

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>07/01/2013</u> and ending <u>06/30/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information						
1a Name of plan <u>PENSION PLAN FOR EMPLOYEES OF ST. FRANCIS HOSPITAL OF NEW CASTLE</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1968</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>07/01/1968</u>			
1b Three-digit plan number (PN) ▶	<u>003</u>						
1c Effective date of plan <u>07/01/1968</u>							
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>JAMESON HEALTH SYSTEM INC.</u> <u>1211 WILMINGTON AVENUE</u> <u>NEW CASTLE, PA 16105-2516</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>25-1536036</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>724-656-4117</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>25-1536036</u>		2c Sponsor's telephone number <u>724-656-4117</u>		2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>25-1536036</u>							
2c Sponsor's telephone number <u>724-656-4117</u>							
2d Business code (see instructions) <u>622000</u>							

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	04/02/2015 Date	NEIL CHESSIN Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	422
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	0
b Retired or separated participants receiving benefits		6b	267
c Other retired or separated participants entitled to future benefits		6c	139
d Subtotal. Add lines 6a , 6b , and 6c		6d	406
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	7
f Total. Add lines 6d and 6e		6f	413
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	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: 1A 1I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

▶ **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 <u>PENSION PLAN FOR EMPLOYEES OF ST. FRANCIS HOSPITAL OF NEW CASTLE</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>JAMESON HEALTH SYSTEM INC.</u>	D Employer Identification Number (EIN) <u>25-1536036</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>6215934</u>
b Actuarial value	2b <u>6177983</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>257</u> <u>4323347</u>
b For terminated vested participants.....	3b <u>165</u> <u>2736542</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>0</u>
(3) Total active.....	3c(3) <u>0</u>
d Total.....	3d <u>422</u> <u>7059889</u>
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 <u>6.58</u> %
6 Target normal cost	6 <u>0</u>

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		<u>03/16/2015</u>
	Signature of actuary	Date
<u>ROBERT CRNJARICH</u>	Type or print name of actuary	<u>14-05141</u>
		Most recent enrollment number
<u>COWDEN ASSOCIATES, INC.</u>	Firm name	<u>412-394-9951</u>
		Telephone number (including area code)
<u>444 LIBERTY AVENUE, SUITE 605</u> <u>PITTSBURGH, PA 15222-1222</u>	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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2013
v. 130118

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)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>10.58</u> %	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)		0
b Interest on (a) using prior year's effective interest rate of <u>6.94</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
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	87.50 %
15 Adjusted funding target attainment percentage	15	87.50 %
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	84.31 %
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
10/15/2013	49455	0			
01/15/2014	49455	0			
04/15/2014	49455	0			
07/15/2014	49455	0			
03/13/2015	124969	0			
			Totals ►	18(b)	322789
				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	301789
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ 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: 5.23%	2nd segment: 6.51%	3rd segment: 7.16 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
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	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	881906	301789	
b Waiver amortization installment			
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	301789	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....	36	301789	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	301789	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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) 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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014	
A Name of plan PENSION PLAN FOR EMPLOYEES OF ST. FRANCIS HOSPITAL OF NEW CASTLE	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 JAMESON HEALTH SYSTEM INC.	D Employer Identification Number (EIN) 25-1536036

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)

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 27	TRUSTEE AND INVST.ADVISO	47007	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>07/01/2013</u> and ending <u>06/30/2014</u>		
A Name of plan <u>PENSION PLAN FOR EMPLOYEES OF ST. FRANCIS HOSPITAL OF NEW CASTLE</u>		B Three-digit plan number (PN) ► <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JAMESON HEALTH SYSTEM INC.</u>		D Employer Identification Number (EIN) <u>25-1536036</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)	75359174424
(2) Participant contributions		1b(2)	
(3) Other.....		1b(3)	49468575
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	4227555590
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	25746642871408
(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)	35202233926411
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other		1c(15)	

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6217467	7036408

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	10973	11979
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10973	11979

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6206494	7024429
---	-----------	---------	---------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	322789	
(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)		322789

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	154366	
(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)		154366

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2742168	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2610964	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		131204

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	477322	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		477322

		(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)		339145
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1424826

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	559884	
(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)		559884
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	47007	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		47007
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		606891

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		817935
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: ARNETT CARBIS TOOTHMAN, LLP

(2) EIN: 55-0486667

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.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

A Name of plan <u>PENSION PLAN FOR EMPLOYEES OF ST. FRANCIS HOSPITAL OF NEW CASTLE</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JAMESON HEALTH SYSTEM INC.</u>	D Employer Identification Number (EIN) <u>25-1536036</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>25-1211909</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>0</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		
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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

