

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 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> 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>07/01/2014</u> and ending <u>06/30/2015</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>THE UNIONTOWN HOSPITAL EMPLOYEE CONTROLLED RETIREMENT ACCOUNT</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/2006</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>07/01/2006</u>					
1b Three-digit plan number (PN) ▶	<u>002</u>								
1c Effective date of plan <u>07/01/2006</u>									
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>FAYETTE REGIONAL HEALTH SYSTEM</u> <u>500 WEST BERKELEY STREET</u> <u>UNIONTOWN, PA 15401</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>25-1451183</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>724-430-5000</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>622000</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>25-1451183</u>		2c Plan Sponsor's telephone number <u>724-430-5000</u>		2d Business code (see instructions) <u>622000</u>			
2b Employer Identification Number (EIN) <u>25-1451183</u>									
2c Plan Sponsor's telephone number <u>724-430-5000</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	<u>Filed with authorized/valid electronic signature.</u>		
	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 EXECUTIVE COUNCIL THE UNIONTOWN HOSPITAL 500 WEST BERKELEY ST 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		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 1405
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) 1121
a(2) Total number of active participants at the end of the plan year		6a(2) 999
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 350
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1349
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 1349
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 1349
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 Characteristics Codes in the instructions: 2A 2F 2G 2L 2M 2T		
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) ☐ 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 **07/01/2014** and ending **06/30/2015**

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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	42082	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(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	33842	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(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	684	Yes ☐ No ☒	Yes ☐ No ☒	0	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)

LPL FINANCIAL, LLC

P.O. BOX 502533
SAN DIEGO, CA 92150-2533

95-2834236

(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?
22	SERVICE PROVIDER	23474	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

(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 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 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>06/30/2015</u>		
A Name of plan <u>THE UNIONTOWN HOSPITAL EMPLOYEE CONTROLLED RETIREMENT ACCOUNT</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FAYETTE REGIONAL HEALTH SYSTEM</u>		D Employer Identification Number (EIN) <u>25-1451183</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(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)	9956365	11025080
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9956365	11025080

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9956365	11025080
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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)	1662298	
(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)		1662298
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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		335064
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1997362

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	828562	
(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)		828562
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)	100085	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		100085
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		928647

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1068715
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: **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 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

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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A Name of plan <u>THE UNIONTOWN HOSPITAL EMPLOYEE CONTROLLED RETIREMENT ACCOUNT</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FAYETTE REGIONAL HEALTH SYSTEM</u>	D Employer Identification Number (EIN) <u>25-1451183</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-1592130</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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: _____% 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): _____

The Uniontown Hospital Employee Controlled Retirement Account

EIN 25-1451183 PN 002

Independent Auditor's Report and Financial Statements

June 30, 2015 and 2014

**The Uniontown Hospital
Employee Controlled Retirement Account
June 30, 2015 and 2014**

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Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Uniontown Hospital Employee Controlled Retirement Account, which comprise the statements of net assets available for benefits as of June 30, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, 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 The Nationwide Financial Services, Inc., the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian 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, 2015 and 2014, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Supplementary Information

The supplemental schedule listed in the table of contents 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 this supplemental schedule.

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 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
January 29, 2016

Federal Employer Identification Number: 44-0160260

The Uniontown Hospital
Employee Controlled Retirement Account
Statements of Net Assets Available for Benefits
June 30, 2015 and 2014

Assets

	<u>2015</u>	<u>2014</u>
Investments, At Fair Value	<u>\$ 11,025,080</u>	<u>\$ 9,956,365</u>
Net Assets Available for Benefits	<u><u>\$ 11,025,080</u></u>	<u><u>\$ 9,956,365</u></u>

The Uniontown Hospital
Employee Controlled Retirement Account
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Investment Income		
Net appreciation in fair value of investments	\$ 74,751	\$ 892,284
Interest and dividends	<u>260,313</u>	<u>465,957</u>
Net investment income	335,064	1,358,241
Contributions		
Employer	<u>1,662,298</u>	<u>1,718,328</u>
Total additions	<u>1,997,362</u>	<u>3,076,569</u>
Deductions		
Benefits paid directly to participants	828,562	990,354
Administrative expenses	<u>100,085</u>	<u>68,205</u>
Total deductions	<u>928,647</u>	<u>1,058,559</u>
Net Increase	1,068,715	2,018,010
Net Assets Available for Benefits, Beginning of Year	<u>9,956,365</u>	<u>7,938,355</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 11,025,080</u></u>	<u><u>\$ 9,956,365</u></u>

The Uniontown Hospital
Employee Controlled Retirement Account
Notes to Financial Statements
June 30, 2015 and 2014

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* for a more complete description of the Plan's provisions.

