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 07/01/2017 and ending 06/30/2018

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. . . . . ▶ [X]

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
RETIREMENT PLAN FOR EMPLOYEES OF THE UNIONTOWN HOSPITAL

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1969

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)
THE UNIONTOWN HOSPITAL

500 W. BERKELEY STREET
UNIONTOWN, PA 15401-5596

2b Employer Identification Number (EIN) 25-0965588

2c Plan Sponsor's telephone number 724-430-5290

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.	03/19/2019	BARBARA WEISS
	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 ☐ Same as Plan Sponsor

EXECUTIVE COUNCIL C/O UNIONTOWN HOSPITAL

500 WEST BERKELEY STREET
UNIONTOWN, PA 15401

3b Administrator's EIN: 51-0629244

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

4 If the name and/or EIN of the plan sponsor 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**	1258
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)**	429
a(2) Total number of active participants at the end of the plan year	**6a(2)**	394
b Retired or separated participants receiving benefits	**6b**	612
c Other retired or separated participants entitled to future benefits	**6c**	175
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1181
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	53
f Total. Add lines **6d** and **6e**.	**6f**	1234
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1C 1I 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 07/01/2017 and ending 06/30/2018

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

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

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF THE UNIONTOWN HOSPITAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE UNIONTOWN HOSPITAL

D Employer Identification Number (EIN)
25-0965588

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2017

2 Assets:

a Market value	**2a**	54909383
b Actuarial value	**2b**	54653278

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	643	36626442	36626442
b For terminated vested participants	186	5040726	5040726
c For active participants	429	15657507	15714997
d Total	1258	57324675	57382165

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.78 %
6 Target normal cost	**6**	604000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

12/31/2018
Date

ROBERT CRNJARICH
Type or print name of actuary

17-05141
Most recent enrollment number

COWDEN ASSOCIATES, INC
Firm name

412-394-9951
Telephone number (including area code)

FOUR GATEWAY CENTER, SUITE 605
SUITE 4940
PITTSBURGH, PA 15222
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 12.11 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1905
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.99%		114
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		2019
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	95.24%
15	Adjusted funding target attainment percentage	15	95.24%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.86%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/17/2017	92000	0	01/16/2018	92000	0
09/07/2017	92000	0	02/13/2018	92000	0
09/15/2017	92000	0	03/14/2018	92000	0
10/13/2017	92000	0	04/13/2018	92000	0
11/14/2017	92000	0	05/14/2018	92000	0
12/14/2017	92000	0	06/14/2018	92000	0
			Totals ► 18(b)	1104000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1073422

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.16%	5.72%	6.48%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	604000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2728887	463773
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1067773

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	1067773
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1073422
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	5649
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

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 07/01/2017 and ending 06/30/2018

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF THE UNIONTOWN HOSPITAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE UNIONTOWN HOSPITAL

D Employer Identification Number (EIN)
25-0965588

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)

ALLIANCE BERNSTEIN, LP

13-4064930

(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?
28 51 52	NONE	197138	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COWDEN ASSOCIATES, INC

FOUR GATEWAY CENTER, SUITE 605
PITTSBURGH, PA 15222-1222

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	49059	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PNC BANK

25-1211909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 52 62 68	NONE	54644	Yes [X] No [ ]	Yes [X] No [ ]		Yes [X] 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)

GALLAGHER BENEFIT SERVICES, INC

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	11000	Yes [ ] No [X]	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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 07/01/2017 and ending 06/30/2018

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF THE UNIONTOWN HOSPITAL

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE UNIONTOWN HOSPITAL

D Employer Identification Number (EIN)
25-0965588

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: ALLIANCE BERNSTEIN COLLECTIVE INV

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-4333548-000	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: BERNSTEIN INTER'L VALUE SERIES DBT

b Name of sponsor of entity listed in (a): SANFORD C. BERNSTEIN & CO DBT

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-4323312-000	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: ALLIANCE INSTITUTIONAL LARGE CAP GR

b Name of sponsor of entity listed in (a): ALLIANCE INSTITUTIONAL FUND

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
87-0746508-000	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: BERNSTEIN GLOBAL STYLE BLEND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
83-0438675-010	C	34256451

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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 07/01/2017 and ending 06/30/2018

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF THE UNIONTOWN HOSPITAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE UNIONTOWN HOSPITAL

D Employer Identification Number (EIN)
25-0965588

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)	135000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	83038	116570
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2512195	2348359
(2) U.S. Government securities	1c(2)	11512229	13325512
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6056073	5272495
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	34807084	34256451
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**		
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	55105619	55319387
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**	64521	66245
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**	194944	0
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	259465	66245
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	54846154	55253142

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)**	1104000	
	(B) Participants	**2a(1)(B)**		
	(C) Others (including rollovers)	**2a(1)(C)**		
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		1104000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	6241	
	(B) U.S. Government securities	**2b(1)(B)**	285544	
	(C) Corporate debt instruments	**2b(1)(C)**	185315	
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**		
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		477100
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**		
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	64497086	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	63978243	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		518843
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	-362603	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		-362603

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3494434
(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)		
c Other income	2c		858
d Total income. Add all **income** amounts in column (b) and enter total	2d		5232632
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3989047	
(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)		3989047
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)	103703	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	208138	
(4) Other	2i(4)	524756	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		836597
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4825644
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		406988
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4112882. (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 07/01/2017 and ending 06/30/2018

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF THE UNIONTOWN HOSPITAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE UNIONTOWN HOSPITAL

D Employer Identification Number (EIN)
25-0965588

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 25-1211909

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** 14

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: 64.0 % Investment-Grade Debt: 29.0 % High-Yield Debt: _____% Real Estate: _____% Other: 7.0 %

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):

Retirement Plan for Employees of The Uniontown Hospital

EIN 25-0965588 PN 001

Independent Auditor's Report and Financial Statements

June 30, 2018 and 2017

BKD
CPAs & Advisors

Retirement Plan for Employees of The Uniontown Hospital

June 30, 2018 and 2017

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BKD
CPAs & Advisors

910 E. St. Louis Street, Suite 200 | P.O. Box 1190 | Springfield, MO 65801-1190
417.865.8701 | Fax 417.865.0682 | bkd.com

Independent Auditor's Report

Plan Administrator
Retirement Plan for Employees of The Uniontown Hospital
Uniontown, Pennsylvania

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Retirement Plan for Employees of The Uniontown Hospital, which comprise the statements of net assets available for benefits as of June 30, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in *Note 4*, which was certified by PNC Bank, N.A., the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended June 30, 2018 and 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

Praxity
MEMBER
GLOBAL ALLIANCE OF INDEPENDENT FIRMS

Disclaimer of Opinion

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

Supplementary Information

The supplemental schedules listed in the table of contents are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* 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 trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*.

BKD, LLP

Springfield, Missouri
March 14, 2019

Federal Employer Identification Number: 44-0160260

Retirement Plan for Employees of The Uniontown Hospital

Statements of Net Assets Available for Benefits

June 30, 2018 and 2017

Assets

	2018	2017
Investments, At Fair Value		
U.S. government and agency securities	$ 13,325,512	$ 11,512,229
Corporate and other bonds and notes	5,272,495	6,056,073
Collective investment trusts	34,256,451	34,807,084
Cash equivalents	2,348,359	2,512,195
	55,202,817	54,887,581
Receivables		
Employer's contribution	-	135,000
Accrued interest and dividends	116,570	83,038
	116,570	218,038
Total assets	55,319,387	55,105,619

Liabilities

Accrued expenses	66,245	64,521
Due to broker for securities purchased	-	194,944
Total liabilities	66,245	259,465
Net Assets Available for Benefits	$ 55,253,142	$ 54,846,154

Retirement Plan for Employees of The Uniontown Hospital

Statements of Changes in Net Assets Available for Benefits

Years Ended June 30, 2018 and 2017

	2018	2017
Investment Income		
Net appreciation in fair value of investments	$ 3,650,674	$ 5,895,760
Interest and dividends	477,100	432,038
Other	858	4,760
Net investment income	4,128,632	6,332,558
Employer Contributions	1,104,000	621,500
Net additions	5,232,632	6,954,058
Deductions		
Benefits paid directly to participants	3,989,047	4,403,508
Administrative expenses	836,597	845,532
Total deductions	4,825,644	5,249,040
Net Increase	406,988	1,705,018
Net Assets Available for Benefits, Beginning of Year	54,846,154	53,141,136
Net Assets Available for Benefits, End of Year	$ 55,253,142	$ 54,846,154

Retirement Plan for Employees of The Uniontown Hospital

Notes to Financial Statements

June 30, 2018 and 2017

Note 1: Description of the Plan

The following description of the Retirement Plan for Employees of The Uniontown Hospital (Plan) provides only general information. Additional information about the vesting and benefit provisions and the Pension Benefit Guarantee Corporation's (PBGC) benefit guarantee is contained in the plan document and *Summary Plan Description*, which are available from the plan administrator.

General

The Plan is a noncontributory defined benefit plan that covers substantially all employees of Uniontown Hospital and Fayette Regional Health System (Health System) and provides for retirement, death and disability benefits. The Plan is subject to provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). PNC Bank, N.A. (PNC) is the trustee of the Plan. Prior to June 1, 2013, Fayette Home Care (FHC) was also a participating employer. Effective May 31, 2013, FHC was consolidated into an unrelated third party and FHC employees became inactive participants in the Plan.

Contributions

The Health System contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to plan members or their beneficiaries and to fund prior service costs (the estimated liability for accrued benefits arising from qualifying service before establishment of the Plan) over periods as permitted by ERISA and the Internal Revenue Code (Code). The Plan has met the minimum funding requirements established by the federal government.

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

Pension Benefits

Employees are eligible for plan participation when credited with at least 1,000 hours of service and one consecutive year of service. The Health System determined that participation in the Plan was to be frozen as of June 30, 2006, so that no new participants would be admitted to the Plan after such date.

Effective July 1, 1993, the Plan was transformed into a cash balance plan with active participants being credited with an opening balance based upon their compensation and years of service. Under the cash balance plan, each employee's individual retirement benefit is defined in the Plan's obligation as a notional cash balance retirement. Beginning with the plan year ended June 30, 1994, the cash balance accounts earn an interest credit at the end of each plan year based upon the average interest rate on Treasury Bills during the months of March, April and May immediately preceding the beginning of such plan year plus one percentage point, except that the applicable percentage shall never be less than 3 percent or more than 10 percent. Additionally, beginning with the plan year ended June 30, 1994, the cash balance of each participant who is an active employee as of the end of the plan year (or who retired or died during the year) receives a compensation credit based

upon the participant's plan compensation multiplied by a percentage ranging from 4 percent to 6 percent based upon attained age. The pension benefit to which participants are entitled is based upon their cash balance at their benefit commencement date multiplied by a factor based upon their age at that time.

Effective July 1, 2006, the Health System adopted The Uniontown Hospital Employee Controlled Retirement Account Plan (ECRA Plan) as an alternative to the Plan. All existing employees were required to make a one-time, irrevocable election to remain in the Plan and continue to accrue benefits under the Plan or to waive further accrual of benefits under the Plan and transfer to the ECRA Plan for all accrual of benefits subsequent to that date. Annual interest credits continue to apply to ECRA Plan participants, but no compensation credits are earned.

Additionally, effective July 1, 2009, any participant as of June 30, 2009, who was an employee on June 30, 2009, was permitted to make a one-time, irrevocable election before July 1, 2009, to waive further accrual of benefits under the Plan and transfer to the ECRA Plan for all accrual of benefits on or after July 1, 2009.

Effective June 23, 2012, the Plan was amended to freeze the accrued benefits such that no compensation credits will be made for plan years after June 30, 2012. Any participants who had been accruing compensation benefits under this Plan up through June 23, 2012, started accruing benefits under the Health System's ECRA Plan thereafter. For plan years after June 30, 2012, the interest on the cash balances will continue and will never decrease.

