Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ST. JOSEPH'S HOSPITAL 403(B) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 11/01/2012

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

ST. JOSEPH'S HOSPITAL OF BUCKHANNON INC.

ONE AMALIA DRIVE
BUCKHANNON, WV 26201

2b Employer Identification Number (EIN)
55-0356996

2c Plan Sponsor's telephone number
304-473-2301

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	ANISSA HITE-DAVIS
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	478
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)**	396
a(2) Total number of active participants at the end of the plan year	**6a(2)**	396
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	112
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	508
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	508
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	448
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	12
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:
2F 2G 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)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

A Name of plan
ST. JOSEPH'S HOSPITAL 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ST. JOSEPH'S HOSPITAL OF BUCKHANNON INC.

D Employer Identification Number (EIN)
55-0356996

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
74-1625348	70238	68324	448	01/01/2017	12/31/2017

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	287025
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	270185
c	Additions: (1) Contributions deposited during the year	7c(1)	42615		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	5340		
	(4) Transferred from separate account	7c(4)	497		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	48452
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	318637
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4943		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	26475		
	(4) Other (specify below)	7e(4)	194		
	▶ CONTRACT SURRENDER CHARGES				
	(5) Total deductions			7e(5)	31612
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	287025

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

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

A Name of plan
ST. JOSEPH'S HOSPITAL 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ST. JOSEPH'S HOSPITAL OF BUCKHANNON INC.

D Employer Identification Number (EIN)
55-0356996

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

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

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

VALIC RETIREMENT SERVICES COMPANY

51-0396365

(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?
19 26 28 29 33 37 49 52 59 60 61 63 64 65 72 99	NO RELATIONSHIP	5607	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

A Name of plan
ST. JOSEPH'S HOSPITAL 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ST. JOSEPH'S HOSPITAL OF BUCKHANNON INC.

D Employer Identification Number (EIN)
55-0356996

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)	138774	158197
(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)	8106	6153
(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)	3292408	4501610
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	270184	287026
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3709472	4952986
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3709472	4952986

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)	173047	
	(B) Participants	2a(1)(B)	507459	
	(C) Others (including rollovers)	2a(1)(C)	31460	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		711966
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)	244	
	(F) Other	2b(1)(F)	5340	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5584
	(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)	164590	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		164590
	(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)		498150
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1380290
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	131169	
(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)		131169
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)	5607	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		5607
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		136776
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1243514
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: BAKER TILLY VIRCHOW KRAUSE LLP **(2)** EIN: 39-0859910

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		3000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

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

A Name of plan
ST. JOSEPH'S HOSPITAL 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ST. JOSEPH'S HOSPITAL OF BUCKHANNON INC.

D Employer Identification Number (EIN)
55-0356996

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): 76-0519990

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): _____

---

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):

St. Joseph's Hospital
Retirement Plan and Trust

Financial Statements and
Supplementary Information

December 31, 2017 and 2016

BAKER TILLY

Candor. Insight. Results.

St. Joseph's Hospital Retirement Plan and Trust

Table of Contents
December 31, 2017 and 2016

	Page
Independent Auditors' Report	1
Financial Statements	
Statement of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplementary Information	
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)	13
Schedule H, Line 4(j) - Schedule of Reportable Transactions	21

Independent Auditors' Report

Participants and Plan Administrator
St. Joseph's Hospital Retirement Plan and Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the St. Joseph's Hospital Retirement Plan and Trust (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Matrix Trust Company, 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 a certification from the custodian as of and for the years ended December 31, 2017 and 2016, 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 the financial statements.

Other Matter

The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of or for the year ended December 31, 2017 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

Pittsburgh, Pennsylvania
October 9, 2018

St. Joseph's Hospital Retirement Plan and Trust

Statement of Net Assets Available for Benefits
December 31, 2017 and 2016

	2017	2016
Assets		
Investments at fair value:		
Money market fund	$ 500,551	$ 625,531
Common stocks	2,471,681	1,794,594
Mutual funds	2,000,686	1,275,401
Corporate debt securities	558,471	692,975
U.S. government agency securities	938,112	629,465
Total investments	6,469,501	5,017,966
Employer contributions receivable	300,000	355,000
Uninvested cash	-	521
Total assets	6,769,501	5,373,487
Liabilities	-	-
Net assets available for benefits	$ 6,769,501	$ 5,373,487

See notes to financial statements

St. Joseph's Hospital Retirement Plan and Trust

Statement of Changes in Net Assets Available for Benefits
Years Ended December 31, 2017 and 2016

	2017	2016
Additions		
Investment income:		
Net appreciation in fair value of investments	$ 649,353	$ 113,593
Interest and dividends	130,235	111,458
Total investment income	779,588	225,051
Employer contributions	1,435,996	1,067,500
Other income	798	3,415
Total additions	2,216,382	1,295,966
Deductions		
Benefits paid to participants	452,337	434,855
Administrative expenses	368,031	234,898
Total deductions	820,368	669,753
Net increase	1,396,014	626,213
Net Assets Available for Benefits		
Beginning of year	5,373,487	4,747,274
End of year	$ 6,769,501	$ 5,373,487

See notes to financial statements

1. Description of the Plan

The following description of the St. Joseph's Hospital Retirement Plan and Trust (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan covering substantially all non-union and non-leased full time employees of St. Joseph's Hospital of Buckhannon, Inc. (the "Company") and part time employees that have completed one year of credited service, as defined in the plan document. Effective October 1, 2015, the Company entered into an affiliation agreement with the West Virginia United Health System ("WVUHS"). At that time, the Plan became subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). There have been no other changes to the provisions of the Plan as a result of this affiliation.

Effective January 1, 2014, the Plan was amended to freeze participation and all future benefits to be earned under the Plan with respect to all plan participants.

Pension Benefits

Prior to the date that benefits earned under the Plan were frozen, each year, eligible participants earned employer credits equal to a percentage of their annual compensation in accordance with the following table:

Years of Vesting Service	Percentage of Compensation
0 - 4	3.25%
5 - 9	3.50
10 - 14	4.00
15 - 19	4.50
20 - 24	5.00
25 - 29	5.50
30 plus	6.00

In addition, eligible participants earn annual interest credits equal to the lesser of (a) the average annual yield of six-month United States Treasury Bills for the immediately preceding year; and (b) the adjusted first, second, and third segment rates applied under rules similar to the rules of Internal Revenue Code ("IRC") Section 417(e)(3)(A)(ii)(iii); but not less than 4 percent.