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 its employees. The Uniontown Hospital and Fayette Homecare (FHC) are also participating employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Management Executive Committee of Uniontown Hospital previously served as the administrator of the Plan. Effective January 14, 2014, the Executive Council replaced the Management Executive Committee of the Uniontown Hospital as the administrator of the Plan. The Nationwide Financial Services, Inc. (Nationwide) serves as the plan custodian.

Effective May 31, 2013, FHC was consolidated into an unrelated third party, and therefore its employees were no longer eligible to participate in the Plan. This event did not qualify as a partial plan termination. Effective November 19, 2014, the Plan was amended to formally remove FHC as a participating employer.

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 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.

**The Uniontown Hospital
Employee Controlled Retirement Account
Notes to Financial Statements
June 30, 2015 and 2014**

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.

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.

Investment Valuation 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.

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.

The Uniontown Hospital
Employee Controlled Retirement Account
Notes to Financial Statements
June 30, 2015 and 2014

Note 3: Certification of Plan Custodian

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide, the custodian of the Plan, has certified the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of June 30, 2015 and 2014.
- Investment income as shown in the statements of changes in net assets available for benefits for the years ended June 30, 2015 and 2014.
- Investment information included in the accompanying schedule of assets (held at year end) as of June 2015.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Note 4: Investments

The Plan's investments (including investments bought, sold and held during the period) appreciated in fair value as follows:

	2015	
	Net Appreciation in Fair Value During the Year	Fair Value at End of Year
Mutual funds	<u>\$ 74,751</u>	<u>\$ 11,025,080</u>
	2014	
	Net Appreciation in Fair Value During the Year	Fair Value at End of Year
Mutual funds	<u>\$ 892,284</u>	<u>\$ 9,956,365</u>

The Uniontown Hospital
Employee Controlled Retirement Account
Notes to Financial Statements
June 30, 2015 and 2014

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

	2015	2014
Vanguard Target Retirement 2015 Fund Inv	\$ 556,110	\$ 571,982
Vanguard Target Retirement 2020 Fund Inv	2,020,274	1,786,706
Vanguard Target Retirement 2025 Fund Inv	2,409,560	2,043,426
Vanguard Target Retirement 2030 Fund Inv	1,494,513	1,333,639
Vanguard Target Retirement 2035 Fund Inv	1,199,089	1,139,084
Vanguard Target Retirement 2040 Fund Inv	603,659	533,439

Note 5: Related-Party and 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, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

Certain Plan investments are shares of mutual funds managed by Nationwide. Nationwide is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Expenses paid directly to Nationwide totaled \$42,082 and \$21,421 in the years ended June 30, 2015 and 2014, respectively.

Expenses paid directly to Henderson Brothers, the Plan's investment advisor, totaled \$23,474 and \$10,615 in the years ended June 30, 2015 and 2014, respectively.

Expenses paid directly to the third-party administrator, Capital Retirement Plan Services, totaled \$33,842 and \$35,631 in the years ended June 30, 2015 and 2014, 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.

The Uniontown Hospital
Employee Controlled Retirement Account
Notes to Financial Statements
June 30, 2015 and 2014

Note 6: Fair Value Measurements

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. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of 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 supported by little or no market activity and are significant to the fair value of the assets or liabilities.