The Plan provides for alternative forms of payment for retirement benefits. The basic form provides for monthly income continuing for the life of the participant. The qualified joint and survivor annuity provides for monthly income payable for the lifetime of the participant and continues at 50 percent of the monthly income to the participant's spouse for life. The contingent annuitant option provides for monthly income payable for the lifetime of the participant and continuing thereafter in the amount of 50 percent or 100 percent to a beneficiary designated by the participant for the beneficiary's life. The benefits are subject to certain limitations relating to life expectancy. If the value of the cash balance account is less than or equal to $5,000, it will be paid in a lump sum.

Effective July 1, 2008, the Plan was amended to change the normal form of payment for married participants from 50 percent joint and survivor annuity to 100 percent joint and survivor annuity. The Plan has retained the 50 percent joint and survivor annuity as an additional option.

Effective July 1, 2015, the Plan was amended to allow certain participants who terminate employment with the Health System to elect to receive a single sum distribution equal to the present value of the benefits to which the participants are entitled from the Plan.

Death Benefits

The Plan provides a death benefit for beneficiaries of vested plan participants who die before their pension benefits commence equal to their cash balance under the Plan.

Vesting

As required by the Pension Protection Act of 2006, vesting requirements changed from five years to three years. A participant shall be fully vested upon reaching three years of service as defined by the Plan. If the participant terminates employment prior to the retirement date, they shall be entitled to a vested percentage of their accrued benefit based on their years of service as of the date of termination of employment. If the participant has rendered less than three years of service, he or she will not be entitled to any of his or her accrued benefit. Any participant who has three or more full years of service will be entitled to 100 percent of the vested percentage of the accrued benefit. The Plan permits for early retirement, at reduced benefit levels, starting at age 55 if minimum service requirements have been met.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Valuation of Investments 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 7* for a discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

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

Accumulated Plan Benefits

Accumulated plan benefits (see *Note 5*) are those estimated 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

c. Present employees or their beneficiaries

Benefits payable under all circumstances—retirement, death, disability and termination of employment—are included, to the extent they are deemed 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.

Note 3: 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) up to the applicable limitations discussed below.

c. Vested benefits not insured by the 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. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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 plan sponsor and the level of benefits guaranteed by the PBGC.

Note 4: Certification of Plan Trustee

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

- Investments as shown in the statements of net assets available for benefits as of June 30, 2018 and 2017.
- Investment income included in the statements of changes in net assets available for benefits for the years ended June 30, 2018 and 2017.
- Investment information included in the accompanying schedule of assets (held at year end) as of June 30, 2018, and schedule of reportable transactions for the year ended June 30, 2018.

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

Note 5: Accumulated Plan Benefits

An independent actuary determines the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information as of the end of each plan year (calculated by the Plan's actuary as of July 1, 2018 and 2017) was as follows:

	2018	2017
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	$ 35,015,248	$ 33,965,024
Other participants	17,547,876	18,935,456
	52,563,124	52,900,480
Nonvested benefits	55,991	64,401
Total actuarial present value of accumulated plan benefits	$ 52,619,115	$ 52,964,881

Changes in the actuarial present value of accumulated plan benefits were as follows:

	2018	2017
Actuarial present value of accumulated plan benefits, beginning of year	$ 52,964,881	$ 53,459,767
Increase (decrease) during the year attributable to		
Increase for interest due to the decrease in the discount period	3,570,286	3,590,668
Actuarial (gains)/losses	72,995	317,954
Benefits paid	(3,989,047)	(4,403,508)
Net decrease	(345,766)	(494,886)
Actuarial present value of accumulated plan benefits, end of year	$ 52,619,115	$ 52,964,881

Significant assumptions underlying the actuarial computations are:

- Mortality basis: RP-2014 mortality reflecting the total dataset with a future mortality improvement rate of 0.8 percent. No future improvement is assumed for ages over age 85. Prior to the ultimate mortality improvement rate, mortality improvement was replaced in the original RP 2014 table with 1 percent per year beginning in 2012 and grading to the 0.8 percent rate pro rata over a five-year period for 2018 and 2017.
- Discount rate: 7.00 percent for 2018 and 2017.
- Average retirement age: Age 63 for 2018 and 2017.
- Cash balance interest crediting rate: 3.0 percent for 2018 and 2017.

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.

Note 6: Party-in-Interest Transactions

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

The Plan's investments are held by PNC, the trustee of the Plan. The Plan paid direct fees of $54,644 and $53,732 to PNC for trust department services performed in 2018 and 2017, respectively. Investment management services are provided by Alliance Bernstein to whom the Plan paid direct fees of $197,138 and $188,558 for 2018 and 2017, respectively.

The Health System provides certain administrative services at no cost to the Plan including audit and legal fees.

Note 7: Fair Value Measurements

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

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

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

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

Recurring Measurements

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 June 30, 2018 and 2017.

Cash equivalents consist of money market funds valued at cost, which approximates fair value, and U.S. Treasury bills and agency notes that mature within three months of year end and are stated at fair value which approximates maturity value.

Marketable securities are stated at fair value. Securities and U.S. Treasury notes traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year.

For certain investments consisting of U.S. government agency bonds, corporate bonds and notes that do not have an established fair value, fair value is based on yields currently available on comparable securities of issuers with similar credit ratings. Mortgage-backed securities have been valued on the basis of their future principal and interest payments discounted at prevailing interest rates for similar instruments.

Collective investment trusts are valued at the net asset value (NAV) of shares held by the Plan at year end, as reported by the trusts' custodial trustee, as a practical expedient.

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at June 30, 2018 and 2017:

	2018			
		Fair Value Measurements Using		
	Fair Value	Level 1	Level 2	Level 3
U.S. Treasury notes	$ 8,682,180	$ 8,682,180	$ -	$ -
U.S. government agency bonds	4,643,332	-	4,643,332	-
Corporate and other bonds and notes	5,272,495	-	5,272,495	-
Cash equivalents				
Money market fund	131,585	131,585	-	-
U.S. Treasury bills and agency notes	2,216,774	2,216,774	-	-
Investments at fair value	20,946,366	$ 11,030,539	$ 9,915,827	$ -
Investments measured at net asset value (A)	34,256,451			
	$ 55,202,817			

		2017 Fair Value Measurements Using		
	Fair Value	Level 1	Level 2	Level 3
U.S. Treasury notes	$ 8,032,068	$ 8,032,068	$ -	$ -
U.S. government agency bonds	3,480,161	1,412,625	2,067,536	-
Corporate and other bonds and notes	6,056,073	-	6,056,073	-
Cash equivalents				
Money market fund	299,135	299,135	-	-
U.S. Treasury bills and agency notes	2,213,060	2,213,060	-	-
Investments at fair value	20,080,497	$ 11,956,888	$ 8,123,609	$ -
Investments measured at net asset value (A)	34,807,084			
	$ 54,887,581			

(A) In accordance with the Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items present in the statements of net assets available for benefits.

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended June 30, 2018. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following tables summarize investments for which fair value is measured using the net asset per share practical expedient as of June 30, 2018 and 2017. The Plan has the ability to liquidate these investments at any time in accordance with provisions of the trust agreements. These funds file a Department of Labor Form 5500 as a direct filing entity.

	Fair Value at 6/30/18	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective Investment Trust Fund	$ 34,256,451	$ -	Daily	1 day

	Fair Value at 6/30/17	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective Investment Trust Funds	$ 34,807,084	$ -	Daily	1 day

Note 8: Plan Tax Status

The Plan obtained its latest determination letter on March 14, 2014, in which the Internal Revenue Service (IRS) stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. The Plan has been amended since receiving the determination letter and was restated effective July 1, 2018, to operate under a volume submitter plan document sponsored by Houston Harbaugh PC. This volume submitter plan document has been filed with the appropriate agency and has obtained an opinion letter dated March 30, 2018, from the IRS stating that the form of the plan is acceptable. Therefore, the plan administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 9: Risks and Uncertainties

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

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 estimation and assumption 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.

Note 10: Subsequent Events

Subsequent events have been evaluated through March 14, 2019, which is the date the financial statements were available to be issued.

Plan Restatement

The Plan was amended and restated effective July 1, 2018, to comply with technical IRS plan document requirements. The restatement did not substantively change any plan provisions.

Supplemental Schedules

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	2017 This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 07/01/2017 and ending 06/30/2018

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

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

A Name of plan	B Three-digit plan number (PN) ▶	
Retirement Plan for Employees of the Uniontown Hospital		001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	**D** Employer Identification Number (EIN)	
The Uniontown Hospital	25-0965588	

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 07 Day 01 Year 2017			
2	Assets:			
	a Market value	2a		54,909,383
	b Actuarial value	2b		54,653,278
3	Funding target/participant count breakdown		(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment		643	36,626,442	36,626,442
	b For terminated vested participants		186	5,040,726	5,040,726
	c For active participants		429	15,657,507	15,714,997
	d Total		1,258	57,324,675	57,382,165
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		5.78%
6	Target normal cost	6		604,000

Statement by Enrolled Actuary

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

SIGN HERE	Robert Crnjarich RC	12/31/2018
	Signature of actuary	Date
Robert Crnjarich		1705141
Type or print name of actuary		Most recent enrollment number
Cowden Associates, Inc		412-394-9951
Firm name		Telephone number (including area code)
Four Gateway Center, Suite 605 Pittsburgh PA 15222 Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 12.11%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,905
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.99%		114
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		2,019
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	95.24%
15	Adjusted funding target attainment percentage	15	95.24%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.86%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/17/2017	92,000	0			
09/07/2017	92,000	0			
09/15/2017	92,000	0			
10/13/2017	92,000	0			
11/14/2017	92,000	0			
12/14/2017	92,000	0			
01/16/2018	92,000	0			
02/13/2018	92,000	0			
03/14/2018	92,000	0			
04/13/2018	92,000	0			
05/14/2018	92,000	0			
06/14/2018	92,000	0			
			Totals ► 18(b)	1,104,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,073,422

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.16 %	5.72 %	6.48%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	604,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2,728,887	463,773
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1,067,773

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	1,067,773
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,073,422
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	5,649
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

Plan Provisions

The following is a summary of the major provisions of the plan as of July 1, 2017. Please refer to the plan document for a more complete description of the most recent plan provisions.

General Information

- Plan Year: July 1 to June 30
- Restated Effective: October 16, 2013
- Most Recent Amendment: Effective July 27, 2015

Covered Employees:

- Non-Bargaining employees of Uniontown Hospital, Fayette Regional Health Center and Fayette Home Care hired prior to July 1, 2006, and:
- Bargaining employees electing to be covered under the Plan by collective bargaining agreement
- No new participants are admitted to the Plan after June 23, 2012

Participation Date (only if eligible prior to June 23, 2012):

- Rolling July 1 or January 1 if 1,000 hours of service completed in first 12 months after hire. If participation is not met in the year of hire, July 1 after the first plan year with 1,000 hours of service.

Plan Benefit Eligibility Provisions

- Normal Retirement: The first day of the month coincident with or next following age 65 and 5 years from date of participation.
- Early Retirement: Before Normal Retirement but after completion of 3-years of vesting service *and* attainment of age 55.
- Late Retirement: Any retirement date after a Participant's Normal Retirement Date.
- Deferred Vested Retirement: Termination of employment after completion of 3 years of vesting service prior to attainment of Normal Retirement or Early Retirement eligibility, except benefits are deferred to early retirement if not paid within 90 days after termination of employment.
- Preretirement Death: Death after attainment of 3 years of vesting service and prior to election to commence benefits under any of the above eligibility provisions.

Plan Provisions (continued)

Plan Benefit Payment Forms

- Normal Form of Benefits: An Annuity equal to the account balance at commencement divided by an annuity factor based on 1983 GAM Male Mortality set back 4 years with an interest rate of 7%. For married participants, this form is converted to Joint and 100% survivor unless a participant's spouse consents to another optional form.

