

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
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) ____
B	This return/report is: ☐ the first return/report ☒ an amended return/report ☒ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>ST. MARGARET HALL MONEY PURCHASE PENSION PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>07/01/1977</u>
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) <u>ST. MARGARET HALL</u> <u>1960 MADISON ROAD</u> <u>CINCINNATI, OH 45206-1828</u>
2b	Employer Identification Number (EIN) <u>31-0655031</u>
2c	Plan Sponsor's telephone number <u>513-751-5880</u>
2d	Business code (see instructions) <u>623000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/20/2020	CHARLES MAHONEY
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☐ Same as Plan Sponsor ST. MARGARET HALL 1960 MADISON ROAD CINCINNATI, OH 45206-1828	3b Administrator's EIN 31-0655031 3c Administrator's telephone number 513-751-5880
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	5 141
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 116 6a(2) 0 6b 7 6c 15 6d 22 6e 0 6f 22 6g 0 6h 7
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2C 3D 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
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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) ☐ 0 **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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan ST. MARGARET HALL MONEY PURCHASE PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ST. MARGARET HALL	D Employer Identification Number (EIN) 31-0655031	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

THE COGGINS GROUP

7755 MONTGOMERY ROAD
SUITE 200
CINCINNATI, OH 45236

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 28 51	N/A	12457	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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
(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.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>ST. MARGARET HALL MONEY PURCHASE PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ST. MARGARET HALL</u>	D Employer Identification Number (EIN) <u>31-0655031</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
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
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**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

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 <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>ST. MARGARET HALL MONEY PURCHASE PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ST. MARGARET HALL</u>	D Employer Identification Number (EIN) <u>31-0655031</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	134266251833
(2) Participant contributions		1b(2)	
(3) Other.....		1b(3)	52765276
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	4348735009
(2) U.S. Government securities.....		1c(2)	410179429116
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	356908397539
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	12174781159556
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants)		1c(7)	
(8) Participant loans		1c(8)	
(9) Value of interest in common/collective trusts.....		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other		1c(15)	5133167640

		(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	2218925 2345969
Liabilities			
g	Benefit claims payable	1g	24 24
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	125 125
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	149 149
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2218776 2345820

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	120205
	(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)	120205
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11
	(B) U.S. Government securities	2b(1)(B)	8166
	(C) Corporate debt instruments	2b(1)(C)	13459
	(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)	21636
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	26273
	(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)	26273
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	952186
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	920562
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	31624
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	240242
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	240242

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		439980

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	294581	
(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)		294581
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)	18355	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		18355
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		312936

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		127044
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name: HW & CO.

(2) EIN: 34-1663157

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		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?		X	
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?		X	
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.)	X		
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.)		X	
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?	X		
4k	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>ST. MARGARET HALL MONEY PURCHASE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ST. MARGARET HALL</u>	D Employer Identification Number (EIN) <u>31-0655031</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>01-0740524</u> <u>33-6134835</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>16</u>

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	<u>135771</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>135771</u>	
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	<u>0</u>	
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
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2017
v. 170203

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

St. Margaret Hall Money Purchase Pension Plan

YEARS ENDED DECEMBER 31, 2017 AND 2016

ST. MARGARET HALL MONEY PURCHASE PENSION PLAN

YEARS ENDED DECEMBER 31, 2017 AND 2016

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Independent Auditor's Report

Board of Trustees
St. Margaret Hall Money Purchase Pension Plan
Cincinnati, Ohio

Report on the Financial Statements

We have audited the accompanying financial statements of St. Margaret Hall Money Purchase Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits with fund information 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the St. Margaret Hall Money Purchase Pension Plan as of December 31, 2017 and 2016, and the changes in net assets available for benefits with fund information for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules on pages 12 through 14 as of and for the year ended December 31, 2017 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act (ERISA) of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in black ink that reads "HW & Co." with a period at the end. The letters are cursive and fluid.

Columbus, Ohio
October 15, 2018

ST. MARGARET HALL MONEY PURCHASE PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
Assets:		
Investments, at fair value:		
Money market funds	\$ 35,009	\$ 43,487
Bonds and government-issued securities	894,293	818,418
Common stock	1,159,556	1,217,478
Interest receivable	5,278	5,276
Contribution receivable; employer, net of forfeiture allowance	<u>251,833</u>	<u>134,266</u>
	2,345,969	2,218,925
Liabilities:		
Benefit claims payable	24	24
Distribution fee payable	<u>125</u>	<u>125</u>
	<u>149</u>	<u>149</u>
Net assets available for benefits	<u><u>\$ 2,345,820</u></u>	<u><u>\$ 2,218,776</u></u>

See notes to financial statements.