The Plan permits early retirement at ages 55 to 64. A participant's early retirement benefits is equal to the normal retirement accrued benefit, actuarially reduced to reflect the commencement of benefits prior to reaching normal retirement age.

Participants generally elect to receive the value of their accumulated plan benefits in the form of a life annuity, qualified joint and survivor annuity, or lump-sum payment upon retirement or termination. If participants terminate before rendering three years of service, they forfeit the right to receive their accumulated plan benefits.

Death and Disability Benefits

Upon the death of a vested participant, the beneficiary will receive a death benefit equal to a the actuarially equivalent of the vested portion of the participant's accrued benefits at the time of the participant's death.

Vested employees who become totally disabled prior to reaching their benefit commencement date are eligible to receive the same benefits as reduced for early retirement. If a disabled participant is less than the early retirement age at the time of disability, the benefit will be further reduced based on the age of the participant at the time of disability.

Funding Policy

Effective October 1, 2015, the Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. Prior to October 1, 2015, the Plan was considered a church plan not subject to the minimum funding requirements of ERISA. As detailed in Note 2, the Plan was significantly underfunded as of January 1, 2015. During 2015, plan management approved a funding schedule necessary to meet the minimum funding requirements of ERISA, which includes annual minimum contributions totaling approximately $5.1 million through 2022. Plan management believes the affiliation agreement with WVUHS will provide the necessary funding for the Plan to meet its obligations under the plan document. The minimum funding requirements of ERISA were met for 2017 and 2016.

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

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan 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 assets and liabilities and changes therein, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

Purchases and sales of investments 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 includes 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

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statement of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying Statement of Changes in Net Assets Available for Benefits.

Reclassifications

Certain comparative amounts for the prior period have been reclassified to conform to the current period presentation. Such reclassifications had no impact on net assets available for benefits.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation and years of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances such as retirement, death, disability, and termination of employment are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits presented below is determined by the Plan's independent actuary as of January 1, 2017 and 2016. The actuarial present value of accumulated plan benefits is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of January 1, 2017 and 2016 is as follows:

	2017	2016
Vested benefits:		
Retired participants and beneficiaries	$ 4,745,369	$ 4,409,352
Other participants	5,296,222	4,915,669
Total vested benefits	10,041,591	9,325,021
Nonvested benefits	-	-
Total actuarial present value of accumulated plan benefits	$ 10,041,591	$ 9,325,021

The changes in the actuarial present value of the accumulated plan benefits for the year ended December 31, 2016 are summarized as follows:

Actuarial present value of accumulated plan benefits at beginning of year	$ 9,325,021
Increase (decrease) during the year attributable to:	
Benefits accumulated and (gains) losses	(69)
Interest due to decrease in discount period	591,994
Change in assumptions	559,500
Benefits paid	(434,855)
Net increase	716,570
Actuarial present value of accumulated plan benefits at end of year	$ 10,041,591

Significant assumptions underlying the actuarial computations are as follows:

Discount rate	6.50 percent for 2017 and 7.00 percent in 2016
Mortality	RP-2000 Mortality Tables for 2017 and 2016
Retirement age	Age 65

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

A change in mortality rates to reflect mortality improvements during the year resulted in an increase of approximately $0.6 million in actuarial present value of accumulated benefits for the year ended December 31, 2017.

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through October 9, 2018, the date the financial statements were available to be issued.

3. Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance 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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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 maximize the use of relevant observables and minimize the use of unobservable inputs.

The 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, 2017 and 2016.

The money market fund is valued at the quoted net asset value ("NAV") of shares held by the Plan at year end.

Common stocks are generally valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Corporate debt securities and U.S. government agency securities are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

	Assets at Fair Value as of December 31, 2017			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market fund	$ 500,551	$ -	$ -	$ 500,551
Common stock	2,471,681	-	-	2,471,681
Mutual funds	2,000,686	-	-	2,000,686
Corporate debt securities	-	558,471	-	558,471
U.S. government agency securities	-	938,112	-	938,112
Total assets at fair value	$ 4,972,918	$ 1,496,583	$ -	$ 6,469,501

	Assets at Fair Value as of December 31, 2016			
Money market fund	$ 625,531	$ -	$ -	$ 625,531
Common stock	1,794,594	-	-	1,794,594
Mutual funds	1,275,401	-	-	1,275,401
Corporate debt securities	-	692,975	-	692,975
U.S. government agency securities	-	629,465	-	629,465
Total assets at fair value	$ 3,695,526	$ 1,322,440	$ -	$ 5,017,966

4. Plan Termination

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

a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

b) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations.

c) All other vested benefits (that is, vested benefits not insured by PBGC).

d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

5. Related Party and Party In Interest Transactions

The Plan's investments are administered under contracts with Matrix Trust Company, the custodian of the Plan, and Morgan Stanley Smith Barney LLC, the broker of the Plan. Contributions are held and managed by the custodian and broker, who invest cash received, interest, and dividend income and make distributions to participants. These transactions qualify as party in interest transactions which are exempt from the prohibited transactions rules of ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

6. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Plan by a letter dated August 15, 2014 that the Plan and related trust were designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Risks and Uncertainties

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

In addition, the Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

As of December 31, 2017 and 2016, the Plan had investments of $856,287 and $1,237,279 that were concentrated in one and two funds, respectively.

8. Information Certified by Custodian

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2017 and 2016. Accordingly, Matrix Trust Company, the custodian of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statement of Net Assets Available for Benefits as of December 31, 2017 and 2016 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2017, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the years ended December 31, 2017 and 2016 and the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2017.