- Optional Lump Sum: Participants may elect a lump sum payment in the amount of their account balance at commencement if they commence benefits within 90 days of termination of employment. Otherwise, terminating employees must wait until early retirement eligibility to commence an annuity form of payment only.

- Pre-Retirement Death Benefit: Immediate Lump Sum unless survivor elects otherwise.

Plan Benefit amounts

- Accrued Benefit: an opening account balance based on the value of the prior plan benefit at June 30, 1993, and including interest credits and end-of year annual additions prior to the earlier of June 23, 2012 or the date employees elected to participate in the ECRA.
  Interest credits continue after the cessation of annual additions.

  The schedule of annual additions before cessation was based on plan compensation under the following schedule:

  Age Less than 35: 4% of annual plan compensation
  Age 35-49: 5% of annual plan compensation
  Age 50+: 6% of annual plan compensation

  Plan compensation is generally total compensation with minor exceptions.

  Interest Credits: 90-Day Treasury Bill Average Rate for the months of March through May preceding the plan year, plus one percent. The interest credit is subject to a minimum of 3.0% and a maximum of 10%.

  Vesting Service: One year for the initial year of hire, and then one year for each calendar year where a participant completes 400 or more hours of service. Vesting Service is excluded for Fayette Home Care service prior to January 1, 1982.

Miscellaneous

- Changes since prior valuation: None.
- Maximum Benefits: Benefits may not exceed IRS Section 415 limits.

Retirement Plan for Employees of The Uniontown Hospital
EIN/PN: 25-0965588/001
2017 Form 5500 Sch SB Line 26 – Schedule of Active Participant Data

Participant Ages and Years of Service

Attained Age	Years of Vesting Service										
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
30-34	0	0	0	6	1	0	0	0	0	0	7
35-39	0	0	0	8	10	0	0	0	0	0	18
40-44	0	0	1	12	16	6	0	0	0	0	35
45-49	0	0	0	13	25	13	18	0	0	0	69
50-54	0	0	0	16	10	11	25	9	4	0	75
55-59	0	0	0	14	9	16	13	18	40	4	114
60-64	0	0	0	12	12	14	16	5	16	19	94
65-69	0	0	0	3	2	2	3	0	1	4	15
70+	0	0	0	0	2	0	0	0	0	0	2
Total	0	0	1	84	87	62	75	32	61	27	429

Retirement Plan for Employees of The Uniontown Hospital
EIN/PN: 25-0965588/001
2017 Form 5500 Sch SB Line 32 - Schedule of Amortization Bases

	Type of Base		Present Value of Remaining Installments		Valuation Date Base was Established		Number of Years Remaining in the Amortization Period		Amortization Installment
1.	2015 shortfall base		103,944		7/1/2015		5		22,517
2.	2016 shortfall base		466,416		7/1/2016		6		86,800
3.	2017 shortfall base		2,158,527		7/1/2017		7		354,456

Retirement Plan for Employees of The Uniontown Hospital
EIN/PN: 25-0965588/001
2017 Form 5500 Sch SB, Part V - Statement of Actuarial Assumptions and Methods

Actuarial Methods and Assumptions

As of July 1, 2017

Mortality for Minimum and Maximum Funding: 2017 IRS Static Mortality Table

Mortality for Present Value of Accumulated Benefits: RP-2014 mortality reflecting the total dataset with a future mortality improvement rate of 0.8%. No future improvement is assumed for ages over age 85. Prior to the ultimate mortality improvement rate, mortality improvement was replaced in the original RP 2014 table with 1% per year beginning in 2012 and grading to the 0.8% rate pro-rata over a five-year period.

Summary of Rates Used

	Current Year		Prior Year	
Minimum/Maximum Funding	Minimum	Maximum	Minimum	Maximum
First Segment Rate	4.16%	1.62%	4.43%	1.46%
Second Segment Rate	5.72%	3.80%	5.91%	3.93%
Third Segment Rate	6.48%	4.75%	6.65%	4.94%
Lookback Month	March	March	March	March
Present Value of Accrued Benefits	7.00%		7.00%	

Selected Assumptions: Rates at selected ages are follows:

Age	Termination	Disability
25	13.78%	0.000%
30	12.66%	0.071%
35	10.96%	0.099%
40	9.00%	0.162%
45	6.75%	0.270%
50	4.05%	0.493%
55	1.38%	0.000%
60	0.13%	0.000%
65	0.00%	0.000%

Payment Form Election:

- Retirement Eligible Active Participants: 50% immediate annuity, 50% immediate Lump Sum
- Disability: 100% annuity at Normal Retirement Date
- Pre-Retirement Death: Immediate Lump Sum Upon Death
- Termination: 15% annuity at Normal Retirement, 85% immediate lump sum

Actuarial Methods and Assumptions (continued)

Marital Status: 85% Married, female spouse 3 years younger than male.

Inflation: 2.50% per year

Future Balance Increase: 3.0%

Retirement Rates

Age	Rates
<58	0.00%
58	5.00%
59	5.00%
60	5.00%
61	5.00%
62	30.00%
63	10.00%
64	10.00%
65+	100.00%

Expenses: Prior Year administrative expenses rounded to the nearest thousand.

Asset Valuation Method: The smoothed value method provided in IRS Notice 2009-22 measured at the valuation date, and the two immediately preceding valuation dates.

Data: The valuation results are based upon participant census and financial data provided by the plan sponsor and trustee. The data was tested for reasonableness and consistency with the prior valuation.

Actuarial Cost Method: Projected Unit Credit

A method under which the projected benefits of each individual included in an actuarial valuation are allocated by a consistent formula to valuation years. The actuarial present value of benefits allocated to a valuation year is the normal cost. The actuarial present value of benefits allocated to all periods prior to a valuation year is called actuarial accrued liability. Under this method, the Actuarial Gains (losses), as they occur, generally reduce (increase) the unfunded Actuarial Accrued Liability.

Actuarial Methods and Assumptions (continued)

Significant Benefits Not Recognized: None

As required by Section 404(l) of the Internal Revenue Code, the current compensation used to determine retirement benefits for each participant has been limited to $270,000.

Prescribed Assumption or Method Set by Law or Legally Binding Authority:
Note that all references to the Pension Protection Act of 2006 (PPA) include subsequent amendments to that Act, and associated regulations.

- Mortality for Healthy Lives – Minimum/Maximum Funding*
- Mortality Improvement – Minimum/Maximum Funding*
- Interest Rate – Minimum Funding (including lookback month)*
- Interest Rate – Maximum Funding (including lookback month)*
- Expenses (explicit assumption required by PPA)
- Asset Valuation Method *
- Funding Method (required by PPA)

*Default under the Pension Protection Act (PPA) of 2006 unless the plan sponsor made a written election of a permitted alternative.

Prescribed Assumption or Method Set by Another Party:

- Mortality and Mortality Improvement – ASC 960 (selected by the plan sponsor)
- Interest Rate – ASC 960 (selected by the plan sponsor)

Retirement Plan for Employees of The Uniontown Hospital
EIN/PN: 25-0965588/001
2017 Form 5500 Sch SB Line 19 - Discounted Employer Contributions

Date of Contribution	Amount	Year Applied	Effective Interest Rate	Interest Adjusted Contribution
7/17/2017	92,000	2017	5.78%	91,773
9/7/2017	92,000	2017	5.78%	91,042
9/15/2017	92,000	2017	5.78%	90,930
10/13/2017	92,000	2017	5.78%	90,539
11/14/2017	92,000	2017	5.78%	90,094
12/14/2017	92,000	2017	5.78%	89,679
1/16/2018	92,000	2017	5.78%	89,224
2/13/2018	92,000	2017	5.78%	88,840
3/14/2018	92,000	2017	5.78%	88,445
4/13/2018	92,000	2017	5.78%	88,037
5/14/2018	92,000	2017	5.78%	87,618
6/14/2018	92,000	2017	5.78%	87,201
Total	1,104,000			1,073,422

Retirement Plan for Employees of The Uniontown Hospital
EIN/PN: 25-0965588/001
2017 Form 5500 Sch SB Line 22 - Weighted Average Retirement Age

Age (1)	Rate (2)	#Retiring (Radix=1,000) (3)	Weight (3)/1000 (4)	Age X Weight (5)
58	0.05	50	0.0500000	2.90
59	0.05	48	0.0475000	2.80
60	0.05	45	0.0451250	2.71
61	0.05	43	0.0428688	2.61
62	0.30	244	0.2443519	15.15
63	0.10	57	0.0570154	3.59
64	0.10	51	0.0513139	3.28
65	1.00	462	0.4618250	30.02
		1,000	1	63.0695

Detail

Portfolio

Interest bearing cash

	Description	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
*	PNC GOVT. MONEY MARKET FUND #405	$131,584.48 131,584.480	$131,584.48 $1.0000	0.24 %		$131,584.48 $1.00	1.79 %	$2,344.65	$465.65

US government securities

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
FEDERAL HOME LN MTG CORP GOLD POOL # G03205 05.500% DUE 07/01/2035 RATING: N/A (3128M43N1)	$6,092.69 5,429.334	$5,890.12 $108.4870	0.02 %	- $202.57	$5,355.14 $98.63	5.07 %	$298.61	$25.71
FEDERAL HOME LOAN MTG CORP GOLD POOL G60732 04.000% DUE 02/01/2046 RATING: N/A (31335AY51)	87,334.02 82,742.620	85,060.24 102.8010	0.16 %	- 2,273.78	86,866.83 104.98	3.90 %	3,309.70	285.00
FEDERAL HOME LOAN MTG CORP GOLD POOL G60886 04.000% DUE 07/01/2044 RATING: N/A (31335A6X1)	67,359.74 63,793.680	65,585.64 102.8090	0.12 %	- 1,774.10	66,943.49 104.94	3.90 %	2,551.75	219.73
FED HOME LN BANK DISC NOTES DUE 08/24/2018	267,482.94 270,000	267,482.94	0.49 %		267,482.94 99.07	1.88 %	5,010.36	1,770.24
FED HOME LN BANK DISC NOTES DUE 08/31/2018	980,374.64 985,000	980,374.64	1.78 %		980,374.64 99.53	1.98 %	19,379.30	1,419.14

Detail

US government securities

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
FED HOME LN BANK DISC NOTES DUE 09/19/2018	532,396.69 535,000	532,396.69	0.97 %		532,396.69 99.51	1.98 %	10,538.90	314.69
FED HOME LN BANK DISC NOTES DUE 07/20/2018	99,540.45 100,000	99,540.45	0.19 %		99,540.45 99.54	1.85 %	1,840.00	363.60
FEDERAL NATL MTG ASSN POOL AS4884 03.000% DUE 05/01/2045 RATING: N/A (3138WENA3)	110,017.11 109,981.915	106,984.91 97.2750	0.20 %	- 3,032.20	111,597.25 101.47	3.09 %	3,299.46	284.12
FEDERAL NATL MTG ASSN POOL AS8483 03.000% DUE 12/01/2046 RATING: N/A (3138WJM96)	518,304.34 515,525.350	499,837.91 96.9570	0.91 %	- 18,466.43	518,304.33 100.54	3.10 %	15,465.76	1,331.77
FEDERAL NATL MTG ASSN POOL AU6743 04.000% DUE 10/01/2043 RATING: N/A (3138X6P58)	142,799.00 134,929.890	138,486.64 102.6360	0.26 %	- 4,312.36	142,203.46 105.39	3.90 %	5,397.20	464.76
FEDERAL NATL MTG ASSN POOL# 555677 05.500% DUE 07/01/2033 RATING: N/A (31385XJW8)	22,596.41 20,196.478	21,945.69 108.6610	0.04 %	- 650.72	20,514.33 101.57	5.07 %	1,110.81	95.65
FEDERAL NATL MTG ASSN POOL BA2106 03.000% DUE 08/01/2045 RATING: N/A (3140E6KU5)	200,665.32 200,679.370	195,096.47 97.2180	0.36 %	- 5,568.85	202,937.00 101.12	3.09 %	6,020.38	518.42
FEDERAL NATL MTG ASSN POOL BD8897 02.500% DUE 11/01/2031 RATING: N/A (3140FG3F4)	160,914.09 159,971.860	155,553.44 97.2380	0.29 %	- 5,360.65	164,471.05 102.81	2.58 %	3,999.30	344.38