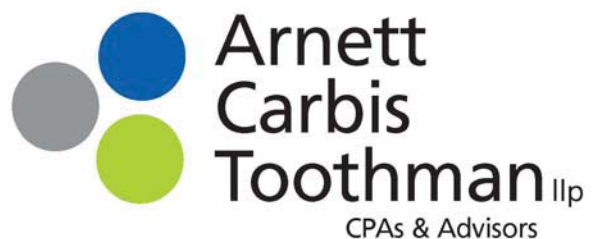
a Enter the percentage of plan assets held as:
 Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

PENSION PLAN FOR EMPLOYEES OF ST. FRANCIS HOSPITAL OF NEW CASTLE

**Financial Report
June 30, 2014**



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INDEPENDENT AUDITOR'S REPORT

Human Resources Committee of the Board of
Directors of Jameson Health System, Inc.
Pension Plan for Employees of
St. Francis Hospital of New Castle
New Castle, Pennsylvania

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Pension Plan for Employees of St. Francis Hospital of New Castle (Plan), which comprise the statements of net assets available for benefits as of June 30, 2014 and 2013, 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 the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by PNC Bank, the Custodian of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the Custodian as of June 30, 2014 and 2013, and for the years then ended, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets held at end of year as of June 30, 2014, and reportable transactions for the year ended June 30, 2014, 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 purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental 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 or provided by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Arnett Carbis Toothman LLP

New Castle, Pennsylvania
March 24, 2015

**PENSION PLAN FOR EMPLOYEES OF
ST. FRANCIS HOSPITAL OF NEW CASTLE**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
June 30, 2014 and 2013**

	2014	2013
ASSETS		
Investments at fair value:		
Mutual funds	\$ 3,926,411	\$ 3,520,223
Equity securities	2,871,408	2,574,664
Money market investments	55,590	42,275
	<hr/>	<hr/>
Total investments	6,853,409	6,137,162
	<hr/>	
Receivables:		
Employer contributions	174,424	75,359
Accrued income	8,575	4,946
	<hr/>	<hr/>
Total receivables	182,999	80,305
	<hr/>	
Total assets	7,036,408	6,217,467
LIABILITIES		
Accrued administrative expenses	11,979	10,973
	<hr/>	<hr/>
Net assets available for benefits	\$ 7,024,429	\$ 6,206,494
	<hr/>	<hr/>

See Notes to Financial Statements.

**PENSION PLAN FOR EMPLOYEES OF
ST. FRANCIS HOSPITAL OF NEW CASTLE**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended June 30, 2014 and 2013**

	2014	2013
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 947,671	\$ 476,358
Interest and dividend income	154,366	174,310
Total investment income	1,102,037	650,668
Employer contributions	322,789	208,886
Total additions	1,424,826	859,554
Deductions from net assets attributed to:		
Benefits payments	559,884	526,977
Administrative expenses	47,007	44,014
Total deductions	606,891	570,991
Net increase	817,935	288,563
Net assets available for benefits:		
Beginning of year	6,206,494	5,917,931
End of year	\$ 7,024,429	\$ 6,206,494

See Notes to Financial Statements.

**PENSION PLAN FOR EMPLOYEES OF
ST. FRANCIS HOSPITAL OF NEW CASTLE**

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following is a brief description of the Pension Plan for Employees of St. Francis Hospital of New Castle (Plan) and is provided for general information purposes only. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General: The Plan is a noncontributory defined benefit plan covering substantially all hourly and salaried employees of St. Francis Hospital of New Castle (St. Francis). St. Francis was the trustee of the Plan through October 31, 2002. Effective November 1, 2002, Jameson Health Services, Inc., a wholly owned subsidiary of Jameson Health System, Inc. (System), purchased certain assets and assumed certain liabilities from St. Francis, including the Plan. On November 1, 2002, the System was appointed the new Plan Sponsor and, on that date, the Plan became subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Prior to that date, the Plan was classified as a nonelecting church plan and was not subject to the provisions of the ERISA. Effective October 31, 2002, the Plan was amended to freeze accrued benefits, credited service, and Plan participation. The Plan was amended and restated as of July 1, 2008, to encompass various changes to be in compliance with the current pension laws.

Eligibility: The Plan provided for participation after completion of 1,000 hours of service in a Plan year and employees were 100% vested after five years of credited service.

Effective October 31, 2002, participation in the Plan was frozen. In addition, participants no longer accrued credited service subsequent to October 31, 2002.

Pension benefits: Participants with five years of continuous service, as defined by the Plan, are entitled to pension benefits upon retirement. Pension benefits are provided to participants under several types of retirement options based upon years of continuous service and age. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint and survivor annuities, including a lump-sum payment option for payments less than \$5,000.

Death benefits: If a vested employee dies prior to the commencement of benefits, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary.

Note 2. Significant Accounting Policies

The accounting policies followed by the Plan and the method of applying those policies which materially affect the determination of net assets available for benefits and changes in net assets available for benefits are as follows:

Basis of accounting: The financial statements of the Plan are prepared under the accrual method of accounting.

Investment valuation and income recognition: Investments are stated 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 as of the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date and interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and (losses) on investments bought and sold as well as held during the year.