ST. MARGARET HALL MONEY PURCHASE PENSION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS WITH FUND INFORMATION

YEAR ENDED DECEMBER 31, 2017

	Receivables and Liabilities	Money Market Funds	Bonds and Government- Issued Securities	Common Stock	Total
Changes to net assets attributed to:					
Investment income:					
Interest (including change in receivable)	\$ 2	\$ -	\$ 21,634	\$ -	\$ 21,636
Dividends	-	-	-	26,273	26,273
Net appreciation in fair value of investments	-	-	61,648	210,218	271,866
	2	-	83,282	236,491	319,775
Contributions:					
Employer, net of forfeiture allocation	120,205	-	-	-	120,205
Total additions	120,207	-	83,282	236,491	439,980
Deductions from net assets attributed to:					
Benefits paid to participants	294,581	-	-	-	294,581
Administrative expenses	18,355	-	-	-	18,355
Total deductions	312,936	-	-	-	312,936
Net increase (decrease) prior to interfund transfers	(192,729)	-	83,282	236,491	127,044
Interfund transfers	310,298	(8,478)	(7,407)	(294,413)	-
Net increase (decrease)	117,569	(8,478)	75,875	(57,922)	127,044
Net assets available for benefits, beginning	139,393	43,487	818,418	1,217,478	2,218,776
Net assets available for benefits, ending	\$ 256,962	\$ 35,009	\$ 894,293	\$ 1,159,556	\$ 2,345,820

See notes to financial statements.

ST. MARGARET HALL MONEY PURCHASE PENSION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS WITH FUND INFORMATION

YEAR ENDED DECEMBER 31, 2016

	Receivables and Liabilities	Cash	Money Market Funds	Bonds and Government- Issued Securities	Common Stock	Total
Changes to net assets attributed to:						
Investment income:						
Interest (including change in receivable)	\$ 645	\$ -	\$ -	\$ 19,508	\$ -	\$ 20,153
Dividends	-	-	-	-	26,715	26,715
Net appreciation in fair value of investments	-	-	-	3,635	104,737	108,372
	645	-	-	23,143	131,452	155,240
Contributions:						
Employer, net of forfeiture allocation	134,266	-	-	-	-	134,266
Total additions	134,911	-	-	23,143	131,452	289,506
Deductions from net assets attributed to:						
Benefits paid to participants	135,075	-	-	-	-	135,075
Administrative expenses	13,579	-	-	-	-	13,579
Total deductions	148,654	-	-	-	-	148,654
Net increase (decrease) prior to interfund transfers	(13,743)	-	-	23,143	131,452	140,852
Interfund transfers	14,265	(393)	12,065	8,107	(34,044)	-
Net increase (decrease)	522	(393)	12,065	31,250	97,408	140,852
Net assets available for benefits, beginning	138,871	393	31,422	787,168	1,120,070	2,077,924
Net assets available for benefits, ending	\$ 139,393	\$ -	\$ 43,487	\$ 818,418	\$ 1,217,478	\$ 2,218,776

See notes to financial statements.

ST. MARGARET HALL MONEY PURCHASE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2017 AND 2016

1. Description of the Plan:

The following brief description of the St. Margaret Hall (the "Company") Money Purchase Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan covering all employees of the Company who have completed one year of service and are age 21 or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for oversight of the Plan. The Company's Finance Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Company's Board of Trustees.

Contributions:

Each year, the Company contributes 4% of each qualifying participant's compensation to the Plan. The Company's contribution consists of the calculated amount less forfeitures accumulated during the year. Participants may also contribute, at the discretion of the Plan Administrator, amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). All contributions into the Plan are invested in a portfolio of investments that are all non-participant directed.

The Plan met the ERISA minimum funding requirements for the 2017 Plan year. The Plan did not meet ERISA minimum funding requirements for the 2016 Plan year.

Participant accounts:

Each participant's account is increased by the Company's contribution, participant rollover contributions and an allocation of Plan investment earnings and appreciation. Each participant's account is decreased by an allocation of Plan investment losses and depreciation, administrative expenses, and forfeitures. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are vested immediately in rollover contributions plus actual earnings thereon.

Vesting in the Company's contribution portion of their accounts is based on years of continuous service.

Participants are 20% vested after completing two years of qualified service. The vested percentage then increases by 20% for each qualified year of service until it reaches 100% after the sixth year. A year of qualified service is a calendar year in which a participant has completed 1,000 or more hours of service.