St. Joseph's Hospital Retirement Plan and Trust

EIN: 55-0356996 Plan Number: 001
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2017

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Money market fund	Morgan Stanley Bank Deposit Program	$ 472,568	$ 472,568
*	Money market fund	Morgan Stanley Cash Account	27,983	27,983
	Total money market funds		500,551	500,551
	Common stock	AAC Technologies H-Unspon Ad	2,627	4,647
	Common stock	Abb Ltd Spons ADR	15,690	19,445
	Common stock	Abbvie Inc	8,505	9,091
	Common stock	Activision Blizzard Inc	6,959	7,725
	Common stock	Addias Ag-Spon ADR	1,586	1,497
	Common stock	Adobe Systems Inc.	9,354	19,452
	Common stock	Aegon NV	8,127	8,222
	Common stock	Aia Group Ltd Spon ADR	5,079	8,901
	Common stock	Akamai Technologies	3,291	3,707
	Common stock	Akbank T.A.S. ADR	3,220	3,142
	Common stock	Alaska Air Group Inc	1,643	1,617
	Common stock	Albemarle Corp	6,369	8,441
	Common stock	Alexion Pharmaceutical	7,148	6,339
	Common stock	Alibaba Group Holding-Sp ADR	15,995	29,141
	Common stock	Alleion PLC	1,822	2,625
	Common stock	Allergan plc	4,217	3,108
	Common stock	Alliance Data Sys Corp	2,026	2,788
	Common stock	Allianz SE - ADR	13,415	17,936
	Common stock	Alphabet Inc CL A	11,257	16,854
	Common stock	Alphabet Inc CL C	12,274	18,835
	Common stock	Amazon Com Inc	19,980	38,593
	Common stock	Ambev SA ADR	6,241	6,609
	Common stock	AMC Networks Inc A	818	757
	Common stock	America Movil Sa De Cv	5,289	7,220
	Common stock	American Express Co	1,985	2,681
	Common stock	American Water Works Co Inc	1,796	4,117
	Common stock	Amphenol Cl A	1,614	3,951
	Common stock	Anadarko Pete Corp.	4,142	4,077
	Common stock	Anheuser Busch Inbey	2,855	2,789
	Common stock	Apple Inc	25,687	38,584
	Common stock	Arch Coal Inc	2,169	2,888
	Common stock	Arconic Inc	2,428	2,643
	Common stock	Ares Capital Corp	2,645	2,405
	Common stock	Armstrong Flooring Inc	1,005	1,218
	Common stock	Armstrong World Industries	1,825	2,543
	Common stock	Astellas Pharma Inc Unsp	10,602	10,360
	Common stock	Astra International-Unsp Adr	6,489	6,311
	Common stock	Autodesk Inc	1,536	2,935
	Common stock	Axa Sa ADR	6,006	8,722
	Common stock	Bae Systems Plc Spon Adr	10,140	10,664
	Common stock	Baidu Inc	14,179	18,971
	Common stock	Banco Do Brasil ADR	11,080	11,252
	Common stock	Banco Marco SA - ADR	5,180	7,416
	Common stock	Banco Santander ADR	10,610	9,888
	Common stock	Bank of the Ozarks	1,313	1,550
	Common stock	Barclays Plc ADR	10,308	8,546
	Common stock	Bayer Ag Sponsored ADR	7,564	8,705
	Common stock	BB Sequridade Parti-Spon ADR	5,336	4,887
	Common stock	Belden Inc	1,641	2,238
	Common stock	Bidvest Group Ltd-Spons ADR	4,089	5,712
	Common stock	Biogen Inc	7,919	8,920
	Common stock	Biomarin Pharmaceutical	7,446	6,955
	Common stock	Bioverativ Inc	3,101	3,020
	Common stock	Black Knight Inc	2,035	2,163
	Common stock	Blackrock 2001 erm Tr Inc	2,282	3,596
	Common stock	Bnp Paribas Adr	8,232	11,728
	Common stock	Boeing Company	8,084	13,861
	Common stock	Booz Allen Hamilton Holding	1,179	1,449
	Common stock	Bp Plc Spons Adr	30,666	33,288

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Common stock	Bristol-Myers Squibb Co	10,327	11,582
	Common stock	Broadcom Ltd	13,962	17,469
	Common stock	BWX Technologies Inc	1,922	4,779
	Common stock	C&J Energy Services	3,679	3,347
	Common stock	Caesars Entertainment	3,767	3,833
	Common stock	Canon Adr Inc	10,805	11,744
	Common stock	Catalent Inc	2,404	3,492
	Common stock	Caterpillar Inc	8,089	9,297
	Common stock	Celgene Corp	13,003	12,210
	Common stock	Charles Schwab Corporation	1,463	2,620
	Common stock	Charter Communication Unsponsored ADR	7,584	8,735
	Common stock	China Construct Unsponsored ADR	10,618	12,786
	Common stock	China Life Insurance Co-ADR	7,336	7,087
	Common stock	China Mobile Ltd ADR	37,034	32,093
	Common stock	China Shenhua-Unspon Adr	2,827	3,508
	Common stock	China Telecom Corp Ltd Spd Adr	7,694	6,361
	Common stock	Chipotle Mexican Grill - Cl A	1,853	1,445
	Common stock	Cielo SA Sponsored ADR	7,692	6,814
	Common stock	Citrix Sys Inc	2,260	3,432
	Common stock	CKH Hldgs ADS	21,466	19,875
	Common stock	Clicks Group Ltd-Sp Adr	4,307	7,048
	Common stock	Cnooc Ltd Spd Adr	2,911	3,158
	Common stock	CNPC Hong Kong Ltd-Unsp ADR	5,201	3,495
	Common stock	Coca-Cola Company	1,132	1,239
	Common stock	Comcast Corp Cl A	6,244	9,091
	Common stock	Commericial Intl Bank Adr	3,195	3,158
	Common stock	Compagnie De Saint Unsp ADR	7,790	9,024
	Common stock	Companhia De Saneamento Basico Sponsored ADR	3,792	3,783
	Common stock	Concho Resources Inc	7,728	9,764
	Common stock	Conduent Inc	2,854	2,780
	Common stock	Costco Wholesale Corp-New	9,548	10,981
	Common stock	Cree Inc	1,050	1,300
	Common stock	CRH PLC-Sponsored ADR	6,276	9,600
	Common stock	Crown Castle Intl Corp	2,941	3,219
	Common stock	CVS Health Corp	2,368	2,175
	Common stock	Cyrusone Inc	3,218	3,750
	Common stock	Daimler Ag - Spn ADR	17,927	20,905
	Common stock	Dell Technologies Cl V	2,455	3,901
	Common stock	Dentsply Sirona Inc	3,294	4,147
	Common stock	Deutsche Telekom Ag Sponsored	12,606	12,098
	Common stock	Discovery Communications CL A	1,320	1,029
	Common stock	Disney Walt Co	2,433	2,903
	Common stock	Dolby Laboratories Inc A	3,118	3,596
	Common stock	Donnelley Financial Solutions Inc	2,026	1,813
	Common stock	Dst Sys Inc Del	2,469	2,669
	Common stock	Ebay Inc	1,035	1,736
	Common stock	Ecolab Inc	2,037	2,415
	Common stock	Embraer Empresa Brasil Sp Adr Pfd	4,288	5,217
	Common stock	Enel Spa ADR	15,756	21,617
	Common stock	Eni SPA Sponsored ADR	30,404	27,780
	Common stock	ENN Energy Holdings - Unsp ADR	3,786	4,075
	Common stock	Enpro Inds Inc	2,527	3,366
	Common stock	Estee Lauder Cos Cl A	8,537	10,434
	Common stock	Euronet Worldwide Inc	1,557	1,854
	Common stock	Facebook Inc - A	16,191	29,998
	Common stock	Federal Express Corp	7,482	9,483
	Common stock	Fleetcor Technolgies Inc	5,401	7,312
	Common stock	Flextronics Ltd	6,693	8,257
	Common stock	Fluor Corp	3,182	2,634
	Common stock	FNF Group	1,432	2,080
	Common stock	Fortive Corp	1,929	2,749
	Common stock	Freeport-Mcmoran Inc	2,891	3,489
	Common stock	Fujifilm Holdings Unspon ADR	2,994	2,989
	Common stock	GCP Applied Technologies	1,563	2,775

