)	3337452	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3337452
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		53443
(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)		-168218
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6609000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4605741	
(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)		4605741
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)	351	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		351
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4606092

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2002908
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: TETRICK & BARTLETT, PLLC

(2) EIN: 55-0357807

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan UNITED HOSPITAL CENTER, INC MONEY PUCHASE PLAN				B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED HOSPITAL, CENTER INC				D Employer Identification Number (EIN) 55-0525724	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-2723880					
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	173
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	3386323
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	3386323
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	0
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 and OMB Control Numbers, see the instructions for Form 5500.					
Schedule R (Form 5500) 2014 v. 140124					

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: 0.0% 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): _____

**UNITED HOSPITAL CENTER, INC.
MONEY PURCHASE PENSION PLAN**

**INDEPENDENT AUDITOR'S REPORT AND
RELATED FINANCIAL STATEMENTS**

DECEMBER 31, 2014 AND 2013

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Tetrick & Bartlett, PLLC
Certified Public Accountants
Consultants

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INDEPENDENT AUDITOR'S REPORT

To the Pension Committee
United Hospital Center, Inc.
Money Purchase Pension Plan

Report of the Financial Statements

We were engaged to audit the accompanying financial statements of United Hospital Center, Inc. Money Purchase Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, 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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the 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 investment transactions.

Retirement Plan Committee

The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee 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 these financial statements.

Other Matter

The supplemental schedule as listed in the accompanying index is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 the supplemental schedule referred to above.

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 schedule, 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 the Employee Retirement Income Security Act of 1974.

Tatuck + Bartlett, PLLC

October 9, 2015

**UNITED HOSPITAL CENTER, INC. MONEY PURCHASE PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,**

	2014	2013
Assets:		
Investments, at fair value (notes 3 and 4)		
Mutual funds	\$ 50,891,038	\$ 48,479,609
Common collective trust	<u>5,247,428</u>	<u>5,664,633</u>
Total investments	<u>56,138,466</u>	<u>54,144,242</u>
Total assets	<u>56,138,466</u>	<u>54,144,242</u>
Net assets reflecting investments at fair value	56,138,466	54,144,242
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>(76,699)</u>	<u>(85,383)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 56,061,767</u></u>	<u><u>\$ 54,058,859</u></u>

The accompanying notes are an integral part of these financial statements.

**UNITED HOSPITAL CENTER, INC. MONEY PURCHASE PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2014**

Additions:

Additions to net assets attributed to:

Investment Income:

Net depreciation in fair value of investments (note 3)	\$ (114,776)
Dividends	<u>3,337,453</u>
Total investment income	3,222,677

Contributions

Employer contributions	<u>3,386,323</u>
Total additions	<u>6,609,000</u>

Deductions:

Deductions from net assets attributed to:

Benefits paid to participants and beneficiaries	4,605,741
Administrative expenses	<u>351</u>
Total deductions	<u>4,606,092</u>

Net increase	2,002,908
--------------	-----------

Net Assets Available For Benefits:

Beginning of year	<u>54,058,859</u>
End of year	<u><u>\$ 56,061,767</u></u>

The accompanying notes are an integral part of these financial statements.

UNITED HOSPITAL CENTER, INC. MONEY PURCHASE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

1. Description of Plan

The following description of the United Hospital Center, Inc. (the "Hospital") Money Purchase Pension Plan (the "Plan") provides only general information. Participants should refer to the Summary Plan Description ("SPD") for a more complete description of the Plan's provisions.

- A. General.** The Plan is a defined contribution plan covering all employees of the Hospital who have six months of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
- B. Contributions.** The Employer shall make contributions over such period of years as the Employer may determine on the following basis. On behalf of each Participant eligible to share in allocations, for each year of his participation in this Plan, the Employer shall contribute an amount determined as follows:

<u>Years of</u> <u>Service</u>	<u>At 7/1/1996</u> <u>Over Age 40 or</u> <u>15 Years of Service</u> <u>% of Compensation</u>	<u>At 7/1/1996</u> <u>Under Age 40 and</u> <u>15 Years of Service</u> <u>% of Compensation</u>
0 - 4	2.75%	2.75%
5 - 9	3.75%	2.75%
10 - 14	4.50%	4.50%
15 - 19	5.50%	4.50%
20 - 24	6.50%	4.50%
25 - 29	7.25%	5.50%
30 - 34	8.00%	5.50%
35 - 39	8.75%	5.50%
40 plus	9.75%	5.50%

- C. Participant Accounts.** Each participant's account is credited with an allocation of (a) the Hospital's contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts. 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.