ST. MARGARET HALL MONEY PURCHASE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2017 AND 2016

1. Description of the Plan (continued):

Payment of benefits:

On termination of service, a participant or his or her beneficiary will receive a lump-sum distribution if their vested account balance is less than \$1,000. If their account balance is between \$1,000 and \$5,000, their vested balance will be transferred to an IRA in their name. A participant or his or her beneficiary with an account balance in excess of \$5,000 may receive a lump-sum distribution or may elect to remain in the Plan and have his or her benefits distributed on his or her normal or early retirement date. Retirement benefit distributions are made in the form of an annuity or in a single lump-sum distribution.

Forfeitures:

When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account (as defined) represents a forfeiture. Forfeitures are utilized to reduce the Company's contribution for the plan year.

The amount of forfeited nonvested account balances totaled \$4,898 at December 31, 2017 and \$6,479 at December 31, 2016, which were used to reduce the Company's contribution.

2. Summary of significant accounting policies:

Basis of accounting:

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of estimates:

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

Investment valuation and income recognition:

The Plan's 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. The Company's Finance Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and custodian. See Note 4 for discussion of fair value measurements.

ST. MARGARET HALL MONEY PURCHASE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2017 AND 2016

2. Summary of significant accounting policies (continued):

Investment valuation and income recognition (continued):

Purchases and sales of securities are recorded daily. Interest income is recorded on the accrual basis. Realized gain or loss on investments is the difference between the proceeds received and the historical cost of the investments sold. Unrealized appreciation in the fair value of investments is the net change in the difference between fair value and the cost of investments, as provided by the custodian. These gains or losses and net changes in the differences between fair value and the cost of investments are reflected in the statements of changes in net assets available for benefits with fund information as net appreciation in fair value of investments.

Payment of benefits:

Benefit payments are recorded when paid.

Expenses:

Certain administrative expenses are paid by the Plan with the expense allocated to each participant. Third-party administrator fees and other professional fees are currently paid by the Company. The Company provides other accounting and administrative services at no cost to the Plan. No such employee, nor the Company, receives compensation from the Plan.

Subsequent events:

In preparing these financial statements, the Plan's management has evaluated events and transactions for potential recognition or disclosure through October 15, 2018, the date the Plan's financial statements were available to be issued.

3. Investments:

The following information is included in the financial statements and supplemental schedules at fair value at December 31, 2017 and 2016. The fair values are as determined by Morgan Stanley Smith Barney LLC, the custodian.

	<u>2017</u>	<u>2016</u>
Money market funds	\$ 35,009	\$ 43,487
Bonds and government-issued securities	894,293	818,418
Common stock	<u>1,159,556</u>	<u>1,217,478</u>
	<u>\$ 2,088,858</u>	<u>\$ 2,079,383</u>

ST. MARGARET HALL MONEY PURCHASE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2017 AND 2016

4. Fair value:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Money market funds and common stocks are valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

U.S. government-issued securities are valued using pricing models maximizing the use of observable inputs for similar securities.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

ST. MARGARET HALL MONEY PURCHASE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2017 AND 2016

4. Fair value (continued):

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016.

	2017		2016	
	Level 1	Level 2	Level 1	Level 2
Money market funds	\$ 35,009	\$ -	\$ 43,487	\$ -
Bonds and government- Issued securities	-	894,293	-	818,418
Common stock	<u>1,159,556</u>	<u>-</u>	<u>1,217,478</u>	<u>-</u>
Total investments	<u>\$ 1,194,565</u>	<u>\$ 894,293</u>	<u>\$ 1,260,965</u>	<u>\$ 818,418</u>

5. Termination of the Plan:

Although the Company has not expressed any intent to do so, it has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. If the Plan were to terminate or partially terminate, participants would become 100% vested in their accounts, and the Plan's value would be determined at the fair value at that time.

6. Party-in-interest transactions:

Certain Plan investments are managed by Morgan Stanley Smith Barney, LLC (Morgan Stanley). Morgan Stanley is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of investments.

The 2016 employer contribution, net of forfeitures, totaling \$134,266 was not remitted to the Plan within the time limit prescribed by the Department of Labor. In 2018 the Company will calculate and remit the earnings on the late contribution, which will be allocated to all affected participants.

7. Tax status:

The Internal Revenue Service has ruled that the Plan qualifies under Section 401(a) of the Internal Revenue Code (IRC) and is therefore not subject to tax under present income tax law. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan has received a favorable determination letter from the Internal Revenue Service. Management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

ST. MARGARET HALL MONEY PURCHASE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2017 AND 2016

7. Tax status (continued):

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2014.