Detail

US government securities

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
FEDERAL NATL MTG ASSN POOL BD9359 02.500% DUE 11/01/2031 RATING: N/A (3140FHMH7)	178,803.07 177,756.080	172,850.01 97.2400	0.32 %	- 5,953.06	182,727.68 102.80	2.58 %	4,443.90	382.67
FEDERAL NATL MTG ASSN POOL BE2237 02.500% DUE 01/01/2032 RATING: N/A (3140FMPX8)	132,566.90 131,790.670	128,153.25 97.2400	0.24 %	- 4,413.65	132,480.50 100.52	2.58 %	3,294.77	283.72
FEDERAL NATL MTG ASSN POOL BH5155 03.500% DUE 09/01/2047 RATING: N/A (3140GTWR7)	653,319.32 653,523.540	651,850.52 99.7440	1.19 %	- 1,468.80	653,319.32 99.97	3.51 %	22,873.32	1,969.65
FEDERAL NATL MTG ASSN POOL #725424 05.500% DUE 04/01/2034 RATING: N/A (31402C4H2)	6,406.50 5,718.604	6,221.27 108.7900	0.02 %	- 185.23	5,807.74 101.56	5.06 %	314.52	27.08
FEDERAL NATL MTG ASSN POOL #725946 05.500% DUE 11/01/2034 RATING: N/A (31402DP79)	12,008.46 10,719.827	11,660.17 108.7720	0.03 %	- 348.29	10,694.16 99.76	5.06 %	589.59	50.77
FEDERAL NATL MTG ASSN POOL #735224 05.500% DUE 02/01/2035 RATING: N/A (31402QYV7)	37,076.49 33,103.412	35,999.30 108.7480	0.07 %	- 1,077.19	33,824.67 102.18	5.06 %	1,820.69	156.78

Detail

US government securities

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
FEDERAL NATL MTG ASSN POOL # 745179 05.000% DUE 04/01/2019 RATING: N/A (31403C2L4)	70.87 69.209	70.39 101.7010	0.01 %	- 0.48	69.19 99.97	4.92 %	3.46	0.30
FEDERAL NATL MTG ASSN POOL # 880611 05.500% DUE 03/01/2036 RATING: N/A (31409WKY6)	2,313.42 2,071.050	2,242.78 108.2920	0.01 %	- 70.64	2,027.20 97.88	5.08 %	113.91	9.81
FEDERAL NATL MTG ASSN POOL #906237 VAR % DUE 01/01/2037 RATING: N/A (31411EZA8)	3,053.00 2,881.003	3,031.88 105.2370	0.01 %	- 21.12	2,953.20 102.51	3.43 %	103.83	8.94
FEDERAL NATL MTG ASSN POOL # AC8518 05.000% DUE 12/01/2039 RATING: N/A (31417VPC1)	16,959.42 15,525.350	16,654.82 107.2750	0.04 %	- 304.60	16,580.56 106.80	4.67 %	776.27	66.85
FEDERAL NATL MTG ASSN POOL MA0200 04.500% DUE 10/01/2029 RATING: N/A (31417YGJ0)	592,107.36 553,613.870	578,393.63 104.4760	1.05 %	- 13,713.73	592,107.36 106.95	4.31 %	24,912.62	2,145.25
FEDERAL NATL MTG ASSN POOL MA3276 03.500% DUE 02/01/2048 RATING: N/A (31418CUA0)	228,101.92 228,208.880	227,492.30 99.6860	0.42 %	- 609.62	228,101.92 99.95	3.52 %	7,987.31	687.80

Detail

US government securities

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
FEDERAL NATL MTG ASSN POOL MA3332 03.500% DUE 03/01/2048 RATING: N/A (31418CV27)	940,458.09 933,023.070	929,850.79 99.6600	1.69 %	- 10,607.30	940,458.09 100.80	3.52 %	32,655.81	2,812.03
FEDERAL NATL MTG ASSN POOL AE9758 04.000% DUE 12/01/2040 RATING: N/A (31419LZY2)	40,552.74 38,405.120	39,445.13 102.7080	0.08 %	- 1,107.61	40,349.38 105.06	3.90 %	1,536.20	132.28
GOVT NATL MTG ASSN II POOL MA3662 03.000% DUE 05/20/2046 RATING: N/A (36179SB71)	121,769.28 120,427.720	118,440.66 98.3500	0.22 %	- 3,328.62	122,243.53 101.51	3.06 %	3,612.83	311.10
RFCSP STRIP PRINCIPAL ZERO CPN DUE 07/15/2020 RATING: N/A (76116FAD9)	322,292.80 340,000	322,486.60 94.8490	0.59 %	193.80	237,823.48 69.95			
USA TREASURY BILLS DTD 01/04/2018 DUE 07/05/2018	168,701.42 170,000	168,701.42	0.31 %		168,701.42 99.24	1.58 %	2,656.64	1,269.23
USA TREASURY BILLS DTD 01/11/2018 DUE 07/12/2018	168,277.53 169,000	168,277.53	0.31 %		168,277.53 99.57	1.74 %	2,925.79	634.17
USA TREASURY BOND 07.125% DUE 02/15/2023 RATING: AAA (912810EP9)	265,224.47 218,400	259,878.53 118.9920	0.48 %	- 5,345.94	265,224.47 121.44	5.99 %	15,561.00	5,846.12
USA TREASURY BD 05.500% DUE 08/15/2028 RATING: AAA (912810FE3)	22,647.13 18,300	22,526.93 123.0980	0.05 %	- 120.20	22,650.97 123.78	4.47 %	1,006.50	378.13

Detail

US government securities

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
USA TREASURY BD 05.250% DUE 02/15/2029 RATING: AAA (912810FG8)	769,473.34 615,000	748,737.90 121.7460	1.36 %	- 20,735.44	769,473.34 125.12	4.32 %	32,287.50	12,130.11
USA TREASURY BD 05.375% DUE 02/15/2031 RATING: AAA (912810FP8)	103,486.46 77,000	97,291.04 126.3520	0.18 %	- 6,195.42	110,338.60 143.30	4.26 %	4,138.75	1,554.89
USA TREASURY NOTES 03.500% DUE 02/15/2044 RATING: AAA (912810RE0)	2,304.62 2,000	2,231.18 111.5590	0.01 %	- 73.44	2,002.58 100.13	3.25 %	72.50	27.01
USA TREASURY NOTE TREASURY INFLATION PROTECTN SECS 00.125% DUE 04/15/2019 RATING: N/A (912828C99)	293,043.68 280,600	298,218.90 106.2790	0.55 %	5,175.22	291,381.86 103.84	0.13 %	364.04	76.80
USA TREASURY NOTE 01.625% DUE 12/31/2019 RATING: AAA (912828G95)	138,457.03 139,000	137,273.62 98.7580	0.25 %	- 1,183.41	138,457.03 99.61	1.65 %	2,258.75	1,126.28
USA TREASURY NOTES 01.375% DUE 02/29/2020 RATING: AAA (912828J50)	666,374.68 674,000	661,544.48 98.1520	1.20 %	- 4,830.20	666,374.68 98.87	1.41 %	9,267.50	3,123.02
USA TREASURY NOTES TREAS INFLATION PROTECTN SECS 00.125% DUE 04/15/2020 RATING: N/A (912828K33)	88,915.82 85,000	89,964.23 105.8403	0.17 %	1,048.41	88,964.10 104.66	0.13 %	110.34	23.21
USA TREASURY NOTES 02.000% DUE 08/15/2025 RATING: AAA (912828K74)	152,312.50 160,000	151,563.20 94.7270	0.28 %	- 749.30	152,312.50 95.20	2.12 %	3,200.00	1,192.33

Detail

US government securities

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
USA TREASURY NOTES 02.625% DUE 08/15/2020 RATING: AAA (912828NT3)	386,075.39 386,000	386,497.94 100.1290	0.71 %	422.55	386,075.39 100.02	2.63 %	10,132.50	3,806.69
USA TREASURY NOTES 02.000% DUE 12/31/2022 RATING: AAA (912828N30)	310,213.63 312,000	304,162.56 97.4880	0.56 %	- 6,051.07	310,213.63 99.43	2.18 %	6,630.00	3,305.92
USA TREASURY NOTES 01.625% DUE 08/15/2022 RATING: AAA (912828TJ9)	89,033.20 90,000	86,217.30 95.7970	0.16 %	- 2,815.90	89,033.20 98.93	1.70 %	1,462.50	549.45
USA TREASURY NOTES 01.125% DUE 09/30/2021 RATING: AAA (912828T34)	1,637,007.32 1,682,900	1,603,416.63 95.2770	2.91 %	- 33,590.69	1,663,809.40 98.87	1.19 %	18,932.63	4,772.06
USA TREASURY NOTES 01.125% DUE 10/31/2021 RATING: AAA (912828T67)	247,521.12 253,400	242,095.83 95.5390	0.44 %	- 5,425.29	246,075.17 97.11	1.31 %	3,167.50	538.04
USA TREASURY NOTES 00.750% DUE 10/31/2018 RATING: AAA (912828T83)	588,583.64 593,000	590,544.98 99.5860	1.07 %	1,961.34	588,915.63 99.31	0.76 %	4,447.50	755.47
USA TREASURY NOTES 01.750% DUE 11/30/2021 RATING: AAA (912828U65)	41,790.22 41,900	40,662.69 97.0470	0.08 %	- 1,127.53	41,536.65 99.13	1.81 %	733.25	63.76
USA TREASURY NOTES 01.750% DUE 05/15/2023 RATING: AAA (912828VB3)	698,405.94 721,800	689,571.63 95.5350	1.25 %	- 8,834.31	691,793.12 95.84	1.84 %	12,631.50	1,626.52

Detail

US government securities

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
USA TREASURY NOTES 02.500% DUE 08/15/2023 RATING: AAA (912828VS6)	451,841.16 454,000	448,660.96 98.8240	0.82 %	- 3,180.20	451,841.16 99.52	2.53 %	11,350.00	4,229.04
USA TREASURY NOTE 01.875% DUE 01/31/2022 RATING: AAA (912828V72)	165,206.25 165,000	160,513.65 97.2810	0.30 %	- 4,692.60	164,529.49 99.71	1.93 %	3,093.75	1,297.66
USA TREASURY NOTES 02.500% DUE 05/15/2024 RATING: AAA (912828WJ5)	153,861.10 156,000	153,550.80 98.4300	0.28 %	- 310.30	153,861.10 98.63	2.54 %	3,900.00	498.10
USA TREASURY NOTES 01.875% DUE 02/28/2022 RATING: AAA (912828W55)	464,461.32 463,900	450,961.83 97.2110	0.82 %	- 13,499.49	463,994.10 100.02	1.93 %	8,698.13	2,907.25
USA TREASURY NOTES TREASURY INFLATION PROTECT SEC 00.375% DUE 07/15/2025 NOT RATED (912828XL9)	298,870.47 292,000	303,024.69 103.7756	0.55 %	4,154.22	290,563.96 99.51	0.39 %	1,159.06	521.07
USA TREASURY NOTES 01.750% DUE 05/31/2022 RATING: AAA (912828XR6)	171,102.99 172,000	165,973.12 96.4960	0.31 %	- 5,129.87	171,244.14 99.56	1.82 %	3,010.00	261.74
USA TREASURY NOTES 01.750% DUE 06/30/2022 RATING: AAA (912828XW5)	59,673.95 60,000	57,848.40 96.4140	0.11 %	- 1,825.55	59,673.95 99.46	1.82 %	1,050.00	527.88
USA TREASURY NOTES 01.750% DUE 04/30/2022 RATING: AAA (912828X47)	84,983.85 85,000	82,479.75 97.0350	0.15 %	- 2,504.10	85,454.89 100.54	1.81 %	1,487.50	250.61