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Common stock	Genesee & Wyoming A	3,068	2,913
	Common stock	Getinge Ab-Unsponsored ADR	6,258	3,040
	Common stock	Glaxosmithklie Plc Ads	27,327	20,785
	Common stock	Goldman Sachs Group Inc	9,815	11,719
	Common stock	Grace W R & Co	1,907	2,455
	Common stock	Grainger W W	2,402	2,599
	Common stock	Gray Television Inc	2,263	2,613
	Common stock	Heidelbergcement AG Unsp ADR	5,194	7,832
	Common stock	Hengan Intl	4,397	5,054
	Common stock	Hologic Inc	2,491	2,736
	Common stock	Home Bancshares Inc	2,625	3,092
	Common stock	Home Depot Incorporated	13,073	18,005
	Common stock	Honda Motor Ltd Sponsored ADR	21,427	22,527
	Common stock	Honeywell International	2,310	2,760
	Common stock	Hsbc Hldgs PLC	11,052	13,220
	Common stock	Hunt Jb Trans Svc Inc	1,694	2,875
	Common stock	IAC/Interactive Corp	2,338	5,503
	Common stock	Iberdrola SA Sponsored ADR	18,145	21,902
	Common stock	Icon Pic	2,812	4,262
	Common stock	ILG Inc	2,974	4,585
	Common stock	Illumina Inc	6,340	7,866
	Common stock	Immunogen Inc.	444	365
	Common stock	Imperial Holdings Spons ADR	3,311	5,857
	Common stock	Inditex - Unspon ADR	1,911	1,864
	Common stock	Infineon Technologies	5,026	6,191
	Common stock	Infosys Tech Ltd Spd Adr	4,122	4,493
	Common stock	ING Groep NV	5,897	10,448
	Common stock	Ingevity Corp	2,298	3,312
	Common stock	Ionis Pharmaceuticals Inc	1,181	2,012
	Common stock	Isuzu Motors Ltd - Unsponsored ADR	2,794	3,652
	Common stock	John Bean Technoligies	1,222	3,989
	Common stock	Johnson & Johnson	2,163	2,515
	Common stock	Johnson Controls International PLC	2,752	2,515
	Common stock	JPMorgan Chase & Co	10,543	12,833
	Common stock	Kadant Inc	1,506	4,116
	Common stock	Kasikombank Pcl-Unspon ADR	2,879	3,964
	Common stock	KB Financial Group Inc ADR	9,599	15,330
	Common stock	Kimberly Clark De Max Spon Adr	4,434	3,443
	Common stock	Kingfisher Plc	25,285	28,279
	Common stock	Koc Holdings ADR	3,757	4,300
	Common stock	Konica Minolta Holdings	7,122	6,937
	Common stock	Koninklijke Ahold Sponsored Adr	18,985	20,381
	Common stock	L-3 Communication Hldgs Inc	2,216	3,759
	Common stock	Lamar Advertising Co A	2,131	2,450
	Common stock	Lamb Weston Holdings Inc	1,364	2,314
	Common stock	LCI Industries	3,673	4,940
	Common stock	Liberty Broadbrand - A	1,453	2,296
	Common stock	Liberty Broadband - C	144	255
	Common stock	Liberty Interactive Corp QVC Group	4,670	5,348
	Common stock	Liberty Media Group - A	85	98
	Common stock	Liberty Media Group - C	103	137
	Common stock	Liberty Sirius Group - C	2,400	3,728
	Common stock	Liberty SiriusXM Group	287	397
	Common stock	Liberty Ventures - Ser A	2,425	3,905
	Common stock	Life Healthcare - Unspon ADR	2,632	2,447
	Common stock	Lions Gate Entertainment-B	413	508
	Common stock	Littlefuse Inc.	2,046	2,176
	Common stock	Livanova PLC	4,440	6,553
	Common stock	Live Nation Entertainment Inc	1,851	3,746
	Common stock	Lloyds Tsb Group Plc ADR	22,459	22,448
	Common stock	Localiza Rent A Car-Spn ADR	4,323	7,089
	Common stock	Logmein Inc	394	573
	Common stock	Lukoil Oil Co Spon Adr	5,557	6,803
	Common stock	Mandiri Persero ADR	5,863	8,501