The accompanying independent auditor's report is an integral part of these notes.

UNITED HOSPITAL CENTER, INC. MONEY PURCHASE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONT'D)

- D. Vesting.** A participant is 25, 50, 75, and 100 percent vested after two, three, four, and five years of credited service, respectively, in a regular plan year and 100 percent vested after three years of service in a Top Heavy Plan Year.
- F. Payment of Benefits.** On termination of service due to death, disability or retirement, the normal form of payment of benefits for married participants is a joint and survivor annuity. However, the participant can also elect for benefit payments to be in the form of a lump sum cash payment, payments over a period certain in monthly, quarterly, semiannual or annual cash installments, or purchase of or providing an annuity.
- G. Forfeited Accounts.** At December 31, 2014 and 2013, forfeited nonvested accounts totaled \$125,195 and \$110,444, respectively. These accounts will be used to restore forfeitures, pay plan expenses, or reduce future employer contributions. In 2014, employer contributions were reduced by \$132,763 from forfeited nonvested accounts.

2. Summary of Significant Accounting Policies

- A. Basis of Accounting.** The financial statements of the Plan are prepared using the accrual method of accounting.
- B. 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 certain reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.
- C. Investment Valuation and Income Recognition.** Investments are reported at fair value. *Fair Value* is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for a discussion of fair value measurements. 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 exdividend date. Net appreciation includes the plan's gains and losses on investments bought and sold, as well as held during the year.

The accompanying independent auditor's report is an integral part of these notes.

UNITED HOSPITAL CENTER, INC. MONEY PURCHASE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONT'D)

The Fidelity Managed Income Portfolio Fund is a common collective trust fund investing primarily in guaranteed investment contracts (GIC), synthetic GICs and U.S. government securities. The GICs are fully benefit-responsive. Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

The statements of net assets available for benefits present the fair value of the investments in the common collective trust fund relating to fully benefit-responsive investment contracts as well as the adjustment of the investments in the common collective trust fund related to fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Certain events may limit the ability of the Plan to transact at contract value with Fidelity. Such events include: the Plan's failure to qualify under section 401(a) of the IRS; the establishment of a Plan or similar fund that competes for employee contributions; changes in laws or regulations that could have a material adverse effect on the MIP fund's cash flow; communication to participants influencing them to not invest in the MIP fund. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring. There are not reserves against contract value for credit risk of the issuer or otherwise.

The following are the average yields for the fund:

Based on actual earnings	1.67%	1.54%
Based on interest rates credited to participants	1.07%	0.89%

D. Payment of Benefits. Benefits are recorded when paid.

The accompanying independent auditor's report is an integral part of these notes.

UNITED HOSPITAL CENTER, INC. MONEY PURCHASE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONT'D)

- E. Administrative Expenses.** Administrative expenses, including trustee, legal, auditing and other fees, are paid by the Hospital and, as such, are not expenses of the Plan. The amount reported as administrative expenses of the Plan are transactional fees charged to the recipient's account.
- F. Subsequent Events.** The plan has evaluated subsequent events through October 9, 2015, the date the financial statements were available to be issued.

3. Investments

The plan administrator has elected the method of compliance permitted by 20 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the trustee of the Plan, certified to the completeness and accuracy of all investments reflected as follows, and the related investment activity:

- a. Total investments as shown in the accompanying statements of net assets available for benefits of \$56,061,767 and \$54,058,859 as of December 31, 2014 and 2013, respectively.
- b. Net investment income as shown in the accompanying statement of changes in net assets available for benefits of \$3,222,677 for the year ended December 31, 2014.
- c. All investment-related information in the accompanying supplemental schedule as of and for the year ended December 31, 2014.