Detail

US government securities

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
USA TREASURY NOTES 01.625% DUE 08/31/2022 RATING: AAA (9128282S8)	462,121.04 466,500	446,767.05 95.7700	0.81 %	- 15,353.99	462,121.04 99.06	1.70 %	7,580.63	2,533.74
Total US government securities	**$15,633,708.35**	**$15,418,238.05**	**27.93 %**	**- $215,470.30**	**$15,565,450.68**	**2.31 %**	**$356,576.32**	**$72,308.54**

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
AT&T INC CALL 01/01/2024 @ 100.000 UNSC 04.450% DUE 04/01/2024 RATING: BAA2 (00206RDC3)	$15,790.50 15,000	$15,143.40 $100.9560	0.03 %	- $647.10	$15,528.87 $103.53	4.41 %	$667.50	$166.87
AGILENT TECHNOLOGIES INC SR NTS 05.000% DUE 07/15/2020 RATING: BAA2 (00846UAG6)	8,606.08 8,000	8,261.84 103.2730	0.02 %	- 344.24	7,962.80 99.54	4.85 %	400.00	184.44
ALLY AUTO RECEIVABLES TRUST SERIES 2015 2 CLASS A3 01.380% DUE 11/15/2019 RATING: AAA (02007DAB6)	6,274.60 6,275.420	6,268.58 99.8910	0.02 %	- 6.02	6,275.12 100.00	1.50 %	93.50	4.16

Detail

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
AMERICAN TOWER CORP UNSC 03.400% DUE 02/15/2019 RATING: BAA3 (03027XAC4)	15,076.80 15,000	15,040.35 100.2690	0.03 %	- 36.45	15,076.80 100.51	3.40 %	510.00	192.67
AMERICREDIT AUTOMOBILE RECEIVA SERIES 2017 3 CLASS A2 01.690% DUE 12/18/2020 RATING: AAA (03065HAB4)	16,652.92 16,654.320	16,582.21 99.5670	0.04 %	- 70.71	16,652.92 99.99	1.70 %	281.46	10.16
AMERICREDIT AUTOMOBILE RECEIVA SERIES 2016 4 CLASS A2 01.340% DUE 04/08/2020 RATING: N/A (03065TAB8)	7,455.75 7,463.950	7,458.87 99.9320	0.02 %	3.12	7,463.51 99.99	1.35 %	100.02	6.39
BB&T CORPORATION SER MTN CALL 05/29/20 @100 UNSC 02.625% DUE 06/29/2020 RATING: A2 (05531FAU7)	17,888.40 18,000	17,808.30 98.9350	0.04 %	- 80.10	17,888.40 99.38	2.66 %	472.50	2.62
BANK OF AMERICA CORP SER MTN UNSC 03.300% DUE 01/11/2023 RATING: A3 (06051GEU9)	35,689.50 35,000	34,486.55 98.5330	0.07 %	- 1,202.95	34,784.05 99.38	3.35 %	1,155.00	545.42
BANK OF AMERICA CORP SER MTN SUB 04.200% DUE 08/26/2024 RATING: BAA2 (06051GFH7)	32,181.10 31,000	31,161.82 100.5220	0.06 %	- 1,019.28	30,977.37 99.93	4.18 %	1,302.00	452.08

Detail

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
BANK OF AMERICA CORP NTS 03.950% DUE 04/21/2025 RATING: BAA2 (06051GFP9)	94,206.55 96,000	94,016.64 97.9340	0.18 %	- 189.91	94,206.55 98.13	4.04 %	3,792.00	737.33
BANK OF AMERICA CORP SER GMTN SUB 04.450% DUE 03/03/2026 RATING: BAA2 (06051GFU8)	8,078.72 8,000	8,018.56 100.2320	0.02 %	- 60.16	8,078.72 100.98	4.44 %	356.00	116.69
BANK OF AMERICA CORP SR UNSEC CALL 04/24/22 @ 100 VAR% DUE 04/24/2023 RATING: A3 (06051GGK9)	50,092.50 50,000	48,569.50 97.1390	0.09 %	- 1,523.00	50,000.00 100.00	2.98 %	1,444.45	268.83
BANK OF NOVA SCOTIA SEDOL ISIN US064159KT26 02.500% DUE 01/08/2021 RATING: AA2 (064159KT2)	20,736.03 21,000	20,650.56 98.3360	0.04 %	- 85.47	20,736.03 98.74	2.55 %	525.00	250.83
BARCLAYS DRYROCK ISSUANCE TRUS SERIES 2015 1 CLASS A 02.200% DUE 12/15/2022 NOT RATED (06742LAH6)	100,635.00 100,000	98,761.00 98.7610	0.18 %	- 1,874.00	99,954.28 99.95	2.23 %	2,200.00	97.78
BARRICK NA FINANCE LLC COMP GUARNT 04.400% DUE 05/30/2021 RATING: BAA2 (06849RAF9)	5,394.20 5,000	5,172.55 103.4510	0.01 %	- 221.65	4,764.93 95.30	4.26 %	220.00	18.94

Detail

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
BECTON DICKINSON AND CO UNSC 02.675% DUE 12/15/2019 RATING: BA1 (075887BE8)	34,416.16 34,000	33,745.00 99.2500	0.07 %	- 671.16	34,060.28 100.18	2.70 %	909.50	40.42
BIOGEN INC UNSC 03.625% DUE 09/15/2022 RATING: BAA1 (09062XAE3)	31,375.80 30,000	29,952.30 99.8410	0.06 %	- 1,423.50	29,976.00 99.92	3.64 %	1,087.50	320.21
BUNGE LIMITED FINANCED CO SR UNSECURED 08.500% DUE 06/15/2019 RATING: BAA2 (120568AT7)	2,236.84 2,000	2,100.78 105.0390	0.01 %	- 136.06	2,458.92 122.95	8.10 %	170.00	7.56
UBS COMMERCIAL MORTGAGE TRUST SERIES 2017 C1 CLASS A4 03.544% DUE 11/15/2050 RATING: AAA (12508GAU0)	61,795.73 60,000	58,776.00 97.9600	0.11 %	- 3,019.73	61,795.73 102.99	3.62 %	2,126.40	177.20
COMM MORTGAGE TRUST SERIES 2014 UBS4 CLASS A5 03.694% DUE 08/10/2047 RATING: AAA (12591QAR3)	60,890.63 60,000	60,446.40 100.7440	0.11 %	- 444.23	60,890.63 101.48	3.67 %	2,216.40	184.70
COMM MORTGAGE TRUST SERIES 2014 UBS3 CLASS A4 03.819% DUE 06/10/2047 RATING: AAA (12591YBC8)	63,217.97 60,000	60,832.20 101.3870	0.12 %	- 2,385.77	63,217.97 105.36	3.77 %	2,291.40	190.95

Detail

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
CNH EQUIPMENT TRUST SERIES 2015 A CLASS A4 01.850% DUE 04/15/2021 RATING: AAA (12592WAD0)	43,110.21 43,010	42,837.10 99.5980	0.08 %	- 273.11	43,005.57 99.99	1.86 %	795.69	35.36
CNH EQUIPMENT TRUST SERIES 2014 B CLASS A4 01.610% DUE 05/17/2021 RATING: AAA (12623PAD8)	7,882.38 7,879.460	7,875.99 99.9560	0.02 %	- 6.39	7,876.74 99.97	1.62 %	126.86	5.64
COMM MORTGAGE TRUST SERIES 2013-CR6 CLASS A2 02.122% DUE 03/10/2046 RATING: AAA (12624XAB4)	11,249.50 11,229.960	11,221.54 99.9250	0.03 %	- 27.96	11,566.68 103.00	2.13 %	238.30	18.53
COMM MTG TRUST SERIES 2015-DC1 CLASS A5 03.350% DUE 02/10/2048 RATING: AAA (12629NAF2)	60,123.05 60,000	59,310.60 98.8510	0.11 %	- 812.45	60,123.05 100.21	3.39 %	2,010.00	167.50
CSAIL COMMERCIAL MTG TRUST SERIES 2015-C3 CLASS A4 03.7182% DUE 08/15/2048 RATING: AAA (12635FAT1)	82,001.64 78,422	78,703.53 100.3590	0.15 %	- 3,298.11	81,642.79 104.11	3.71 %	2,915.89	242.99
CSAIL COMMERCIAL MORTGAGE TRUS SERIES 2015 C4 CLASS A4 03.807% DUE 11/15/2048 RATING: AAA (12635RAX6)	47,029.50 45,000	45,361.35 100.8030	0.09 %	- 1,668.15	48,489.26 107.75	3.78 %	1,713.56	142.80

Detail

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
CVS HEALTH CORP CALL 04/20/2025 @ 100.000 UNSC 03.875% DUE 07/20/2025 RATING: BAA1 (126650CL2)	41,590.00 40,000	38,757.20 96.8930	0.08 %	- 2,832.80	39,597.60 98.99	4.00 %	1,550.00	693.19
CVS HEALTH CORP CALL 01/25/2023 UNSC 04.100% DUE 03/25/2025 RATING: BAA1 (126650CW8)	24,810.51 25,000	24,867.50 99.4700	0.05 %	56.99	24,810.51 99.24	4.13 %	1,025.00	318.89
CAPITAL ONE FINANCIAL CO CALL 09/30/2024 UNSC 03.300% DUE 10/30/2024 RATING: BAA1 (14040HBT1)	51,901.88 52,000	49,390.64 94.9820	0.09 %	- 2,511.24	51,901.88 99.81	3.48 %	1,716.00	290.77
CAPITAL ONE MULTI-ASSET EXECUT SERIES 2015 A5 CLASS A5 01.600% DUE 05/17/2021 NOT RATED (14041NEY3)	83,046.48 83,000	82,971.78 99.9660	0.16 %	- 74.70	82,995.93 100.00	1.61 %	1,328.00	59.02
CARMAX AUTO OWNER TRUST SERIES 2015 4 CLASS A3 01.560% DUE 11/16/2020 RATING: AAA (14313XAC4)	28,535.06 28,560.780	28,425.12 99.5250	0.06 %	- 109.94	28,559.38 100.00	1.57 %	445.55	19.80
CITIGROUP COMMERCIAL MORTGAGE SERIES 2016 C1 CLASS A4 03.209% DUE 05/10/2049 RATING: AAA (17290YAR9)	80,631.20 80,000	77,750.40 97.1880	0.15 %	- 2,880.80	82,394.12 102.99	3.31 %	2,567.20	213.93

Detail

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
CITIGROUP INC SUB 03.875% DUE 03/26/2025 RATING: BAA3 (172967JL6)	80,494.40 80,000	77,589.60 96.9870	0.15 %	- 2,904.80	79,881.60 99.85	4.00 %	3,100.00	818.06
CITIGROUP INC SR NT 04.044% DUE 06/01/2024 RATING: BAA1 (172967LZ2)	84,000.00 84,000	84,454.44 100.5410	0.16 %	454.44	84,000.00 100.00	4.03 %	3,396.96	566.16
CITIGROUP COMMERCIAL MORTGAGE SERIES 2015 GC27 CLASS A5 03.137% DUE 02/10/2048 RATING: AAA (17323CAE7)	42,296.42 42,104	41,020.24 97.4260	0.08 %	- 1,276.18	43,365.53 103.00	3.22 %	1,320.80	106.40
CITIGROUP COMMERCIAL MORTGAGE SERIES 2018 B2 CLASS A4 04.009% DUE 03/10/2051 RATING: AAA (17327FAD8)	41,198.94 40,000	40,731.60 101.8290	0.08 %	- 467.34	41,198.94 103.00	3.94 %	1,603.60	133.63
EBAY INC CALL 02/09/2022 @ 100.000 UNSC 03.800% DUE 03/09/2022 RATING: BAA1 (278642AN3)	15,675.00 15,000	15,144.30 100.9620	0.03 %	- 530.70	14,965.80 99.77	3.77 %	570.00	177.33
ENERGY TRANSFER PARTNERS SR UNSECURED 06.700% DUE 07/01/2018 RATING: BAA3 (29273RAH2)	52,241.50 50,000	50,000.00 100.0000	0.10 %	- 2,241.50	54,659.30 109.32	6.71 %	3,350.00	1,675.00