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Common stock	Marriott International Inc	7,031	12,759
	Common stock	Marvell Technology Group LTD	2,140	3,306
	Common stock	Mastercard Inc A	12,380	21,039
	Common stock	Mccormick & Co Inc	1,566	1,631
	Common stock	Mcdonalds Corp	12,876	14,286
	Common stock	Mednax Inc.	1,867	1,870
	Common stock	Medtronic PLC	1,104	1,131
	Common stock	Merck KGAA ADR	3,628	5,870
	Common stock	Mettler Toledo Intl	545	1,859
	Common stock	Michelin Unspon Adr	5,109	9,988
	Common stock	Microchip Technology	1,796	3,427
	Common stock	Microsoft Corporation	20,490	30,794
	Common stock	Mid America Apt Community	2,767	2,715
	Common stock	Mobile Telesys Ojsc Spon Adr	4,398	5,594
	Common stock	Monsanto Company	1,450	1,635
	Common stock	Monster Beverage Corp	8,184	10,569
	Common stock	Morphosys AG-Sponsored ADR	3,185	4,436
	Common stock	Nasdaq Inc	1,416	3,918
	Common stock	National Grid Transco Plc	14,447	12,056
	Common stock	National Oilwell Varco Inc	2,489	1,657
	Common stock	Nedbank Group Ltd-spons ADR	3,842	4,900
	Common stock	NetEase Inc	10,473	20,359
	Common stock	Netflix Inc	12,398	18,044
	Common stock	Noble Energy Inc	2,433	2,681
	Common stock	Novartis Ag Sponsored Adr	17,215	18,135
	Common stock	Now Inc DE	1,128	496
	Common stock	Ntt Docomo Inc Spon Adr	4,163	5,277
	Common stock	Nuance Commnications Inc	785	752
	Common stock	Nucor Inc	2,142	2,734
	Common stock	Nvidia Corp	7,971	11,030
	Common stock	Oao Gazprom Adr Reg S	2,863	2,915
	Common stock	Oracle Corp	2,115	2,033
	Common stock	Palo Alto Networks Inc	1,718	2,029
	Common stock	Panasonic Corp	8,786	12,665
	Common stock	Parker Hannifin Corp	7,023	9,380
	Common stock	Paypal Holdings Inc	11,040	13,988
	Common stock	Pentair PLC	1,256	1,271
	Common stock	Pioneer Natural Resources C	2,084	2,074
	Common stock	PLDT Inc	2,980	2,707
	Common stock	Popular Inc	1,653	2,023
	Common stock	Post Holdings Inc	2,396	3,011
	Common stock	PPR - Unsponsored ADR	7,610	8,049
	Common stock	Precision Drilling Corp	4,881	2,818
	Common stock	Prestige Brands Holdings Inc	1,971	2,620
	Common stock	Prosperity Banc Shares	1,691	2,312
	Common stock	Pt Telecom Indonesia Sp Adr	5,033	5,832
	Common stock	QBE Ins Group ADR	11,322	10,922
	Common stock	Qiagen NV	5,676	6,774
	Common stock	Quanta Svcs Inc	1,033	1,447
	Common stock	Raymond James Financial Inc	2,240	4,644
	Common stock	RBC Bearings Inc	1,382	2,781
	Common stock	Red Hat Inc	8,632	13,091
	Common stock	Regeneron Pharma Inc	1,327	1,504
	Common stock	Reinsurance Group of America A	2,243	3,898
	Common stock	Reliance Steel & Aluminum	1,731	2,488
	Common stock	Roche Hldg Ltd - Spons Adr	9,245	9,853
	Common stock	Rockwell Collins Industries Inc	1,590	2,577
	Common stock	Rolls Royce Group Plc Sponsored Adr	10,006	9,810
	Common stock	Royal Dutch Shell PLC - ADR B	22,763	33,326
	Common stock	RPC Inc	928	1,685
	Common stock	Rwe Aktiengesllschaf - Sp Adr	5,341	4,728
	Common stock	Ryohin Keikaku Co - Unsponsored ADR	6,393	9,262
	Common stock	Salesforce.Com Inc	11,665	15,437
	Common stock	Sanlam Ltd Unspon ADR	3,504	5,149

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Common stock	Sanofi - Aventis Sa Adr	30,226	28,079
	Common stock	Sap Aktiengesellschaft Adr	15,653	23,146
	Common stock	Sberbank-Sponsored Adr	6,534	11,121
	Common stock	Schlumberger Ltd	3,958	2,898
	Common stock	Seagate Technology	3,827	3,012
	Common stock	Semen Gresik Unsponsored ADR	4,004	3,940
	Common stock	Shinhan Financial Grp ADR	7,766	9,280
	Common stock	Shoprite holdings Sponsored ADR	2,854	3,679
	Common stock	Siemens AG ADR	4,475	6,234
	Common stock	Signature Bank	2,069	3,569
	Common stock	Singapore Telecom Spd Adr	13,197	11,380
	Common stock	Six Flags Entertainment Corp	1,320	2,064
	Common stock	Softbank Corp Unspon ADR	7,463	9,978
	Common stock	South State Corp	2,581	3,137
	Common stock	Spectrum Brands Holdings Inc	1,925	2,585
	Common stock	Splunk Inc	5,211	7,704
	Common stock	Standard Bank Group Spon ADR	4,379	6,532
	Common stock	Sumitomo Metal Minin-Uns Adr	5,262	10,182
	Common stock	Sumitomo Mitsui Fin Unsp Adr	9,722	10,463
	Common stock	Suncor Energy Inc	8,978	10,685
	Common stock	Suntory Beverage & Food-U ADR	9,582	10,249
	Common stock	SVB Financial Group	1,839	4,208
	Common stock	Synopsys Inc	1,423	3,239
	Common stock	Taiwan Semiconductor	28,043	39,888
	Common stock	Takeda Pharmaceutical Co ADR	20,284	23,215
	Common stock	TE Connectivity LTD	2,654	3,992
	Common stock	Teledyne Inc	1,807	3,623
	Common stock	Teleflex Inc	1,853	4,230
	Common stock	Telefonica S A Sponosred Adr	18,382	12,845
	Common stock	Telenor ASA Ads	6,756	10,310
	Common stock	Teliasonera Ab-Unspon ADR	21,549	17,609
	Common stock	Tenaris Sa-Adr	4,193	4,715
	Common stock	Tencent Holdings Ltd ADR	11,515	13,084
	Common stock	Tesco Plc Spd Adr	25,023	24,044
	Common stock	Tesla Motors Inc	6,321	6,850
	Common stock	Teva Pharmaceutical Industries LTD ADR	10,028	4,719
	Common stock	Texas Instruments Inc	7,721	10,966
	Common stock	Thermo Fisher Scientific Inc	1,919	2,848
	Common stock	Tokio Marine Holdings Inc	18,988	22,180
	Common stock	Total Fina Elf Sa Adr	3,966	4,091
	Common stock	Turk Telekomunika-Unspon Adr	1,507	1,412
	Common stock	Turkcell IIEtisim Hizmetleri A. S.	2,639	3,315
	Common stock	Twitter Inc	2,570	3,529
	Common stock	UBS Group A	8,641	9,912
	Common stock	United Overseas Bank Ltd Spon Adr	18,616	22,592
	Common stock	United Parcel Service	2,255	2,621
	Common stock	Unitedhealth Group Inc	14,279	22,928
	Common stock	Universal Health Services	1,707	1,587
	Common stock	US Silica Holdings Inc	2,755	2,084
	Common stock	Varex Imaging Corp	1,028	1,285
	Common stock	Varian Medical Systems	1,019	1,556
	Common stock	Veolia Environment ADR	9,687	10,838
	Common stock	Versum Materials Inc	1,743	2,763
	Common stock	Vertex Pharmaceuticals	7,203	9,141
	Common stock	Visa Inc Class A Shares	14,285	24,514
	Common stock	Visteon Corp Com	1,241	1,502
	Common stock	Vistra Energy Corp	4,236	4,525
	Common stock	VMWare Inc Class A	1,222	2,130
	Common stock	Vodacom Group Ltd-SP ADR	4,021	4,257
	Common stock	Vodafone Group PLC ADR	9,968	11,293
	Common stock	Wabco Holdings Inc	1,282	2,583
	Common stock	Wabtec	3,345	3,583
	Common stock	Weatherford International PLC	7,010	2,610
	Common stock	Weichai Power Co-Unsp ADR	4,958	7,350