The accompanying independent auditor's report is an integral part of these notes.

UNITED HOSPITAL CENTER, INC. MONEY PURCHASE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONT'D)

The fair values of individual investments that represent 5 percent or more of the plan's net assets available for benefits as of December 31 are as follows:

	2014	2013
Mutual funds:		
Fidelity Contrafund	\$ 10,972,807	\$ 10,562,250
Fidelity Asset Manager - 70%	2,648,369	2,934,870
Fidelity Freedom 2010 Fund		2,626,001
Fidelity Freedom 2015 Fund		3,181,250
Fidelity Freedom 2020 Fund		4,298,851
Fidelity Freedom 2025 Fund		3,706,703
Fidelity Freedom 2030 Fund		2,881,456
Fidelity Freedom K 2010 Fund	2,080,707	
Fidelity Freedom K 2015 Fund	3,217,467	
Fidelity Freedom K 2020 Fund	5,004,847	
Fidelity Freedom K 2025 Fund	4,062,918	
Fidelity Freedom K 2030 Fund	3,213,059	
Other mutual funds under 5% of Plan's net assets	19,690,864	18,288,228
Common collective trust:		
Fidelity Managed Income Portfolio	5,247,428	5,664,633
	<u>\$ 56,138,466</u>	<u>\$ 54,144,242</u>

During 2014, the plan's investments (including gains and losses on investments bought and sold, as well as held during the year) (depreciated) appreciated in value by (\$114,776) as follows:

Mutual funds	\$ (168,219)
Common collective trust	<u>53,443</u>
	<u>\$ (114,776)</u>

The accompanying independent auditor's report is an integral part of these notes.

UNITED HOSPITAL CENTER, INC. MONEY PURCHASE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONT'D)

4. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under [FASB ASC 820](#) are described as follows:

Level 1. Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2. Inputs to the valuation methodology include

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3. Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The accompanying independent auditor's report is an integral part of these notes.

UNITED HOSPITAL CENTER, INC. MONEY PURCHASE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONT'D)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

Common collective trust: Valued at fair value by discounting the related cash flows and the fair values of the underlying investments and the wrapper contracts using a discounted cash flow model that considers recent fee bids as determined by recognized dealers, discount rate, and the duration of the underlying portfolio securities.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

Assets at Fair Value as of December 31, 2014

	Level 1	Level 2	Level 3	Total
Mutual funds:				
U.S. equity	\$ 19,156,509	\$ -	\$ -	\$ 19,156,509
International equity	1,681,221	-	-	1,681,221
Fixed income	2,802,123	-	-	2,802,123
Balanced	3,081,943	-	-	3,081,943
Target date	<u>24,169,242</u>	<u>-</u>	<u>-</u>	<u>24,169,242</u>
Total mutual funds	50,891,038	-	-	50,891,038
Collective trust:				
Stable Value	<u>-</u>	<u>5,247,428</u>	<u>-</u>	<u>5,247,428</u>
Total assets at fair value	<u>\$ 50,891,038</u>	<u>\$ 5,247,428</u>	<u>\$ -</u>	<u>\$ 56,138,466</u>

The accompanying independent auditor's report is an integral part of these notes.

UNITED HOSPITAL CENTER, INC. MONEY PURCHASE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (CONT'D)

	<u>Assets at Fair Value as of December 31, 2013</u>			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
U.S. equity	\$ 18,576,382	\$ -	\$ -	\$ 18,576,382
International equity	1,789,163	-	-	1,789,163
Fixed income	2,888,757	-	-	2,888,757
Balanced	3,005,048	-	-	3,005,048
Target date	<u>22,220,259</u>	<u>-</u>	<u>-</u>	<u>22,220,259</u>
Total mutual funds	48,479,609	-	-	48,479,609
Collective trust:				
Stable Value	<u>-</u>	<u>5,664,633</u>	<u>-</u>	<u>5,664,633</u>
Total assets at fair value	<u>\$ 48,479,609</u>	<u>\$ 5,664,633</u>	<u>\$ -</u>	<u>\$ 54,144,242</u>

5. Related Party Transactions

Certain Plan investments are shares of a mutual funds and a common collective trust managed by Fidelity Investments Company, an affiliate of the trustee as defined by the Plan and, therefore, these transactions qualify as party-in interest transactions. Fees paid by the Plan for the investment management services to Fidelity Management Trust Company amounted to \$351 for the year ended December 31, 2014.