8. Risk 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 risks associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

ST. MARGARET HALL MONEY PURCHASE PENSION PLAN

PLAN NUMBER: 001 EIN: 31-0655031

SCHEDULE H, ITEM 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
Non-participant directed investments:				
*	MS Liquid Asset Fund	Money Market Fund	-	9,915
*	MS Liquid Asset Fund	Money Fund	-	25,094
	Amazon.Com Inc	Bonds - 17,000 - due 12/05/2024, 3.800%	18,076	17,955
	American Express	Bonds - 8,000 - due 09/14/2020, 2.600%	8,079	8,040
	Apple Inc.	Bonds - 13,000 - due 11/13/2047, 3.750%	12,879	13,371
	Apple Inc.	Bonds - 15,000 - due 05/03/2018, 1.634%	15,051	15,009
	AT&T Inc	Bonds - 21,000 - due 01/15/2025, 3.950%	21,134	21,501
	Bank of New York Mellon	Bonds - 10,000 - due 06/20/2023, 4.500%	10,127	9,963
	Burlington North Santa Fe	Bonds - 16,000 - due 03/15/2023, 3.000%	15,923	16,300
	Celgene Corp	Bonds - 9,000 - due 08/15/2025, 3.875%	9,118	9,316
	Chicago IL Met Wtr	Bonds - 5,000 - due 12/01/2038, 5.720%	6,147	6,502
	Cigna Corp.	Bonds - 8,000 - due 02/15/2022, 4.000%	7,901	8,355
	Clemson Univ Athletic	Bonds - 5,000 - due 05/01/2022, 2.600%	5,109	4,983
	Clemson Univ Athletic	Bonds - 5,000 - due 05/01/2021, 2.400%	5,096	4,962
	Comcast Corp.	Bonds - 19,000 - due 02/01/2027, 3.300%	19,172	19,384
	CVS Health Corp.	Bonds - 19,000 - due 06/01/2026, 2.875%	18,407	18,216
	Eaton Corp	Bonds - 8,000 - due 11/02/2022, 2.750%	8,140	8,023
	Enterprise Products	Bonds - 8,000 - due 03/15/2044, 4.850%	8,218	8,708
	Fed Home Ln Mtg Corp	Bonds - 16,000 - due 06/29/2020, 1.750%	15,996	15,879
	Federal Natl MTG Assn	Bonds - 50,000 - due 02/26/2021, 1.375%	49,838	48,948
	Federal Natl MTG Assn	Bonds - 42,000 - due 09/06/2024, 2.625%	42,822	42,559
	Federal Natl MTG Assn	Bonds - 44,000 - due 04/24/2026, 2.125%	42,816	42,460
	General Electric Capital Corp.	Bonds - 9,000 - due 01/09/2023, 3.100%	9,015	9,141
	Goldman Sachs Group Inc.	Bonds - 18,000 - due 05/22/2025, 3.750%	18,131	18,545
	John Deere Capital Corp.	Bonds - 9,000 - due 12/13/2018, 1.950%	9,037	8,996
	JP Morgan Chase & Co.	Bonds - 17,000 - due 05/01/2023, 3.375%	17,047	17,280
	Los Angeles Calif Dept Arpts Rev	Bonds - 10,000 - due 05/15/2023, 2.794%	10,000	10,052
	Los Angeles Calif Genl Oblg	Bonds - 10,000 - due 09/01/2022, 2.440%	10,088	9,990
	Marriott International	Bonds - 9,000 - due 06/15/2026, 3.125%	8,955	8,853
	Microsoft Corp.	Bonds - 15,000 - due 02/06/2047, 4.250%	17,139	17,149
	Midamerican Energy Hldgs	Bonds - 12,000 - due 04/01/2018, 5.750%	12,468	12,113
	Midamerican Energy HLDGS	Bonds - 9,000 - due 04/01/2036, 6.125%	11,358	12,029
	Ohio St. Higher Education	Bonds - 10,000 - due 12/01/2029, 4.050%	10,000	10,173
	Oracle Corp.	Bonds - 21,000 - due 05/15/2035, 3.900%	20,981	22,245
	Stanley Black & Decker Inc	Bonds - 10,000 - due 11/17/2018, 2.451%	10,060	10,030
	Stanley Black & Decker Inc	Bonds - 9,000 - due 11/17/2018, 1.622%	8,977	8,967
	The Regents of the Univ of Calif.	Bonds - 15,000 - due 05/15/2019, 3.909%	15,000	15,951
	Thermo Fisher Scientific	Bonds - 9,000 - due 09/19/2026, 2.950%	8,769	8,745
	TJX COS Inc.	Bonds - 9,000 - due 9/15/2026, 2.250%	8,792	8,446
	University Pittsburgh PA Higher Ed	Bonds - 5,000 - due 09/15/2024, 2.877%	5,000	5,025
	US Bancorp	Bonds - 8,000 - due 04/15/2027, 5.300%	8,426	8,660
	US Treasury Bond-Inflation Index	Bonds - 15,000 - due 02/15/2043, 0.625%	14,097	15,748
	US Treasury Bond	Bonds - 71,000 - due 11/15/2042, 2.750%	71,210	71,449
	US Treasury Note	Bonds - 54,000 - due 08/15/2021, 2.125%	54,735	54,078
	US Treasury Note	Bonds - 51,000 - due 12/31/2019, 1.125%	50,147	50,245
	US Treasury Note	Bonds - 17,000 - due 09/30/2018, 1.375%	17,060	16,955
	US Treasury Note	Bonds - 20,000 - due 12/31/18, 1.250%	19,977	19,889