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Common stock	Welbilt Inc	1,974	2,045
	Common stock	Wellcare Health Plans Inc	787	2,212
	Common stock	Western Digital Corp	1,190	1,829
	Common stock	WEX Inc	2,309	4,378
	Common stock	Wheaton Precious Metals Corp	6,532	7,347
	Common stock	Woolworths Holdings Ltd-GDR	3,368	3,219
	Common stock	Workday Inc-Class A	4,646	5,697
	Common stock	WPP PLC ADRE	5,858	6,158
	Common stock	Wyndham Worldwide Corp	1,855	4,982
	Common stock	Yara International - Adr	7,263	8,710
	Common stock	Ypf Sociedad Anonima	5,648	6,621
	Common stock	Yum China Holdings Inc	1,753	2,481
	Common stock	Zoetis Inc	1,382	2,810
	Common stock	Zurich Insrance Compay Group AG	14,040	13,928
	Total common stocks		2,024,456	2,471,681
	Mutual fund	Blackrock Alloc Targ-Bat A	47,939	47,612
	Mutual fund	Blacrock Bond All Target M	97,476	96,813
	Mutual fund	Pimco Fixed Income Shs Series C	202,273	179,426
	Mutual fund	Pimco Fixed Income Shs Series M	184,963	179,291
	Mutual fund	iShares Core S&P 500 ETF	691,244	856,287
	Mutual fund	iShares MSCI South Corea Cape	18,970	25,401
	Mutual fund	iShares Russell 1000 Value ETF	467,981	615,856
	Total mutual funds		1,710,846	2,000,686
	Corporate debt security	American Express Credit	6,002	6,012
	Corporate debt security	American Express Credit	10,081	9,966
	Corporate debt security	Anheuser-Busch Inbev Fin	6,063	5,988
	Corporate debt security	Anheuser-Busch Inbev Fin	9,151	9,045
	Corporate debt security	Anheuser-Busch Inbev Fin	9,320	9,270
	Corporate debt security	Apple Inc	7,984	7,979
	Corporate debt security	AT&T Inc	6,022	5,993
	Corporate debt security	Avalonbay Communities	5,740	5,397
	Corporate debt security	Bank of America Corp	6,080	6,041
	Corporate debt security	Bank of America Corp	12,732	12,686
	Corporate debt security	Bank of America Corp	7,850	7,942
	Corporate debt security	Berkshire Hathaway Fin	5,999	5,924
	Corporate debt security	Berkshire Hathaway Fin	9,061	8,949
	Corporate debt security	BNP Paribas	6,049	6,016
	Corporate debt security	Capital One Financial Co	6,035	6,007
	Corporate debt security	Citigroup Inc - 4.5%	6,449	6,390
	Corporate debt security	Citigroup Inc - 2.9%	10,138	10,043
	Corporate debt security	Citigroup Inc - 3.668%	7,045	7,085
	Corporate debt security	Comcast Corp	12,642	12,555
	Corporate debt security	Comcast Corp	7,094	7,034
	Corporate debt security	CVS Health Corp	6,212	6,031
	Corporate debt security	CVS Health Corp	9,411	9,167
	Corporate debt security	Dow Chemical Co/The	5,688	5,416
	Corporate debt security	Enterprise Products Operating LLC	10,443	10,311
	Corporate debt security	Gilead Sciences Inc	5,998	5,975
	Corporate debt security	Goldman Sachs Group Inc	8,198	8,080
	Corporate debt security	Goldman Sachs Group Inc	14,299	14,093
	Corporate debt security	Goldman Sachs Group Inc	6,110	6,035
	Corporate debt security	HP Enterprises Co	6,231	6,141
	Corporate debt security	Intl Bk Recon & Develop	8,993	8,957
	Corporate debt security	JPMorgan Chase & Co	11,651	11,533
	Corporate debt security	JPMorgan Chase & Co	6,007	5,968
	Corporate debt security	JPMorgan Chase & Co	8,078	8,158
	Corporate debt security	Kimco Realty Corp	6,150	6,109
	Corporate debt security	Kinder Morgan Ener Part	15,577	15,504
	Corporate debt security	Kreditanstalt Fur Wiederaufbau Sr Glbl Nt	14,005	13,900
	Corporate debt security	Medtronic Inc	9,007	8,994

St. Joseph's Hospital Retirement Plan and Trust

EIN: 55-0356996 Plan Number: 001
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2017