Detail

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
ENEL CHILE SA SEDOL ISIN US29278DAA37 04.875% DUE 06/12/2028 RATING: BAA2 (29278DAA3)	27,670.72 28,000	28,170.80 100.6100	0.06 %	500.08	27,670.72 98.82	4.85 %	1,365.00	72.04
ENTERGY CORP CALL 05/15/2022 @ 100.000 UNSC 04.000% DUE 07/15/2022 RATING: BAA2 (29364GAH6)	47,560.95 45,000	45,626.85 101.3930	0.09 %	- 1,934.10	44,936.55 99.86	3.95 %	1,800.00	830.00
ENTERPRISE PRODUCTS OPER COM GTD 05.200% DUE 09/01/2020 RATING: BAA1 (29379VAP8)	27,133.25 25,000	26,052.00 104.2080	0.05 %	- 1,081.25	28,314.00 113.26	5.00 %	1,300.00	433.33
ENTERPRISE PRODUCTS OPER CALL 12/15/2022 @ 100.000 COGT 03.350% DUE 03/15/2023 RATING: BAA1 (29379VAZ6)	41,073.20 40,000	39,412.40 98.5310	0.08 %	- 1,660.80	39,963.20 99.91	3.40 %	1,340.00	394.56
ENTERPRISE PRODUCTS OPER CALL 12/15/2025 @ 100.000 COGT 03.700% DUE 02/15/2026 RATING: BAA1 (29379VBH5)	59,073.00 58,000	56,673.54 97.7130	0.11 %	- 2,399.46	57,947.99 99.91	3.79 %	2,146.00	810.71
EXELON GENERATION CO LLC CALL 12/15/2019 @ 100.000 UNSC 02.950% DUE 01/15/2020 RATING: BAA2 (30161MAP8)	34,028.98 34,000	33,860.60 99.5900	0.07 %	- 168.38	34,028.98 100.09	2.97 %	1,003.00	462.49

Detail

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
EXELON CORP CALL 05/15/2020 @ 100.000 UNSC 02.850% DUE 06/15/2020 RATING: BAA2 (30161NAH4)	86,354.05 85,000	84,243.50 99.1100	0.16 %	- 2,110.55	84,983.85 99.98	2.88 %	2,422.50	107.67
FHLMC MULTIFAMILY STRUCTURED P SERIES K021 CLASS A1 01.603% DUE 01/25/2022 RATING: N/A (3137AUPD5)	50,993.10 51,219.490	50,039.39 97.6960	0.10 %	- 953.71	51,767.66 101.07	1.65 %	821.05	68.42
FEDERAL HOME LOAN MTG CORP SERIES K025 CLASS A1 01.875% DUE 04/25/2022 RATING: AAA (3137AYCD1)	74,738.19 74,818.270	73,317.42 97.9940	0.14 %	- 1,420.77	76,343.81 102.04	1.92 %	1,402.84	116.90
FHLMC MULTIFAMILY STRUCTURED P SERIES K011 CLASS A1 02.917% DUE 08/25/2020 RATING: N/A (3137A7NT3)	703.55 693.210	692.13 99.8440	0.01 %	- 11.42	742.49 107.11	2.93 %	20.22	1.69
FIFTH THIRD BANCORP SR NOTES 03.500% DUE 03/15/2022 RATING: BAA1 (316773CL2)	18,591.48 18,000	18,010.26 100.0570	0.04 %	- 581.22	17,875.08 99.31	3.50 %	630.00	185.50
FORD CREDIT FLOORPLAN MASTER O SERIES 2015 2 CLASS A1 01.980% DUE 01/15/2022 RATING: AAA (34528QDW1)	62,075.64 62,000	61,124.56 98.5880	0.12 %	- 951.08	61,994.75 99.99	2.01 %	1,227.60	54.56

Detail

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
FORD CREDIT FLOORPLAN MASTER O SERIES 2016 1 CLASS A1 01.700% DUE 02/15/2021 RATING: AAA (34528QEN0)	42,991.40 43,000	42,771.67 99.4690	0.08 %	- 219.73	42,988.14 99.97	1.77 %	756.80	33.64
FORD CREDIT FLOORPLAN MASTER O SERIES 2017 1 CLASS A1 02.250% DUE 05/15/2022 RATING: N/A (34528QFJ8)	100,018.00 100,000	98,235.00 98.2350	0.18 %	- 1,783.00	99,982.83 99.98	2.11 %	2,070.00	92.00
FORD CREDIT FLOORPLAN MASTER O SERIES 2017 2 CLASS A1 02.370% DUE 09/15/2022 RATING: N/A (34528QFP4)	42,993.64 43,000	42,163.65 98.0550	0.08 %	- 829.99	42,993.64 99.99	2.21 %	928.80	41.28
GE CAPITAL CREDIT CARD MASTER SERIES 2012-2 CLASS A 02.220% DUE 01/18/2022 RATING: AAA (36159JCV1)	100,746.00 100,000	99,843.00 99.8430	0.19 %	- 903.00	100,527.34 100.53	2.23 %	2,220.00	98.67
GS MORTGAGE SECURITIES TRUST SERIES 2013 GC16 CLASS A2 03.033% DUE 11/10/2046 RATING: AAA (36248GAB6)	78,684.10 77,592.370	77,584.61 99.9900	0.15 %	- 1,099.49	80,802.16 104.14	3.04 %	2,353.38	189.58
GS MORTGAGE SECURITIES TRUST SERIES 2018 GS9 CLASS A4 03.992% DUE 03/10/2051 RATING: AAA (36255NAT2)	66,948.32 65,000	66,099.15 101.6910	0.12 %	- 849.17	66,948.32 103.00	3.93 %	2,594.80	216.23

Detail

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
GILEAD SCIENCES INC UNSC 02.550% DUE 09/01/2020 RATING: A3 (375558BB8)	50,682.27 51,000	50,387.49 98.7990	0.10 %	- 294.78	50,682.27 99.38	2.59 %	1,300.50	1,083.75
GILEAD SCIENCES INC CALL 12/01/2025 @ 100.000 UNSC 03.650% DUE 03/01/2026 RATING: A3 (375558BF9)	23,651.59 23,000	22,707.67 98.7290	0.05 %	- 943.92	22,907.08 99.60	3.70 %	839.50	279.83
GOLDMAN SACHS GROUP INC SR NTS 06.000% DUE 06/15/2020 RATING: A3 (38141EA66)	30,890.16 28,000	29,447.32 105.1690	0.06 %	- 1,442.84	30,183.94 107.80	5.71 %	1,680.00	74.67
GOLDMAN SACHS GROUP INC SR UNSEC 05.750% DUE 01/24/2022 RATING: A3 (38141GGS7)	45,034.80 40,000	42,806.80 107.0170	0.08 %	- 2,228.00	41,678.96 104.20	5.38 %	2,300.00	1,003.06
GOLDMAN SACHS GROUP INC UNSC 04.000% DUE 03/03/2024 RATING: A3 (38141GVM3)	42,919.62 41,000	41,028.70 100.0700	0.08 %	- 1,890.92	41,545.84 101.33	4.00 %	1,640.00	537.56
GOLDMAN SACHS GROUP INC CALL 11/15/2020 @ 100.000 UNSC 02.350% DUE 11/15/2021 RATING: A3 (38145GAG5)	27,623.40 28,000	26,927.32 96.1690	0.05 %	- 696.08	27,971.16 99.90	2.45 %	658.00	84.08

Detail

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
HSBC HOLDINGS PLC SR UNSEC ISIN US404280AK50 SEDOL B61GQ88 05.100% DUE 04/05/2021 RATING: A2 (404280AK5)	27,180.00 25,000	26,132.50 104.5300	0.05 %	- 1,047.50	26,971.00 107.88	4.88 %	1,275.00	304.58
HSBC HOLDING PLC ISIN US404280AN99 SEDOL B4V8431 04.000% DUE 03/30/2022 RATING: A2 (404280AN9)	58,008.50 55,000	55,803.00 101.4600	0.11 %	- 2,205.50	54,685.17 99.43	3.95 %	2,200.00	556.11
HARLEY-DAVIDSON MOTORCYCLE TRU SERIES 2015 2 CLASS A3 01.300% DUE 03/16/2020 RATING: AAA (41284CAD6)	449.33 449.670	449.45 99.9510	0.01 %	0.12	449.64 99.99	1.31 %	5.85	0.26
HARTFORD FINL SVCS GRP SR NOTES 05.500% DUE 03/30/2020 RATING: BAA1 (416515AZ7)	27,166.25 25,000	25,968.75 103.8750	0.05 %	- 1,197.50	24,758.82 99.04	5.30 %	1,375.00	347.57
HEALTH CARE REIT INC CALL 03/01/2025 @ 100.000 UNSC 04.000% DUE 06/01/2025 RATING: BAA1 (42217KBF2)	62,037.60 60,000	58,843.80 98.0730	0.11 %	- 3,193.80	63,462.14 105.77	4.08 %	2,400.00	200.00
HEALTHCARE TRUST OF AMER CALL 06/01/2022 COGT 02.950% DUE 07/01/2022 RATING: BAA2 (42225UAE4)	50,015.00 50,000	48,380.50 96.7610	0.09 %	- 1,634.50	49,969.00 99.94	3.05 %	1,475.00	737.50

Detail

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
HEWLETT PACKARD CO SR UNSEC 03.750% DUE 12/01/2020 RATING: BAA2 (428236BF9)	5,233.30 5,000	5,039.35 100.7870	0.01 %	- 193.95	5,185.27 103.71	3.73 %	187.50	15.62
HOST HOTELS & RESORTS SER D CALL 07/15/23 @100 UNSC 03.750% DUE 10/15/2023 RATING: BAA2 (44107TAU0)	3,059.07 3,000	2,940.33 98.0110	0.01 %	- 118.74	3,042.72 101.42	3.83 %	112.50	23.75
INTL PAPER CO SR UNSEC CALL 11/15/21 @100 04.750% DUE 02/15/2022 RATING: BAA2 (460146CG6)	37,047.08 34,000	35,150.90 103.3850	0.07 %	- 1,896.18	36,077.45 106.11	4.60 %	1,615.00	610.11
JPMORGAN CHASE & CO SR UNSEC 04.400% DUE 07/22/2020 RATING: A3 (46625HHS2)	101,168.35 95,000	97,312.30 102.4340	0.18 %	- 3,856.05	95,449.10 100.47	4.30 %	4,180.00	1,846.17
JPMORGAN CHASE & CO NOTES 04.625% DUE 05/10/2021 RATING: A3 (46625HHZ6)	23,716.44 22,000	22,756.58 103.4390	0.05 %	- 959.86	21,975.58 99.89	4.48 %	1,017.50	144.15
JPMORGAN CHASE & CO SR UNSEC 04.500% DUE 01/24/2022 RATING: A3 (46625HJD3)	32,485.50 30,000	31,032.30 103.4410	0.06 %	- 1,453.20	31,014.74 103.38	4.36 %	1,350.00	588.75