Recurring Measurements

The following tables present 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, 2015 and 2014:

		2015		
		Fair Value Measurements Using		
	Fair Value	Level 1	Level 2	Level 3
Mutual funds				
International	\$ 234,824	\$ 234,824	\$ -	\$ -
Bonds	313,361	313,361	-	-
Large-cap	323,755	323,755	-	-
Mid-cap	193,405	193,405	-	-
Small-cap	127,786	127,786	-	-
Balanced funds	9,754,760	9,754,760	-	-
Specialty	7,273	7,273	-	-
Money market	69,916	69,916	-	-
	<u>\$ 11,025,080</u>	<u>\$ 11,025,080</u>	<u>\$ -</u>	<u>\$ -</u>

The Uniontown Hospital
Employee Controlled Retirement Account
Notes to Financial Statements
June 30, 2015 and 2014

		2014		
		Fair Value Measurements Using		
	Fair Value	Level 1	Level 2	Level 3
Mutual funds				
International	\$ 227,252	\$ 227,252	\$ -	\$ -
Bonds	309,274	309,274	-	-
Large-cap	308,249	308,249	-	-
Mid-cap	174,462	174,462	-	-
Small-cap	114,125	114,125	-	-
Balanced funds	8,752,333	8,752,333	-	-
Specialty	9,793	9,793	-	-
Money market	60,877	60,877	-	-
	<u>\$ 9,956,365</u>	<u>\$ 9,956,365</u>	<u>\$ -</u>	<u>\$ -</u>

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. There have been no significant changes in the valuation techniques during the year ended June 30, 2015. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

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.

Note 7: 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.

**The Uniontown Hospital
Employee Controlled Retirement Account
Notes to Financial Statements
June 30, 2015 and 2014**

Note 8: Tax Status

The Plan, together with its investment vehicles, is intended to be a tax-sheltered annuity plan under Section 403(b) of the Internal Revenue Code of 1986, as amended. The Plan has not requested a determination letter. However, 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 not subject to tax.

Note 9: Risks and Uncertainties

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

Note 10: 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.

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, 2015

Identity of Issuer	Description of Investment	Current Value
Mutual Funds		
American Beacon	American Beacon Small Cap Value Adv	\$ 39,163
American Century Funds	American Century Equity Growth A	2,260
American Funds	American Balanced R3	144
American Funds	American Balanced R6	144
American Funds	American Funds Capital World Growth Income R3	46,284
American Funds	American Funds EuroPacific Growth R3	129,622
American Funds	American Funds Fundamental Investors R3	93,560
American Funds	American Funds New Economy R6	7,356
BlackRock	BlackRock Small Cap Growth Equity Inv A	37,690
Delaware Investments	Delaware Emerging Markets A	2,030
Dodge & Cox	Dodge & Cox International Stock	32,088
Eaton Vance	Eaton Vance Atlanta Capital SMID Cap A	36,937
Federated	Institutional High Yield Bond Instl	179
Fidelity Investments	Fidelity Floating Rate High Income A	1,039
Fidelity Investments	Fidelity Freedom 2015 Fund A	86
Fidelity Investments	Fidelity Freedom 2020 Fund A	148
Fidelity Investments	Fidelity Freedom 2025 Fund A	81
Fidelity Investments	Fidelity Freedom 2030 Fund A	282
Fidelity Investments	Fidelity Freedom 2035 Fund A	153
Fidelity Investments	Fidelity Freedom 2040 Fund A	280
Fidelity Investments	Fidelity Freedom 2045 Fund A	330
Fidelity Investments	Fidelity Freedom 2050 Fund A	382
Fidelity Investments	Fidelity Freedom 2055 Fund A	1,010
Fidelity Investments	Fidelity Freedom 2060 Fund A	202
Fidelity Investments	Fidelity Advisor Leveraged Company Stock A	1,042
Goldman Sachs	Goldman Sachs Emerging Market Debt Instl	36
Heartland	Heartland Value Plus Inv	1,006
Invesco	Invesco Growth and Income A	35,200
JPMorgan	JPMorgan Growth Advantage A	92,984
JPMorgan	JPMorgan US Equity A	1,032
Janus	Janus Flexible Bond S	3,170
Janus	Janus Forty S	2,041
Lord Abbett	Lord Abbett Developing Growth A	8,398
MFS	MFS Value A	2,063
Meeder Funds	Meeder Aggressive Growth Fund	6,232
Meeder Funds	Meeder Balanced Fund	35,948
Meeder Funds	Meeder Dynamic Growth Fund	9,930
Total forward		630,532