(continued)

ST. MARGARET HALL MONEY PURCHASE PENSION PLAN

PLAN NUMBER: 001 EIN: 31-0655031

SCHEDULE H, ITEM 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2017

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
Non-participant directed investments (continued):				
US Treasury Note	Bonds - 24,000 - due 09/30/2023, 1.375%	22,492	22,862	
US Treasury Note Floating Rate	Bonds - 28,000 - due 01/31/2019, 1.590%	28,010	28,045	
Verizon Communications	Bonds - 18,000 - due 08/15/2026, 2.625%	17,691	16,954	
Visa Inc	Bonds - 16,000 - due 12/14/2045, 4.300%	17,473	18,207	
Wells Fargo & Co.	Bonds - 16,000 - due 07/22/2027, 4.300%	16,212	17,037	
3M Company	Common Stock - 154 Shares	25,061	36,247	
Accenture Plc	Common Stock - 109 Shares	10,017	16,687	
Air Prod & Chem Inc	Common Stock - 145 Shares	20,888	23,792	
American Tower Reit Com	Common Stock - 72 Shares	9,859	10,272	
Amgen Inc.	Common Stock - 180 Shares	20,920	31,302	
Apple Inc.	Common Stock - 218 Shares	21,326	36,892	
BB&T Corp	Common Stock - 539 Shares	21,557	26,799	
Becton Dickinson & Co.	Common Stock - 124 Shares	13,039	26,543	
Blackrock Inc.	Common Stock - 69 Shares	23,287	35,446	
Broadcom LTD SHS	Common Stock - 147 Shares	21,475	37,764	
Broadridge Fin Solu LLC	Common Stock - 415 Shares	21,293	37,591	
C R Bard Inc New Jersey	Common Stock - 72 Shares	11,820	23,849	
CDW Corp.	Common Stock - 290 Shares	14,155	20,152	
Cintas Corp.	Common Stock - 159 Shares	14,117	24,777	
Cisco Sys Inc.	Common Stock - 929 Shares	23,428	35,581	
Comcast Corp.	Common Stock - 748 Shares	27,154	29,957	
Crown Castle Intl Corp	Common Stock - 100 Shares	8,431	11,101	
Enbridge Inc	Common Stock - 290 Shares	11,066	11,342	
Estee Lauder Co Inc. CL. A	Common Stock - 236 Shares	18,604	30,029	
Exxon Mobil Corp.	Common Stock - 250 Shares	20,477	20,910	
Home Depot	Common Stock - 237 Shares	27,131	44,919	
Ill Tool Works Inc	Common Stock - 132 Shares	20,713	22,024	
JPMorgan Chase & Co.	Common Stock - 482 Shares	32,615	51,545	
Marketaxess Holdings Inc.	Common Stock - 109 Shares	9,516	21,991	
Marsh & McLennan Cos Inc.	Common Stock - 378 Shares	22,897	30,765	
Medtronic Inc.	Common Stock - 351 Shares	27,857	28,343	
Microsoft Corp.	Common Stock - 712 Shares	35,139	60,904	
Mondelez Intl Inc Com	Common Stock - 579 Shares	24,018	24,781	
Nextera Energy Inc.	Common Stock - 235 Shares	24,863	36,705	
Pepsico Inc.	Common Stock - 269 Shares	26,289	32,258	
PNC Finl Svcs	Common Stock - 230 Shares	20,087	33,187	
Quest Diagnostics Inc	Common Stock - 145 Shares	15,778	14,281	
Roper Technologies Inc.	Common Stock - 66 Shares	8,246	17,094	
Starbucks Corp Washington	Common Stock - 394 Shares	22,090	22,627	
Stryker Corp.	Common Stock - 284 Shares	21,471	43,975	
Texas Instruments	Common Stock - 443 Shares	32,157	46,267	
The J.M. Smucker Company	Common Stock - 105 Shares	13,416	13,045	
TJX COS Inc.	Common Stock - 131 Shares	8,818	10,016	
Union Pacific Corp.	Common Stock - 249 Shares	23,486	33,391	
UnitedHealth Gp Inc.	Common Stock - 130 Shares	15,025	28,660	
Wec Energy Group Inc. Com	Common Stock - 237 Shares	13,740	15,745	
		<u>\$ 1,691,722</u>	<u>\$ 2,088,858</u>	

* Represents party-in-interest to the Plan.