6. Plan Termination

Although it has not expressed any intent to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their accounts.

The accompanying independent auditor's report is an integral part of these notes.

UNITED HOSPITAL CENTER, INC. MONEY PURCHASE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONT'D)

7. Tax Status

The plan was amended (effective January 1, 2014) to comply with the latest regulations and laws. The IRS has determined and informed the Hospital by a letter dated May 1, 2015 that the plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

All required federal returns for the Plan have been filed up to, and including the tax year ended December 31, 2013. The Plan's federal returns for 2011, 2012 and 2013 remain subject to examination by the Internal Revenue Service.

8. Risks and Uncertainties

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

The accompanying independent auditor's report is an integral part of these notes.

UNITED HOSPITAL CENTER, INC. MONEY PURCHASE PENSION PLAN
 EIN: 55-0525724 PLAN NUMBER: 003
 SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 AS OF DECEMBER 31, 2014

(a)	(b) <u>Identity of issue, borrower</u> <u>lessor, or similar party</u>	(c) <u>Description of investment including</u> <u>maturity date, rate of interest,</u> <u>collateral, par, or maturity value</u>	(d) <u>Cost</u>	(e) <u>Current</u> <u>Value</u>
	American Beacon Advisors	American Beacon Large Cap Value Inv Fund	**	\$ 531,139
	Loomis Sayles Funds	Loomis Sayles Small Cap Value Retail Fund	**	173,026
	Janus Investment Fund	Perkins Mid Cap Value T Fund	**	242,611
	RS Investment Trust	RS Partners A Fund	**	529,229
	PIMCO Investments LLC	PIMCO Total Return Admin Fund	**	1,113,343
*	Fidelity Investments	Fidelity Magellan Fund	**	1,421,979
*	Fidelity Investments	Fidelity Contrafund	**	10,972,807
*	Fidelity Investments	Fidelity Investment Grade Bond Fund	**	655,484
*	Fidelity Investments	Fidelity Growth & Income Portfolio	**	1,740,194
*	Fidelity Investments	Fidelity Intermediate Bond Fund	**	881,115
*	Fidelity Investments	Fidelity Value Fund	**	396,752
*	Fidelity Investments	Fidelity Overseas Fund	**	1,150,633
*	Fidelity Investments	Fidelity International Discovery Fund	**	530,588
*	Fidelity Investments	Fidelity Asset Manager - 50%	**	1,198,905
*	Fidelity Investments	Fidelity Disciplined Equity Fund	**	21,738
*	Fidelity Investments	Fidelity Asset Manager - 70%	**	2,648,369
*	Fidelity Investments	Fidelity Asset Manager - 20%	**	152,181
*	Fidelity Investments	Fidelity Mid-Cap Stock Fund	**	726,838

The accompanying independent auditor's report and notes are an integral part of this schedule.

UNITED HOSPITAL CENTER, INC. MONEY PURCHASE PENSION PLAN
 EIN: 55-0525724 PLAN NUMBER: 003
 SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 AS OF DECEMBER 31, 2014