Detail

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
JPMORGAN CHASE & CO UNSC 03.625% DUE 05/13/2024 RATING: A3 (46625HJX9)	62,912.96 61,000	60,592.52 99.3320	0.11 %	- 2,320.44	60,978.71 99.97	3.65 %	2,211.25	294.83
JPMORGAN CHASE & CO CALL 02/01/2027 @ 100.00 VAR% DUE 02/01/2028 RATING: A3 (46625HRY8)	32,723.84 32,000	31,221.12 97.5660	0.06 %	- 1,502.72	32,000.00 100.00	3.85 %	1,200.35	500.15
JPMBB COMMERCIAL MORTGAGE SECU SERIES 2014 C21 CLASS A5 03.774% DUE 08/15/2047 RATING: AAA (46642EAY2)	60,970.32 60,000	60,831.00 101.3850	0.12 %	- 139.32	60,970.32 101.62	3.73 %	2,264.88	188.74
JPMBB COMMERCIAL MORTGAGE SECU SERIES 2015 C31 CLASS A3 03.801% DUE 08/15/2048 RATING: AAA (46644YAU4)	42,999.12 41,025	41,460.28 101.0610	0.08 %	- 1,538.84	42,255.67 103.00	3.77 %	1,559.52	129.96
JP MORGAN CHASE & CO SR UNSEC CALL 3/1/2024 @ 100 VAR% DUE 03/01/2025 RATING: A3 (46647PAH9)	50,094.00 50,000	48,236.50 96.4730	0.09 %	- 1,857.50	50,000.00 100.00	3.37 %	1,623.30	541.10
KLA-TENCOR CORP CALL 08/01/2024 @ 100.000 UNSC 04.650% DUE 11/01/2024 RATING: BAA2 (482480AE0)	46,438.28 43,000	44,440.07 103.3490	0.09 %	- 1,998.21	42,933.15 99.84	4.50 %	1,999.50	333.25

Detail

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
KINDER MORGAN ENER PART SR UNSEC 06.850% DUE 02/15/2020 RATING: BAA3 (494550BB1)	19,845.54 18,000	18,953.46 105.2970	0.04 %	- 892.08	21,481.89 119.34	6.51 %	1,233.00	465.80
KINDER MORGAN ENER PART SR UNSEC 04.150% DUE 03/01/2022 RATING: BAA3 (494550BJ4)	19,795.34 19,000	19,205.39 101.0810	0.04 %	- 589.95	19,162.24 100.85	4.11 %	788.50	262.83
KINDER MORGAN ENER PART SR UNSECD CALL 06/01/22 @100 03.950% DUE 09/01/2022 RATING: BAA3 (494550BL9)	43,393.98 42,000	41,994.54 99.9870	0.08 %	- 1,399.44	41,882.52 99.72	3.96 %	1,659.00	553.00
KINDER MORGAN ENER PART UNSC 02.650% DUE 02/01/2019 RATING: BAA3 (494550BR6)	16,108.80 16,000	15,968.32 99.8020	0.03 %	- 140.48	16,006.07 100.04	2.66 %	424.00	176.67
KOHL'S CORPORATION CALL 04/17/2025 @ 100.000 UNSC 04.250% DUE 07/17/2025 RATING: BAA2 (500255AU8)	47,208.48 48,000	47,764.32 99.5090	0.09 %	555.84	47,995.04 99.99	4.28 %	2,040.00	929.33
LABORATORY CORP OF AMER CALL 11/01/2024 @ 100.000 UNSC 03.600% DUE 02/01/2025 RATING: BAA2 (50540RAQ5)	20,300.00 20,000	19,530.40 97.6520	0.04 %	- 769.60	20,272.60 101.36	3.69 %	720.00	300.00

Detail

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
LAM RESEARCH CORP CALL 05/15/2021 @ 100.000 UNSC 02.800% DUE 06/15/2021 RATING: A3 (512807AR9)	17,244.80 17,000	16,709.98 98.2940	0.04 %	- 534.82	17,011.56 100.07	2.85 %	476.00	21.16
LEHMAN XS TRUST SERIES 2007-4N CLASS M1 VAR % DUE 03/25/2047 RATING: C (52524HAN0) (MARKET VALUE AS OF 07/01/10)	1	0.0010	0.01 %		0.22 22.00		0.01	
MARATHON PETROLEUM CORP SR UNSEC 05.125% DUE 03/01/2021 RATING: BAA2 (56585AAD4)	18,427.15 17,000	17,686.29 104.0370	0.04 %	- 740.86	18,570.49 109.24	4.93 %	871.25	290.42
MORGAN STANLEY SR UNSEC CALL 4/24/23 @ 100 VAR% DUE 04/24/2024 RATING: A3 (61744YAQ1)	41,663.58 42,000	41,748.00 99.4000	0.08 %	84.42	41,663.58 99.20	3.76 %	1,569.54	292.11
MORGAN STANLEY SER F UNSC 03.875% DUE 04/29/2024 RATING: A3 (61746BDQ6)	58,200.24 56,000	56,099.12 100.1770	0.11 %	- 2,101.12	56,349.53 100.62	3.87 %	2,170.00	373.72
MORGAN STANLEY SR UNSEC 05.500% DUE 07/28/2021 RATING: A3 (61747WAL3)	43,245.54 39,000	41,269.02 105.8180	0.08 %	- 1,976.52	37,830.22 97.00	5.20 %	2,145.00	911.62

Detail

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
MORGAN STANLEY BAML TRUST SERIES 2014 C16 CLASS A5 03.892% DUE 06/15/2047 RATING: AAA (61763MAF7)	41,093.75 40,000	40,698.40 101.7460	0.08 %	- 395.35	41,093.75 102.73	3.83 %	1,556.80	129.73
MOTOROLA SOLUTIONS INC UNSC 03.500% DUE 03/01/2023 RATING: BAA3 (620076BC2)	19,083.98 19,000	18,403.21 96.8590	0.04 %	- 680.77	18,767.25 98.78	3.62 %	665.00	221.67
NOBLE ENERGY INC SR UNSEC CALL 09/15/21 @100 04.150% DUE 12/15/2021 RATING: BAA3 (655044AF2)	16,471.28 16,000	16,256.48 101.6030	0.03 %	- 214.80	16,471.28 102.95	4.09 %	664.00	29.51
NOBLE ENERGY INC CALL 08/15/2024 @ 100.000 UNSC 03.900% DUE 11/15/2024 RATING: BAA3 (655044AH8)	36,992.16 36,000	35,494.56 98.5960	0.07 %	- 1,497.60	35,937.61 99.83	3.96 %	1,404.00	179.40
PNC FUNDING CORP SR NOTES 05.125% DUE 02/08/2020 RATING: A3 (693476BJ1)	21,514.20 20,000	20,639.00 103.1950	0.04 %	- 875.20	19,997.00 99.99	4.97 %	1,025.00	407.15
PHILLIPS 66 COGT 04.300% DUE 04/01/2022 RATING: A3 (718546AC8)	9,643.86 9,000	9,269.37 102.9930	0.02 %	- 374.49	9,893.05 109.92	4.18 %	387.00	96.75

Detail

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
PLAINS ALL AMER PIPELINE CALL 08/01/2024 @ 100.000 UNSC 03.600% DUE 11/01/2024 RATING: BA1 (72650RBF8)	49,567.41 51,000	48,299.55 94.7050	0.09 %	- 1,267.86	49,993.18 98.03	3.81 %	1,836.00	306.00
PRUDENTIAL FINANCIAL INC SR UNNSEC 04.500% DUE 11/15/2020 RATING: BAA1 (74432QBP9)	33,257.42 31,000	31,912.95 102.9450	0.06 %	- 1,344.47	34,695.82 111.92	4.38 %	1,395.00	178.25
REED ELSEVIER PLC SR UNSEC ISIN US758202AG01 08.625% DUE 01/15/2019 RATING: BAA1 (758202AG0)	49,223.25 45,000	46,336.95 102.9710	0.09 %	- 2,886.30	51,194.90 113.77	8.38 %	3,881.25	1,789.69
CREDIT BASED ASSET SERVC & SEC SERIES 2003-CB1 CLASS AF 03.450% DUE 02/25/2033 RATING: A2 (79549ARU5)	10,263.72 10,192.780	10,251.90 100.5800	0.02 %	- 11.82	10,030.29 98.41	3.93 %	402.61	61.64
SANTANDER DRIVE AUTO RECEIVABL SERIES 2017 3 CLASS A2 01.850% DUE 06/15/2020 RATING: N/A (80284YAB0)	11,545.10 11,545.210	11,527.78 99.8490	0.03 %	- 17.32	11,545.10 100.00	1.68 %	192.81	8.57
SEMPRA ENERGY CALL 09/01/2023 @ 100.000 UNSC 04.050% DUE 12/01/2023 RATING: BAA1 (816851AU3)	58,012.90 55,000	55,695.75 101.2650	0.11 %	- 2,317.15	54,815.75 99.67	4.00 %	2,227.50	185.63

Detail

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
SPECTRA ENERGY PARTNERS CALL 12/15/2024 @ 100.000 UNSC 03.500% DUE 03/15/2025 RATING: BAA2 (84756NAF6)	64,337.00 65,000	61,992.45 95.3730	0.12 %	- 2,344.55	64,728.30 99.58	3.67 %	2,275.00	669.86
SYNCHRONY FINANCIAL CALL 09/01/2027 UNSC 03.950% DUE 12/01/2027 RATING: N/A (87165BAM5)	49,854.75 50,000	46,125.50 92.2510	0.09 %	- 3,729.25	49,854.75 99.71	4.29 %	1,975.00	164.58
SYNCHRONY CREDIT CARD MASTER N SERIES 2015 3 CLASS A 01.740% DUE 09/15/2021 RATING: AAA (87165LAP6)	100,068.00 100,000	99,833.00 99.8330	0.19 %	- 235.00	99,986.53 99.99	1.75 %	1,740.00	77.33
TD AMERITRADE HOLDING CO CALL 02/01/2022 @ 100.000 UNSC 02.950% DUE 04/01/2022 RATING: A2 (87236YAE8)	66,514.50 65,000	63,863.80 98.2520	0.12 %	- 2,650.70	64,847.25 99.77	3.01 %	1,917.50	479.37
TECO FINANCE INC CO GUARNT 05.150% DUE 03/15/2020 RATING: BAA2 (87875UAK8)	10,628.30 10,000	10,273.50 102.7350	0.02 %	- 354.80	9,955.20 99.55	5.02 %	515.00	151.64
TELEFONICA EMISIONES SAU SEDOL B43TGD6 ISIN US 87938WAP86 05.462% DUE 02/16/2021 RATING: BAA3 (87938WAP8)	16,498.95 15,000	15,698.40 104.6560	0.03 %	- 800.55	15,006.15 100.04	5.22 %	819.30	307.24

Detail

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
TEVA PHARMACEUTICALS NE SEDOL ISIN US88167AAE10 03.150% DUE 10/01/2026 RATING: BA2 (88167AAE1)	29,882.85 32,000	25,719.04 80.3720	0.05 %	- 4,163.81	30,635.21 95.74	3.92 %	1,008.00	252.00
THERMO FISHER SCIENTIFIC CALL 11/01/2023 @ 100.000 UNSC 04.150% DUE 02/01/2024 RATING: BAA2 (883556BF8)	24,528.81 23,000	23,344.77 101.4990	0.05 %	- 1,184.04	22,937.90 99.73	4.09 %	954.50	397.71
TIME WARNER INC CO GUARNT 04.880% DUE 03/15/2020 RATING: BAA2 (887317AF2)	22,835.34 22,000	22,587.40 102.6700	0.05 %	- 247.94	22,835.34 103.80	4.76 %	1,073.60	316.12
TIME WARNER INC CALL 03/01/2024 @ 100.000 COGT 03.550% DUE 06/01/2024 RATING: BAA2 (887317AV7)	40,532.80 40,000	38,569.60 96.4240	0.07 %	- 1,963.20	41,543.44 103.86	3.69 %	1,420.00	118.33
TIME WARNER INC CALL 04/15/2025 @ 100.000 COGT 03.600% DUE 07/15/2025 RATING: BAA2 (887317AW5)	49,886.50 50,000	47,541.00 95.0820	0.09 %	- 2,345.50	49,880.00 99.76	3.79 %	1,800.00	830.00
TIME WARNER CABLE INC COMP GUAR 05.000% DUE 02/01/2020 RATING: BA1 (88732JAW8)	16,002.00 15,000	15,313.20 102.0880	0.03 %	- 688.80	15,713.25 104.76	4.90 %	750.00	312.50