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Corporate debt security	Metlife Inc	8,403	8,369
	Corporate debt security	Microsoft Corp	6,040	5,989
	Corporate debt security	Microsoft Corp	12,160	12,004
	Corporate debt security	Northrop Grumman Corp	10,006	9,938
	Corporate debt security	Oracle Corp	14,383	14,241
	Corporate debt security	Progressive Corp	17,921	17,706
	Corporate debt security	Regency Energy Part/Fin	6,664	6,553
	Corporate debt security	Reynolds American Inc	10,051	10,020
	Corporate debt security	Royal Bank of Canda	6,049	6,063
	Corporate debt security	Time Warner	6,315	6,231
	Corporate debt security	Toronto-Dominion Bank	10,015	9,992
	Corporate debt security	Toyota Motor Credit Corp	13,001	12,999
	Corporate debt security	Toyota Motor Credit Corp	6,016	5,946
	Corporate debt security	United Health Group Inc	6,027	6,010
	Corporate debt security	United Health Group Inc	12,614	12,392
	Corporate debt security	US Bankcorp	6,078	6,010
	Corporate debt security	Verizon Communications	8,642	8,518
	Corporate debt security	Verizon Communications	6,189	6,189
	Corporate debt security	Vodafone Group Plc	5,998	6,000
	Corporate debt security	Wal-Marte Stores Inc	11,985	11,923
	Corporate debt security	Wells Fargo & Company	14,296	14,227
	Corporate debt security	Wells Fargo & Company	6,088	6,026
	Corporate debt security	Westpack Banking Corp	6,013	6,014
	Corporate debt security	Zimmer Holdings Inc	6,040	6,004
	Corporate debt security	Bank of America Credit Card Tr	11,021	11,031
	Corporate debt security	Capital One Multi-Asset Execut	8,998	8,944
	Corporate debt security	Honda Auto Receivables Owner T	8,999	8,925
	Corporate debt security	Toyota Auto Receivables Owner	7,547	7,513
	Total corporate debt securities		563,154	558,471
	U.S. government agency security	FHLMC Note - 0.875%, due 7-19-19	9,980	9,844
	U.S. government agency security	FNMA Note - 6.250%, due 5-15-29	13,638	13,369
	U.S. government agency security	FNMA Note - 1.875%, due 9-24-26	37,176	37,694
	U.S. government agency security	US Treasury Note/Bond - 3.125%, due 8-15-44	22,564	23,620
	U.S. government agency security	US Treasury Note/Bond - 2.875%, due 11-15-46	24,499	25,660
	U.S. government agency security	US Treasury Note/Bond - 2.250%, due 8-15-27	8,855	8,879
	U.S. government agency security	US Treasury Note/Bond - 2.250%, due 11-15-24	18,077	17,907
	U.S. government agency security	US Treasury Note/Bond - 2.000%, due 8-15-25	36,344	35,106
	U.S. government agency security	US Treasury Note/Bond - 1.375%, due 8-31-20	17,918	17,743
	U.S. government agency security	US Treasury Note/Bond - 0.875%, due 10-15-18	20,949	20,863
	U.S. government agency security	US Treasury Note/Bond - 0.750%, due 2-15-19	28,747	28,647
	U.S. government agency security	US Treasury Note/Bond - 1.625%, due 5-15-26	31,185	31,102
	U.S. government agency security	US Treasury Note/Bond - 2.000%, due 11-15-21	76,048	74,812
	U.S. government agency security	US Treasury Note/Bond - 1.250%, due 10-31-21	22,425	22,290
	U.S. government agency security	US Treasury Note/Bond - 1.125%, due 4-30-20	23,690	23,572
	U.S. government agency security	US Treasury Note/Bond - 1.000%, due 5-31-18	20,963	20,963
	U.S. government agency security	US Treasury Note/Bond - 1.375%, due 5-31-20	19,858	19,750
	U.S. government agency security	US Treasury Note/Bond - 1.250%, due 10-31-18	34,933	34,860
	U.S. government agency security	US Treasury Note/Bond - 1.875%, due 4-30-22	12,986	12,845
	U.S. government agency security	US Treasury Note/Bond - 2.375%, due 5-15-27	39,025	38,909
	U.S. government agency security	US Treasury Note/Bond - 1.750%, due 5-31-22	32,764	32,425
	U.S. government agency security	United Mexican Sts Mtn Be Sr Nt	12,636	12,426
	U.S. government agency security	Fannie Mae 310151	1,987	1,950
	U.S. government agency security	Fannie Mae 890430	721	705
	U.S. government agency security	Fannie Mae 890765	24,149	12,173
	U.S. government agency security	Fannie Mae 930922	4,707	4,705
	U.S. government agency security	Fannie Mae 932474	547	539
	U.S. government agency security	Fannie Mae AH5616	415	404
	U.S. government agency security	Fannie Mae AJ5905	514	513
	U.S. government agency security	Fannie Mae AL5213	1,627	1,600
	U.S. government agency security	Fannie Mae AL6745	689	676
	U.S. government agency security	Fannie Mae AS0907	1,696	1,652
	U.S. government agency security	Fannie Mae AS1626	6,680	6,627

St. Joseph's Hospital Retirement Plan and Trust

EIN: 55-0356996 Plan Number: 001

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

December 31, 2017

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	U.S. government agency security	Fannie Mae AS3955	943	939
	U.S. government agency security	Fannie Mae AS4168	2,332	2,280
	U.S. government agency security	Fannie Mae AS4783	1,581	1,554
	U.S. government agency security	Fannie Mae AS6406	8,835	11,406
	U.S. government agency security	Fannie Mae AS6408	1,569	1,570
	U.S. government agency security	Fannie Mae AS6627	2,599	2,572
	U.S. government agency security	Fannie Mae AS6675	741	752
	U.S. government agency security	Fannie Mae AS7538	2,701	2,688
	U.S. government agency security	Fannie Mae AS9829	3,963	3,942
	U.S. government agency security	Fannie Mae AS9994	1,884	1,877
	U.S. government agency security	Fannie Mae AV6368	677	660
	U.S. government agency security	Fannie Mae AW3616	1,334	1,304
	U.S. government agency security	Fannie Mae AX2187	2,325	2,298
	U.S. government agency security	Fannie Mae AX4887	564	554
	U.S. government agency security	Fannie Mae AX7732	1,885	1,854
	U.S. government agency security	Fannie Mae AZ6973	837	822
	U.S. government agency security	Fannie Mae BA2889	546	541
	U.S. government agency security	Fannie Mae BC2849	7,686	7,420
	U.S. government agency security	Fannie Mae BD7883	849	841
	U.S. government agency security	Fannie Mae BM1064	2,658	2,642
	U.S. government agency security	Fannie Mae BM1065	1,811	1,797
	U.S. government agency security	Fannie Mae BM1066	13,569	13,455
	U.S. government agency security	Fannie Mae MA2671	1,668	1,695
	U.S. government agency security	Fannie Mae MA2920	6,632	6,687
	U.S. government agency security	Fannie Mae MA2956	9,496	9,563
	U.S. government agency security	Fannie Mae MA2960	2,843	2,842
	U.S. government agency security	Fannie Mae MA3026	11,693	11,716
	U.S. government agency security	Fannie Mae MA3087	2,004	2,006
	U.S. government agency security	Fannie Mae MA3088	34,076	33,733
	U.S. government agency security	Fannie Mae MA3101	22,713	22,464
	U.S. government agency security	Fannie Mae MA3106	2,957	2,944
	U.S. government agency security	Fannie Mae MA3120	10,149	10,092
	U.S. government agency security	Fannie Mae MA3147	2,008	1,980
	U.S. government agency security	Fannie Mae MA3148	2,034	2,027
	U.S. government agency security	Fannie Mae MA3149	2,080	2,065
	U.S. government agency security	Fannie Mae C09071	3,517	3,431
	U.S. government agency security	Fannie Mae G07961	7,099	7,055
	U.S. government agency security	Fannie Mae G08623	3,057	2,990
	U.S. government agency security	Fannie Mae G08624	2,708	2,645
	U.S. government agency security	Fannie Mae G08659	8,380	8,317
	U.S. government agency security	Fannie Mae G08669	633	626
	U.S. government agency security	Fannie Mae G08674	578	566
	U.S. government agency security	Fannie Mae G08697	59,580	59,328
	U.S. government agency security	Fannie Mae G08700	641	631
	U.S. government agency security	Fannie Mae G08726	3,811	3,680
	U.S. government agency security	Fannie Mae G08733	68,516	68,075
	U.S. government agency security	Fannie Mae G18642	4,959	4,891
	U.S. government agency security	Fannie Mae V81760	7,602	7,465
	Total government securities		952,315	938,112
	Total		$ 5,751,322	$ 6,469,501