(a)	(b) <u>Identity of issue, borrower</u> <u>lessor, or similar party</u>	(c) <u>Description of investment including</u> <u>maturity date, rate of interest,</u> <u>collateral, par, or maturity value</u>	(d) <u>Cost</u>	(e) <u>Current</u> <u>Value</u>
	* Fidelity Investments	Fidelity Spartan 500 Index Advantage Fund	**	\$ 1,492,021
	* Fidelity Investments	Fidelity Freedom K Income Fund	**	142,844
	* Fidelity Investments	Fidelity Freedom K 2005 Fund	**	114,643
	* Fidelity Investments	Fidelity Freedom K 2010 Fund	**	2,080,707
	* Fidelity Investments	Fidelity Freedom K 2015 Fund	**	3,217,467
	* Fidelity Investments	Fidelity Freedom K 2020 Fund	**	5,004,847
	* Fidelity Investments	Fidelity Freedom K 2025 Fund	**	4,062,918
	* Fidelity Investments	Fidelity Freedom K 2030 Fund	**	3,213,059
	* Fidelity Investments	Fidelity Freedom K 2035 Fund	**	1,747,623
	* Fidelity Investments	Fidelity Freedom K 2040 Fund	**	2,180,847
	* Fidelity Investments	Fidelity Freedom K 2045 Fund	**	1,318,432
	* Fidelity Investments	Fidelity Freedom K 2050 Fund	**	1,017,023
	* Fidelity Investments	Fidelity Freedom K 2055 Fund	**	211,676
	* Fidelity Investments	Fidelity Managed Income Portfolio (at contract value)	**	5,170,729
		Total investments		<u>\$ 56,061,767</u>

* A party in interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.

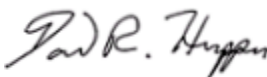
** Cost omitted for participant-directed investments.

The accompanying independent auditor's report and notes are an integral part of this schedule.



FIDELITY MANAGEMENT TRUST COMPANY TRUSTEE CERTIFICATION STATEMENT

The following reports were provided through access to Fidelity's Plan Sponsor WebstationSM or other secure media: Summary of Net Trust Assets (SONTA), Summary of Plan Operations (SOP), 5500 Worksheet, 5% Reportable Transactions Report and the Trial Balance. The SONTA is a valuation of the plan assets for the plan year ending 12/31/2014 and the SOP is a summary of the financial activity for which Fidelity Management Trust Company ("FMTC") serves as trustee for United Hospital Center, Inc. Money Purchase Pension Plan ("Plan") for the plan year that the assets were recordkept by Fidelity Investments. These reports are subject to the terms and conditions of the Plan Document and Trust Agreement. FMTC certifies that the information in the reports provided is complete and accurate. This statement is being furnished pursuant to 29 CFR 2520.103-5(d).

By: 
David R. Hupper

Title: SVP, WI Integrated Services, Authorized Signatory for FMTC

Date: 03/15/2015

Note 1: The above certification may enable the Plan to qualify for the "limited scope" audit pursuant to 29 CFR 2520.103-8. FMTC is a Massachusetts-chartered trust company regulated, supervised and subject to periodic examinations by a state agency. The certification only applies to the period during the plan year that Plan assets were recordkept by Fidelity Workplace Services LLC, for which FMTC served as trustee. Please consult with the Plan's independent public accountants for further information.

Note 2: Please contact the plan's recordkeeping representative if additional plan documentation is required.

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SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2014