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, 2015

Identity of Issuer	Description of Investment	Current Value
	Total forward	\$ 630,532
Mutual Funds (continued)		
Meeder Funds	Meeder Muirfield Fund	10,599
Meeder Funds	Meeder Quantex Fund	3,353
Meeder Funds	Meeder Spectrum Fund	5,021
Meeder Funds	Meeder Strategic Growth Fund	29,655
Meeder Funds	Meeder Total Return Bond Fund	23,355
Meeder Funds	Meeder Utilities and Infrastructure Fund	1,276
*Nationwide Financial	Nationwide Destination 2035 R	847
*Nationwide Financial	Nationwide Mid Cap Market Index Instl	64,317
*Nationwide Financial	Nationwide Money Market Instl	69,916
*Nationwide Financial	Nationwide Small Cap Index Instl	41,529
OppenheimerFunds	Oppenheimer Developing Markets Fund A	3,790
Oppenheimer Funds	Oppenheimer International Growth A	21,010
PIMCO	PIMCO Investment Grade Corporate Bond Instl	36
PIMCO	PIMCO Low Duration A	25,804
PIMCO	PIMCO Low Duration Instl	21,284
PIMCO	PIMCO Real Return Instl	3,644
PIMCO	PIMCO Total Return Instl	3,043
Principal Funds	Principal Equity Income A	5,988
Principal Funds	Principal Hi Yield Instl	19
RS Funds	RS Global Natural Resources A	975
RidgeWorth	RidgeWorth Total Return Bond I	128,192
Vanguard	Vanguard 500 Index Signal	35,455
Vanguard	Vanguard Intermediate Term Treasury Inv	103,559
Vanguard	Vanguard STAR Inv	208,339
Vanguard	Vanguard Target Retirement 2010 Fund Inv	147,584
Vanguard	Vanguard Target Retirement 2015 Fund Inv	556,110
Vanguard	Vanguard Target Retirement 2020 Fund Inv	2,020,274
Vanguard	Vanguard Target Retirement 2025 Fund Inv	2,409,560
Vanguard	Vanguard Target Retirement 2030 Fund Inv	1,494,513
Vanguard	Vanguard Target Retirement 2035 Fund Inv	1,199,089
Vanguard	Vanguard Target Retirement 2040 Fund Inv	603,659
Vanguard	Vanguard Target Retirement 2045 Fund Inv	473,795
Vanguard	Vanguard Target Retirement 2050 Fund Inv	500,599
Vanguard	Vanguard Target Retirement 2055 Fund Inv	76,780
Vanguard	Vanguard Target Retirement 2060 Fund Inv	5,960
Vanguard	Vanguard Target Retirement Inc	7,862
Wells Fargo	Wells Fargo Advantage C&B Mid Cap Val Inv	87,757
		<u><u>\$ 11,025,080</u></u>

*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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2014</div> 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>07/01/2014</u> and ending <u>06/30/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (filers checking this box 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 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; include room or suite number (employer, if for a single-employer plan) Fayette Regional Health System 500 West Berkeley Street Uniontown PA 15401	2b Employer Identification Number (EIN) 25-1451183 2c Plan 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		2/3/16	Barb Weiss
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		2/3/16	Barb Weiss
	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 Executive Council The Uniontown Hospital 500 West Berkeley St 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	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1,405
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) 1,121
a(2) Total number of active participants at the end of the plan year	6a(2) 999
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 350
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 1,349
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0
f Total. Add lines 6d and 6e	6f 1,349
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 1,349
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 Characteristics Codes in the instructions: 2A 2F 2G 2L 2M 2T	
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) ☐ 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 H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning **07/01/2014** and ending **06/30/2015**