* A party in interest as defined by ERISA

St. Joseph's Hospital Retirement Plan and Trust

EIN: 55-0356996 Plan Number: 001
Schedule H, Line 4(j) - Schedule of Reportable Transactions
Year Ended December 31, 2017

Identity of Party (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Lease Rental (e)	Expenses (f)	Cost (g)	Current Value (h)	Net Gain (Loss) (i)
Series transactions								
* Morgan Stanley Bank Deposit Program	Money market fund							
	3,458 Sales		$ 10,252,977	$ -	$ -	$ 10,252,977	$ 10,252,977	$ -
	984 Purchases	$ 3,315,684		-	-	3,315,684	3,315,684	-

* A party in interest as defined by ERISA

Form 5500

Attachment

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

Name of plan ST JOSEPH'S HOSPITAL 403 (B) PLAN			Three-digit ERISA plan number **002**	
Name of plan sponsor as shown on line 2a of Form 5500 ST JOSEPH'S HOSPITAL			Employer Identification Number **55-0356996**	
Contract Number: 68324 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
	FIXED INTEREST OPTION	FIXED INTEREST OPTION		287,026
	ALLIANCEBER SM CAP GR ADV	MUTUAL FUND- ALLIANCEBER SM CAP GR ADV		10,877
	AMER FUNDS EUROPAC R4	MUTUAL FUND- AMER FUNDS EUROPAC R4		84,007
	AMERCENT CP PRES MM INV	MUTUAL FUND- AMERCENT CP PRES MM INV		18,510
	BLACKROCK EQUITY DIVIDEND A	MUTUAL FUND- BLACKROCK EQUITY DIVIDEND A		44,096
	DELAWARE SMALL CAP VALUE INSTL	MUTUAL FUND- DELAWARE SMALL CAP VALUE		75,156
	INVESCO REAL ESTATE A	MUTUAL FUND- INVESCO REAL ESTATE A		39,454
	JP MORGAN LARGE CAP GROWTH A	MUTUAL FUND- JP MORGAN LG CP GROWTH		69,908
	MFS INTL VALUE A	MUTUAL FUND- MFS INTL VALUE A		25,813
	PIMCO REAL RET A	MUTUAL FUND- PIMCO REAL RET A		29,518
	PIMCO TOTAL RET A	MUTUAL FUND- PIMCO TOTAL RET A		69,671
	PRUDENTIAL JEN MID CAP GRWTH Z	MUTUAL FUND- PRUDENTIAL JEN MID CP		19,981
	T ROWE PRICE RTMT 2055 ADV	MUTUAL FUND- T ROWE PRICE RTMT 2055 ADV		5,782
	T ROWE RETIREMENT 2015 ADV	MUTUAL FUND- T ROWE RET 2015 ADV		61,833
	T ROWE RETIREMENT 2025 ADV	MUTUAL FUND- T ROWE RET 2025 ADV		255,496
	T ROWE RETIREMENT 2035 ADV	MUTUAL FUND- T ROWE RET 2035 ADV		452,237
	T ROWE RETIREMENT 2045 ADV	MUTUAL FUND- T ROWE RET 2045 ADV		234,596
	T ROWE RETIREMENT 2050 ADV	MUTUAL FUND- T ROWE RET 2050 ADV		133,628
	T ROWE FD 2020 ADV	MUTUAL FUND- T ROWE FD 2020 ADV		828,020
	T ROWE PRICE RT FD 2030 ADV	MUTUAL FUND- T ROWE PRICE RT FD 2030 ADV		661,160
	T ROWE PRICE RT FND 2040 ADV	MUTUAL FUND- T ROWE PRICE RT FD 2040 ADV		238,610
	T ROWE PRICE RET 2010 ADV	MUTUAL FUND- T ROWE RET 2010 ADV		13,950
	T ROWE PRICE RET INC ADV	MUTUAL FUND- T ROWE PRICE RET INC ADV		57,512
	VAN MID CAP INDEX ADM	MUTUAL FUND- VAN MID CAP INDEX ADM		155,848
	VANGRD WINDSOR II ADMIRAL	MUTUAL FUND- VANGRD WINDSOR II ADM		25,749
	VANGUARD 500 IDX ADM	MUTUAL FUND- VANGUARD 500 IDX ADM		395,090
	VANGUARD SMCP GROWTH IDX ADM	MUTUAL FUND- VANGUARD SMCP GRW IDX		47,025
	VANGUARD TL BD MK IDX ADM	MUTUAL FUND- VANGUARD TL BD MK IDX		64,666
	VANGUARD TOT INTL STCK IDX ADM	MUTUAL FUND- VANGUARD TOT INTL STCK		96,520
	VANGUARD WELLINGTON ADM	MUTUAL FUND- VANGUARD WELLINGTON ADM		183,927
	WELLS FARGO EMRG MKT EQ ADMIN	MUTUAL FUND- WELLS FARGO EMERG MKT EQ		53,862
	WF SPEC MID CAP VAL ADM	MUTUAL FUND- MF SPEC MID CAP VAL ADM		49,109
	Plan loans	4.25%		4,997