<u>Fund Name</u>	<u>Share Balance 12/31/2014</u>	<u>Historical Cost</u>	<u>Price</u>	<u>Total Market Value</u>
ABF LG CAP VAL INV	19,335.224	\$475,518.10	\$27.47	\$531,138.60
PIMCO TOT RETURN ADM	104,441.192	\$1,165,900.52	\$10.66	\$1,113,343.11
LOOMIS SM CAP VAL R	5,075.554	\$145,820.60	\$34.09	\$173,025.64
PERKINS MID CP VAL T	12,100.282	\$255,942.95	\$20.05	\$242,610.65
RS PARTNERS A	17,027.969	\$550,652.99	\$31.08	\$529,229.28
FID MAGELLAN	15,369.426	\$1,469,817.56	\$92.52	\$1,421,979.29
FID CONTRAFUND	112,001.700	\$7,289,123.04	\$97.97	\$10,972,806.55
FID INVST GR BD	82,763.182	\$618,688.20	\$7.92	\$655,484.40
FID GROWTH & INC	57,603.253	\$1,892,636.33	\$30.21	\$1,740,194.27
FID INTERMED BOND	80,614.350	\$848,017.44	\$10.93	\$881,114.85
FID VALUE	3,503.018	\$265,857.79	\$113.26	\$396,751.82
FID OVERSEAS	30,168.676	\$1,043,769.28	\$38.14	\$1,150,633.30
FID INTL DISCOVERY	13,966.526	\$475,221.22	\$37.99	\$530,588.32
FID ASSET MGR 50%	70,358.290	\$1,146,441.62	\$17.04	\$1,198,905.26
FID DISCIPLND EQTY	646.471	\$17,165.16	\$33.63	\$21,740.82
FID ASSET MGR 70%	134,094.609	\$2,187,828.69	\$19.75	\$2,648,368.53
FID ASSET MGR 20%	11,494.013	\$142,617.62	\$13.24	\$152,180.73
FID MID CAP STOCK	18,932.999	\$542,814.12	\$38.39	\$726,837.83
FID FREEDOM INCOME	0.000	\$0.00	\$11.58	\$0.00
FID FREEDOM 2000	0.000	\$0.00	\$12.36	\$0.00
FID FREEDOM 2010	0.000	\$0.00	\$15.39	\$0.00
FID FREEDOM 2020	0.000	\$0.00	\$15.36	\$0.00
FID FREEDOM 2030	0.000	\$0.00	\$16.13	\$0.00
MIP CL 1	5,170,728.460	\$5,170,728.46	\$1.00	\$5,170,728.46
FID FREEDOM 2040	0.000	\$0.00	\$9.34	\$0.00
FID FREEDOM 2005	0.000	\$0.00	\$11.99	\$0.00
FID FREEDOM 2015	0.000	\$0.00	\$12.61	\$0.00
FID FREEDOM 2025	0.000	\$0.00	\$13.14	\$0.00
FID FREEDOM 2035	0.000	\$0.00	\$13.26	\$0.00
SPTN 500 INDEX ADV	20,480.726	\$1,050,965.73	\$72.85	\$1,492,020.89
FID FREEDOM 2045	0.000	\$0.00	\$10.51	\$0.00
FID FREEDOM 2050	0.000	\$0.00	\$10.57	\$0.00
FID FREEDOM K INCOME	12,064.515	\$143,455.67	\$11.84	\$142,843.86
FID FREEDOM K 2005	8,839.082	\$115,444.00	\$12.97	\$114,642.89
FID FREEDOM K 2010	157,629.317	\$2,108,520.51	\$13.20	\$2,080,706.98
FID FREEDOM K 2015	236,578.488	\$3,235,039.83	\$13.60	\$3,217,467.44

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2014

<u>Fund Name</u>	<u>Share Balance 12/31/2014</u>	<u>Historical Cost</u>	<u>Price</u>	<u>Total Market Value</u>
FID FREEDOM K 2020	351,463.969	\$5,027,931.08	\$14.24	\$5,004,846.92
FID FREEDOM K 2025	273,413.024	\$4,064,334.74	\$14.86	\$4,062,917.54
FID FREEDOM K 2030	211,803.474	\$3,211,858.69	\$15.17	\$3,213,058.70
FID FREEDOM K 2035	111,955.329	\$1,745,637.36	\$15.61	\$1,747,622.69
FID FREEDOM K 2040	139,351.216	\$2,178,596.91	\$15.65	\$2,180,846.53
FID FREEDOM K 2045	82,094.121	\$1,316,523.69	\$16.06	\$1,318,431.58
FID FREEDOM K 2050	62,895.659	\$1,014,942.72	\$16.17	\$1,017,022.81
FID FREEDOM 2055	0.000	\$0.00	\$11.69	\$0.00
FID FREEDOM K 2055	17,787.905	\$211,652.42	\$11.90	\$211,676.07
OUTSTANDING LOAN BALANCE				\$0.00

		NET ASSETS 12/31/2014:		\$56,061,766.61
				=====

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See Chapter 7 of the Fidelity Auditor's Guide for financial statement presentation and disclosure information.