ST. MARGARET HALL MONEY PURCHASE PENSION PLAN

PLAN NUMBER: 001 EIN: 31-0655031

SCHEDULE H, ITEM 4I - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)

YEAR ENDED DECEMBER 31, 2017

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(c) Cost of Acquisitions	(d) Proceeds of Dispositions
Air Prod & Chem Inc.	Common Stock	36 Shares			\$ 5,085	\$ 5,486
American Tower Reit Company	Common Stock	8 Shares			1,095	1,120
Bank of America	Bond	2,000	due 1/21/2044	5.000%	2,328	2,413
Capital One Finl	Bond	2,000	due 7/15/2021	4.750%	2,165	2,156
Colgate Palmolive Co.	Common Stock	75 Shares			5,470	5,476
Comcast Corp	Bond	2,000	due 3/1/2020	5.150%	2,183	2,174
Enbridge Inc .	Common Stock	52 Shares			1,984	2,024
Equifax Inc.	Common Stock	36 Shares			4,906	3,252
Ill Tool Works Inc.	Common Stock	18 Shares			2,825	2,995
Intel Tnd Cf06f	Bond	2,000	due 10/1/2041	4.800%	2,344	2,431
Marriott Internat	Bond	2,000	due 1/15/2022	2.300%	1,977	1,980
Mondelez Intl Inc Company	Common Stock	71 Shares			2,945	3,054
Quest Diagnostics Inc.	Common Stock	21 Shares			2,285	2,058
Sempra Energy	Bond	8,000	due 11/15/2025	3.750%	8,348	8,368
Starbucks Corp.	Common Stock	89 shares			5,075	5,220



March 4, 2020

Amending 2017 Form 5500 to Final.

To whom it may concern,

St. Margaret Hall Money Purchase Pension Plan is amending their 2017 Form 5500 since they have elected to be a Church Plan not subject to ERISA.

We were instructed by the attorneys to discontinue any preparation of forms 5500 and amend the 2017 5500 that reflects as final 5500 filing for the plan.