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
*	Meeder	Spctrm		5,021
*	Meeder	Strat Gr		29,655
*	Meeder	Ttl Rtn Bd		23,355
*	Meeder	Util Infr		1,276
*	Nationwide	Dest 2035 Inst		847
*	Nationwide	Mdcap mkt indx inst		64,317
*	Nationwide	Mny mkt inst		69,916
*	Nationwide	Smcap indx inst		41,529
*	Oppenheimer	Devl mkt A		3,790
*	Oppenheimer	Intl Gr A		21,010
*	Pimco	Invmtgrdcorpbd Inst		36
*	Pimco	Low Dur A		25,804
*	Pimco	Low Dur Inst		21,284
*	Pimco	Real Rtn Inst		3,644
*	Pimco	Total Rtn Inst		3,043
*	Principal	Eq Inc A		5,988
*	Principal	Hi Yld Inst		19
*	Fidelity Investments	RS Glbl Natrl Rsrc A		975
*	Ridgwrth	Ttl Rtn Bd I		128,192
*	Vanguard	500 Index Fd As		35,455
*	Vanguard	Intmd trm trsry inv		103,559
*	Vanguard	Star Inv		208,339
*	Vanguard	Trgt rtrmt 2010 inv		147,584
*	vanguard	trgt rtrmt 2015 inv		556,110
*	Vanguard	Trgt rtrmt 2020 inv		2,020,274
*	Vanguard	Trgt Rtrmt 2025 Inv		2,409,560
*	Vanguard	Trgt Rtrmt 2030 Inv		1,494,513
*	Vanguard	Trgt Rtrmt 2035 Inv		1,199,089
*	Vanguard	Trgt Rtrmt 2040 Inv		603,659
*	Vanguard	Trgt Rtrmt 2045 Inv		473,795
*	Vanguard	Trgt Rtrmt 2050 Inv		500,599
*	Vanguard	Trgt Rtrmt 2055 Inv		76,780
*	Vanguard	Trgt Rtrmt 2060 Inv		5,960
*	Vanguard	Trgt Rtrmt Inc		7,862
*	Wells Fargo	Cb Mdcap Val Inv		87,757

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning **07/01/2014** and ending **06/30/2015**

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
*	American Beacon	Smcap Val Adv		39,163
*	American Century	Eq Gr A		2,260
*	American Funds	Am Bal R3		144
*	American Funds	Am Bal R6		144
*	American Funds	Capital Wld Gwth Inc R3		46,284
*	American Funds	Europacific Gr R3		129,622
*	American Funds	Fdmtl Inv R3		93,560
*	American Funds	New Econ R6		7,356
*	Black Rock	Smcap Gr Eq Inv A		37,690
*	Delaware Investments	Emrg Mkt A		2,030
*	Dodge & Cox	DodgeCox Intl Stk		32,088
*	Eaton Vance	EV Atlnta Cap Smid Cap A		36,937
*	Federated Funds	Inst Hi Yld Bd Inst		179
*	Fidelity Funds	Fidadv Flotng Rt Hi Inc A		1,039
*	Fidelity Funds	Fidadv Fee 2015 A		86
*	Fidelity Funds	Fidadv Free 2020 A		148
*	Fidelity Funds	Fidadv Free 2025 A		81
*	Fidelity Funds	Fidadv Free 2030 A		282
*	Fidelity Funds	Fidadv Free 2035 A		153
*	Fidelity Funds	Fidadv Free 2040 A		280
*	Fidelity Funds	Fidadv Free 2045 A		330
*	Fidelity Funds	Fidadv Free 2050 A		382
*	Fidelity Funds	Fidadv Free 2055 A		1,010
*	Fidelity Funds	Fidadv Free 2060 A		202
*	Fidelity Funds	Fidadv Levrr Co Stk A		1,042
*	Goldman Sachs	Emrg Mkt Db Inst		36
*	Heartland Advisors	Val pls inv		1,006
*	Invesco	Gr inc A		35,200
*	JP Morgan	Gr Advtg A		92,984
*	JP Morgan	US Eq A		1,032
*	Janus Funds	Flex Bd S		3,170
*	Janus	Frty S		2,041
*	Lord Abbott	Devl Gr A		8,398
*	MFS	Val A		2,063
*	Meeder	Aggr Gr		6,232
*	Meeder	Bal		35,948
*	Meeder	Dynmc Gr		9,930
*	Meeder	Mrfld		10,599
*	Meeder	QNTX		3,353