Detail

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
TOTAL SYSTEM SERVICES IN CALL 05/01/2023 UNSC 04.000% DUE 06/01/2023 RATING: BAA3 (891906AE9)	23,982.30 24,000	24,050.64 100.2110	0.05 %	68.34	23,982.30 99.93	4.00 %	960.00	133.33
TRANS-CANADA PIPELINES ISIN US893526BY85 SEDOL 2882187 09.875% DUE 01/01/2021 RATING: A3 (893526BY8)	51,975.00 44,000	50,745.64 115.3310	0.10 %	- 1,229.36	51,975.00 118.13	8.57 %	4,345.00	2,172.50
21ST CENTY FOX AMER INC 04.500% DUE 02/15/2021 RATING: BAA1 (90131HAQ8)	32,148.00 30,000	30,814.80 102.7160	0.06 %	- 1,333.20	31,638.90 105.46	4.39 %	1,350.00	510.00
TYSON FOODS INC COMP GUARNT CALL 3/15/22 @100 04.500% DUE 06/15/2022 RATING: BAA2 (902494AT0)	49,873.66 46,000	47,240.62 102.6970	0.09 %	- 2,633.04	47,115.58 102.43	4.39 %	2,070.00	92.00
TYSON FOODS INC CALL 07/15/2019 @ 100.000 COGT 02.650% DUE 08/15/2019 RATING: BAA2 (902494AW3)	13,163.93 13,000	12,947.87 99.5990	0.03 %	- 216.06	13,044.29 100.34	2.67 %	344.50	130.14
TYSON FOODS INC CALL 05/15/2024 @ 100.000 COGT 03.950% DUE 08/15/2024 RATING: BAA2 (902494AX1)	39,763.96 38,000	37,923.62 99.7990	0.07 %	- 1,840.34	38,060.08 100.16	3.96 %	1,501.00	567.04
UBS BARCLAYS COMMERCIAL MORTGA SERIES 2012-C4 CLASS A5 02.850% DUE 12/10/2045 RATING: N/A (90270RBE3)	45,378.45 45,000	44,058.15 97.9070	0.08 %	- 1,320.30	45,800.72 101.78	2.92 %	1,282.59	106.88

Detail

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
UBS COMMERCIAL MORTGAGE TRUST SERIES 2018 C10 CLASS A4 VAR% DUE 05/15/2051 RATING: AAA (90276FAW4)	51,499.75 50,000	51,894.50 103.7890	0.10 %	394.75	51,499.75 103.00	4.16 %	2,156.70	95.85
UBS COMMERCIAL MORTGAGE TRUST SERIES 2018 C9 CLASS A4 04.117% DUE 03/15/2051 RATING: AAA (90291JAW7)	66,946.02 65,000	66,512.55 102.3270	0.13 %	- 433.47	66,946.02 102.99	4.03 %	2,676.05	223.00
VALERO ENERGY CORP NOTES 06.125% DUE 02/01/2020 RATING: BAA2 (91913YAR1)	31,793.86 29,000	30,291.66 104.4540	0.06 %	- 1,502.20	33,701.11 116.21	5.87 %	1,776.25	740.10
VMWARE INC CALL 07/21/2022 UNSC 02.950% DUE 08/21/2022 RATING: BAA2 (928563AB1)	16,964.64 17,000	16,313.54 95.9620	0.03 %	- 651.10	16,964.64 99.79	3.08 %	501.50	181.10
VODAFONE GROUP PLC SEDOL ISIN US92857WBH25 03.750% DUE 01/16/2024 RATING: BAA1 (92857WBH2)	16,856.01 17,000	16,854.65 99.1450	0.04 %	- 1.36	16,856.01 99.15	3.79 %	637.50	54.90
VODAFONE GROUP PLC SEDOL BYWFSF1 ISIN US92857WBJ80 04.125% DUE 05/30/2025 RATING: BAA1 (92857WBJ8)	37,714.55 38,000	37,855.60 99.6200	0.07 %	141.05	37,714.55 99.25	4.15 %	1,567.50	134.98

Detail

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
WF-RBS COMML MTG SERIES 2014-C20 CLASS A2 03.036% DUE 05/15/2047 RATING: AAA (92890FAR7)	30,152.57 29,581.640	29,599.09 100.0590	0.06 %	- 553.48	30,468.24 103.00	3.04 %	898.10	74.84
WELLPOINT INC SR UNSECD 03.300% DUE 01/15/2023 RATING: BAA2 (94973VBA4)	20,398.00 20,000	19,647.80 98.2390	0.04 %	- 750.20	19,932.60 99.66	3.36 %	660.00	304.33
WELLS FARGO & COMPANY CALL 01/24/2022 UNSC 03.069% DUE 01/24/2023 RATING: A2 (949746SK8)	39,546.39 39,000	37,925.16 97.2440	0.07 %	- 1,621.23	39,000.00 100.00	3.16 %	1,196.91	521.99
WELLS FARGO COMMERCIAL MORTGAG SERIES 2018 C43 CLASS A4 04.012% DUE 03/15/2051 RATING: AAA (95001LAU6)	41,199.96 40,000	40,719.20 101.7980	0.08 %	- 480.76	41,199.96 103.00	3.95 %	1,604.80	133.73
WILLIAMS PARTNERS LP CALL 10/15/2024 @ 100.000 UNSC 03.900% DUE 01/15/2025 RATING: BAA3 (96950FAQ7)	36,395.64 36,000	35,118.72 97.5520	0.07 %	- 1,276.92	35,902.72 99.73	4.00 %	1,404.00	647.40
WORLD FINANCIAL NETWORK CREDIT SERIES 2016 B CLASS A 01.440% DUE 06/15/2022 RATING: N/A (981464FP0)	64,805.65 65,000	64,908.35 99.8590	0.12 %	102.70	64,990.67 99.99	1.45 %	936.00	41.60

Detail

Corporate debt

Description (Cusip)	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
WORLD FINANCIAL NETWORK CREDIT SERIES 2017 B CLASS A 01.980% DUE 06/15/2023 RATING: N/A (981464GC8)	39,995.49 40,000	39,613.20 99.0330	0.08 %	- 382.29	39,995.49 99.99	2.00 %	792.00	35.20
WORLD FINANCIAL NETWORK CREDIT SERIES 2018 A CLASS A 03.070% DUE 12/16/2024 RATING: N/A (981464GL8)	84,999.09 85,000	84,614.95 99.5470	0.16 %	- 384.14	84,999.09 100.00	3.09 %	2,609.50	115.98
ZIMMER HOLDINGS INC CALL 03/01/2020 @ 100.000 UNSC 02.700% DUE 04/01/2020 RATING: BAA3 (98956PAK8)	21,849.74 22,000	21,786.82 99.0310	0.04 %	- 62.92	21,849.74 99.32	2.73 %	594.00	148.50
ZOETIS INC CALL 10/13/2020 UNSC 03.450% DUE 11/13/2020 RATING: BAA1 (98978VAJ2)	19,206.91 19,000	19,046.17 100.2430	0.04 %	- 160.74	19,206.91 101.09	3.45 %	655.50	87.40
Total corporate debt	**$5,543,675.65**	**$5,396,543.12**	**9.78 %**	**- $147,132.53**	**$5,495,172.43**	**3.59 %**	**$193,466.75**	**$43,796.19**

Detail

Other assets

	Description	Value last statement Quantity	Current market value Current price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
*	BERNSTEIN GLOBAL STYLE BLEND SERIES DBT	$36,962,804.59 736,419.141	$34,256,451.00 $46.5180	62.06 %	- $2,706,353.59	$34,337,862.00 $46.63			
	Total portfolio	**$58,271,773.07**	**$55,202,816.65**	**100.00 %**	**- $3,068,956.42**	**$55,530,069.59**	**1.00 %**	**$552,387.72**	**$116,570.38**

Retirement Plan for Employees of The Uniontown Hospital

EIN 25-0965588 PN 001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended June 30, 2018

Identity of Party Involved	Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
	Category (i) – Individual Transactions in Excess of 5% of Plan Assets					
AllianceBernstein	AllianceBernstein Institutional Fund US Style Blend Fund	$ -	$26,750,290	$18,814,257	$26,750,290	$ 7,936,033
AllianceBernstein	Sanford C. Bernstein & Co. DBT Bernstein International Value Series	-	5,271,922	5,134,647	5,271,922	137,275
AllianceBernstein	AllianceBernstein Institutional Fund International Large Cap Growth Fund	-	4,411,108	3,183,810	4,411,108	1,227,298
AllianceBernstein	Bernstein Collective Inv Trust Global Style Blend Series	36,774,736	-	36,774,736	36,774,736	-
	Category (iii) – Series of Transactions in Excess of 5% of Plan Assets					
Federal National Mtg Assn	Federal Natl Mtg Assn Pool 30 Yr TBA 03.500% Due 03/10/2041	$ 1,438,232	$ -	$ 1,438,232	$ 1,438,232	$ -
Federal National Mtg Assn	Federal Natl Mtg Assn Pool 30 Yr TBA 03.500% Due 03/10/2041	-	1,434,898	1,438,232	1,434,898	(3,334)
Federal National Mtg Assn	Federal Natl Mtg Assn 30 Yr TBA 04.000% Due 04/30/2039	1,542,373	-	1,542,373	1,542,373	-
Federal National Mtg Assn	Federal Natl Mtg Assn 30 Yr TBA 04.000% Due 04/30/2039	-	1,545,356	1,542,373	1,545,356	2,983
Federal National Loan Bank	Federal Home Loan Bank Discount Notes Due 01/19/2018	1,398,621	-	1,398,621	1,398,621	-
Federal National Loan Bank	Federal Home Loan Bank Discount Notes Due 01/19/2018	-	1,398,621	1,398,621	1,398,621	-
Federal National Loan Bank	Federal Home Loan Bank Discount Notes Due 04/20/2018	1,743,612	-	1,743,612	1,743,612	-
Federal National Loan Bank	Federal Home Loan Bank Discount Notes Due 04/20/2018	-	1,743,612	1,743,612	1,743,612	-

Retirement Plan for Employees of The Uniontown Hospital

EIN 25-0965588 PN 001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended June 30, 2018

Identity of Party Involved	Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
	Category (iii) – Series of Transactions in Excess of 5% of Plan Assets (continued)					
AllianceBernstein	AllianceBernstein Institutional Fund US Style Blend Fund	$ -	$28,256,180	$ 19,932,872	$ 28,256,180	$ 8,323,308
AllianceBernstein	Sanford C. Bernstein & Co. DBT Bernstein International Value Series	-	5,362,557	5,220,201	5,362,557	142,356
AllianceBernstein	AllianceBernstein Institutional Fund International Large Cap Growth Fund	-	4,817,715	3,574,813	4,817,715	1,242,902
AllianceBernstein	Sanford C. Bernstein & Co. DBT Bernstein Global Style Blend Series	36,774,736	-	36,774,736	36,774,736	-
AllianceBernstein	Bernstein Collective Inv Trust Global Style Blend Series	-	2,706,354	2,675,499	2,706,354	30,855
PNC	PNC Government Money Market Fund #405	2,104,676	-	2,104,676	2,104,676	-
PNC	PNC Government Money Market Fund #405	-	1,973,092	1,973,092	1,973,092	-

There were no category (ii) or (iv) reportable transactions during the year.