Sincerely,

Sandra Herran

Retirement Plan Team Lead

P (407) 986-6770 | Ext 36770

FuturePlan.com |



ST. MARGARET HALL MONEY PURCHASE PENSION PLAN

PLAN NUMBER: 001 EIN: 31-0655031

SCHEDULE H, ITEM 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
Non-participant directed investments:				
*	MS Liquid Asset Fund	Money Market Fund	-	9,915
*	MS Liquid Asset Fund	Money Fund	-	25,094
	Amazon.Com Inc	Bonds - 17,000 - due 12/05/2024, 3.800%	18,076	17,955
	American Express	Bonds - 8,000 - due 09/14/2020, 2.600%	8,079	8,040
	Apple Inc.	Bonds - 13,000 - due 11/13/2047, 3.750%	12,879	13,371
	Apple Inc.	Bonds - 15,000 - due 05/03/2018, 1.634%	15,051	15,009
	AT&T Inc	Bonds - 21,000 - due 01/15/2025, 3.950%	21,134	21,501
	Bank of New York Mellon	Bonds - 10,000 - due 06/20/2023, 4.500%	10,127	9,963
	Burlington North Santa Fe	Bonds - 16,000 - due 03/15/2023, 3.000%	15,923	16,300
	Celgene Corp	Bonds - 9,000 - due 08/15/2025, 3.875%	9,118	9,316
	Chicago IL Met Wtr	Bonds - 5,000 - due 12/01/2038, 5.720%	6,147	6,502
	Cigna Corp.	Bonds - 8,000 - due 02/15/2022, 4.000%	7,901	8,355
	Clemson Univ Athletic	Bonds - 5,000 - due 05/01/2022, 2.600%	5,109	4,983
	Clemson Univ Athletic	Bonds - 5,000 - due 05/01/2021, 2.400%	5,096	4,962
	Comcast Corp.	Bonds - 19,000 - due 02/01/2027, 3.300%	19,172	19,384
	CVS Health Corp.	Bonds - 19,000 - due 06/01/2026, 2.875%	18,407	18,216
	Eaton Corp	Bonds - 8,000 - due 11/02/2022, 2.750%	8,140	8,023
	Enterprise Products	Bonds - 8,000 - due 03/15/2044, 4.850%	8,218	8,708
	Fed Home Ln Mtg Corp	Bonds - 16,000 - due 06/29/2020, 1.750%	15,996	15,879
	Federal Natl MTG Assn	Bonds - 50,000 - due 02/26/2021, 1.375%	49,838	48,948
	Federal Natl MTG Assn	Bonds - 42,000 - due 09/06/2024, 2.625%	42,822	42,559
	Federal Natl MTG Assn	Bonds - 44,000 - due 04/24/2026, 2.125%	42,816	42,460
	General Electric Capital Corp.	Bonds - 9,000 - due 01/09/2023, 3.100%	9,015	9,141
	Goldman Sachs Group Inc.	Bonds - 18,000 - due 05/22/2025, 3.750%	18,131	18,545
	John Deere Capital Corp.	Bonds - 9,000 - due 12/13/2018, 1.950%	9,037	8,996
	JP Morgan Chase & Co.	Bonds - 17,000 - due 05/01/2023, 3.375%	17,047	17,280
	Los Angeles Calif Dept Arpts Rev	Bonds - 10,000 - due 05/15/2023, 2.794%	10,000	10,052
	Los Angeles Calif Genl Oblg	Bonds - 10,000 - due 09/01/2022, 2.440%	10,088	9,990
	Marriott International	Bonds - 9,000 - due 06/15/2026, 3.125%	8,955	8,853
	Microsoft Corp.	Bonds - 15,000 - due 02/06/2047, 4.250%	17,139	17,149
	Midamerican Energy Hldgs	Bonds - 12,000 - due 04/01/2018, 5.750%	12,468	12,113
	Midamerican Energy HLDGS	Bonds - 9,000 - due 04/01/2036, 6.125%	11,358	12,029
	Ohio St. Higher Education	Bonds - 10,000 - due 12/01/2029, 4.050%	10,000	10,173
	Oracle Corp.	Bonds - 21,000 - due 05/15/2035, 3.900%	20,981	22,245
	Stanley Black & Decker Inc	Bonds - 10,000 - due 11/17/2018, 2.451%	10,060	10,030
	Stanley Black & Decker Inc	Bonds - 9,000 - due 11/17/2018, 1.622%	8,977	8,967
	The Regents of the Univ of Calif.	Bonds - 15,000 - due 05/15/2019, 3.909%	15,000	15,951
	Thermo Fisher Scientific	Bonds - 9,000 - due 09/19/2026, 2.950%	8,769	8,745
	TJX COS Inc.	Bonds - 9,000 - due 9/15/2026, 2.250%	8,792	8,446
	University Pittsburgh PA Higher Ed	Bonds - 5,000 - due 09/15/2024, 2.877%	5,000	5,025
	US Bancorp	Bonds - 8,000 - due 04/15/2027, 5.300%	8,426	8,660
	US Treasury Bond-Inflation Index	Bonds - 15,000 - due 02/15/2043, 0.625%	14,097	15,748
	US Treasury Bond	Bonds - 71,000 - due 11/15/2042, 2.750%	71,210	71,449
	US Treasury Note	Bonds - 54,000 - due 08/15/2021, 2.125%	54,735	54,078
	US Treasury Note	Bonds - 51,000 - due 12/31/2019, 1.125%	50,147	50,245
	US Treasury Note	Bonds - 17,000 - due 09/30/2018, 1.375%	17,060	16,955
	US Treasury Note	Bonds - 20,000 - due 12/31/18, 1.250%	19,977	19,889

(continued)

ST. MARGARET HALL MONEY PURCHASE PENSION PLAN

PLAN NUMBER: 001 EIN: 31-0655031

SCHEDULE H, ITEM 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2017

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
Non-participant directed investments (continued):				
US Treasury Note	Bonds - 24,000 - due 09/30/2023, 1.375%	22,492	22,862	
US Treasury Note Floating Rate	Bonds - 28,000 - due 01/31/2019, 1.590%	28,010	28,045	
Verizon Communications	Bonds - 18,000 - due 08/15/2026, 2.625%	17,691	16,954	
Visa Inc	Bonds - 16,000 - due 12/14/2045, 4.300%	17,473	18,207	
Wells Fargo & Co.	Bonds - 16,000 - due 07/22/2027, 4.300%	16,212	17,037	
3M Company	Common Stock - 154 Shares	25,061	36,247	
Accenture Plc	Common Stock - 109 Shares	10,017	16,687	
Air Prod & Chem Inc	Common Stock - 145 Shares	20,888	23,792	
American Tower Reit Com	Common Stock - 72 Shares	9,859	10,272	
Amgen Inc.	Common Stock - 180 Shares	20,920	31,302	
Apple Inc.	Common Stock - 218 Shares	21,326	36,892	
BB&T Corp	Common Stock - 539 Shares	21,557	26,799	
Becton Dickinson & Co.	Common Stock - 124 Shares	13,039	26,543	
Blackrock Inc.	Common Stock - 69 Shares	23,287	35,446	
Broadcom LTD SHS	Common Stock - 147 Shares	21,475	37,764	
Broadridge Fin Solu LLC	Common Stock - 415 Shares	21,293	37,591	
C R Bard Inc New Jersey	Common Stock - 72 Shares	11,820	23,849	
CDW Corp.	Common Stock - 290 Shares	14,155	20,152	
Cintas Corp.	Common Stock - 159 Shares	14,117	24,777	
Cisco Sys Inc.	Common Stock - 929 Shares	23,428	35,581	
Comcast Corp.	Common Stock - 748 Shares	27,154	29,957	
Crown Castle Intl Corp	Common Stock - 100 Shares	8,431	11,101	
Enbridge Inc	Common Stock - 290 Shares	11,066	11,342	
Estee Lauder Co Inc. CL. A	Common Stock - 236 Shares	18,604	30,029	
Exxon Mobil Corp.	Common Stock - 250 Shares	20,477	20,910	
Home Depot	Common Stock - 237 Shares	27,131	44,919	
Ill Tool Works Inc	Common Stock - 132 Shares	20,713	22,024	
JPMorgan Chase & Co.	Common Stock - 482 Shares	32,615	51,545	
Marketaxess Holdings Inc.	Common Stock - 109 Shares	9,516	21,991	
Marsh & McLennan Cos Inc.	Common Stock - 378 Shares	22,897	30,765	
Medtronic Inc.	Common Stock - 351 Shares	27,857	28,343	
Microsoft Corp.	Common Stock - 712 Shares	35,139	60,904	
Mondelez Intl Inc Com	Common Stock - 579 Shares	24,018	24,781	
Nextera Energy Inc.	Common Stock - 235 Shares	24,863	36,705	
Pepsico Inc.	Common Stock - 269 Shares	26,289	32,258	
PNC Finl Svcs	Common Stock - 230 Shares	20,087	33,187	
Quest Diagnostics Inc	Common Stock - 145 Shares	15,778	14,281	
Roper Technologies Inc.	Common Stock - 66 Shares	8,246	17,094	
Starbucks Corp Washington	Common Stock - 394 Shares	22,090	22,627	
Stryker Corp.	Common Stock - 284 Shares	21,471	43,975	
Texas Instruments	Common Stock - 443 Shares	32,157	46,267	
The J.M. Smucker Company	Common Stock - 105 Shares	13,416	13,045	
TJX COS Inc.	Common Stock - 131 Shares	8,818	10,016	
Union Pacific Corp.	Common Stock - 249 Shares	23,486	33,391	
UnitedHealth Gp Inc.	Common Stock - 130 Shares	15,025	28,660	
Wec Energy Group Inc. Com	Common Stock - 237 Shares	13,740	15,745	
		<u>\$ 1,691,722</u>	<u>\$ 2,088,858</u>	

* Represents party-in-interest to the Plan.

ST. MARGARET HALL MONEY PURCHASE PENSION PLAN

PLAN NUMBER: 001 EIN: 31-0655031

SCHEDULE H, ITEM 4I - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)

YEAR ENDED DECEMBER 31, 2017

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
Air Prod & Chem Inc.	Common Stock 36 Shares	\$ 5,085	\$ 5,486
American Tower Reit Company	Common Stock 8 Shares	1,095	1,120
Bank of America	Bond 2,000 due 1/21/2044 5.000%	2,328	2,413
Capital One Finl	Bond 2,000 due 7/15/2021 4.750%	2,165	2,156
Colgate Palmolive Co.	Common Stock 75 Shares	5,470	5,476
Comcast Corp	Bond 2,000 due 3/1/2020 5.150%	2,183	2,174
Enbridge Inc .	Common Stock 52 Shares	1,984	2,024
Equifax Inc.	Common Stock 36 Shares	4,906	3,252
Ill Tool Works Inc.	Common Stock 18 Shares	2,825	2,995
Intel Tnd Cf06f	Bond 2,000 due 10/1/2041 4.800%	2,344	2,431
Marriott Internat	Bond 2,000 due 1/15/2022 2.300%	1,977	1,980
Mondelez Intl Inc Company	Common Stock 71 Shares	2,945	3,054
Quest Diagnostics Inc.	Common Stock 21 Shares	2,285	2,058
Sempra Energy	Bond 8,000 due 11/15/2025 3.750%	8,348	8,368
Starbucks Corp.	Common Stock 89 shares	5,075	5,220