Contributions: The System's funding policy is to make contributions to the Plan based on the funding standard developed by the Plan's actuary. Contributions to the Plan are made at various times throughout the year. In the event that a contribution of the current Plan year is not received by the end of the Plan year (June 30), the financial statements would recognize a receivable from the System for Plan contributions.

**PENSION PLAN FOR EMPLOYEES OF
ST. FRANCIS HOSPITAL OF NEW CASTLE**

NOTES TO FINANCIAL STATEMENTS

Payments of benefits: Benefits are recorded when paid.

Administrative expenses: The Plan's administrative expenses are paid by either the Plan or the Plan Sponsor, as provided by the Plan document. Typically the Plan pays for the investment management fees.

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 net assets available for benefits, accumulated plan benefits, and disclosure of contingent assets and liabilities at the date of the financial statements and reported increases and decreases to the plan's net assets available for benefits and changes in accumulated plan benefits during the reporting period. Actual results could differ from those estimates.

Actuarial present value of accumulated Plan benefits: The actuarial present value of accumulated Plan benefits presented below is based upon actuarial valuation as of July 1, 2013 and 2012, prepared by the Plan's actuary, Cowden Associates, Inc.

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions for service participants have rendered up to October 31, 2002. Accumulated Plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of participants who have died, and (3) present employees or their beneficiaries. Benefits under the Plan are based on the participants' final average earnings (up to the maximum permitted by law) over the five consecutive years in which the participants had their highest total earnings within the ten years preceding October 31, 2002.

The actuarial present value of accumulated Plan benefits was determined by Cowden Associates, Inc., and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated Plan benefits as of July 1 is as follows:

	2013	2012
<hr/>		
Actuarial present value of accumulated Plan benefits as of July 1:		
Vested benefits:		
Participants currently receiving payments	\$ 3,835,973	\$ 3,926,653
Other participants	2,279,094	2,212,558
	<hr/>	<hr/>
Actuarial present value of accumulated Plan benefits	\$ 6,115,067	\$ 6,139,211
	<hr/>	<hr/>

Nonvested benefits do not exist.

**PENSION PLAN FOR EMPLOYEES OF
ST. FRANCIS HOSPITAL OF NEW CASTLE**

NOTES TO FINANCIAL STATEMENTS

The changes in actuarial present value of accumulated Plan benefits during 2013 and 2012 are as follows:

	2013	2012
Actuarial present value of accumulated Plan benefits as of July 1:		
Beginning of year	\$ 6,139,211	\$ 6,249,688
Increase (decrease) during the year attributable to:		
Decrease in discount period	470,463	480,034
Benefits accumulated and Plan experience	32,370	(82,211)
Benefits paid	(526,977)	(508,300)
Actuarial present value of accumulated Plan benefits at end of year	\$ 6,115,067	\$ 6,139,211

The significant actuarial assumptions used in the valuation as of July 1, 2013 and 2012, were:

Mortality for Minimum and Maximum Funding: IRS 2013 Static Mortality Table for July 1, 2013, valuation
IRS 2012 Static Mortality Table for July 1, 2012, valuation

Mortality for Present Value of Accumulated Benefits: RP-2000 projected to 2007 no collar male and female mortality for Healthy Participants.

IRS Prescribed Interest Rates for Funding Target Liability in 2013 and 2012

	2013		2012	
Minimum/Maximum Funding	Minimum*	Maximum	Minimum*	Maximum
First Segment Rate	4.94%	1.41%	5.54%	1.81%
Second Segment Rate	6.15%	4.07%	6.85%	4.73%
Third Segment Rate	6.76%	5.11%	7.52%	5.85%
Lookback Month	July	July	July	July
Present Value of Accrued Benefits	8.00%	8.00%	8.00%	8.00%

* MAP-21 rates (not applicable for Maximum Funding calculations)

Retirement will occur at age 65.

No pre-retirement withdrawal or disability is assumed.

Marital status: 85% married, female spouse 4 years younger than male.

Asset valuation method: 24-month smoothed value described in IRS Notice 2009-22. The smoothing period is two years.

The mortality and segment rates have been updated to comply with IRS requirements for 2013, and MAP-21 legislation.

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

**PENSION PLAN FOR EMPLOYEES OF
ST. FRANCIS HOSPITAL OF NEW CASTLE**

NOTES TO FINANCIAL STATEMENTS

Subsequent events: In preparing these financial statements, the System evaluated events that occurred through March 24, 2015, the date the financial statements were available to be issued, for potential recognition or disclosure.

Note 3. Information Certified and Provided by PNC Bank

The following is a summary of the investment information as of and for the years ended June 30, 2014 and 2013, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by PNC Bank, the Custodian, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Custodian that information provided to the Plan Administrator by the Custodian related to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA, the Plan Administrator instructed the Plan's independent auditor not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following investments:

	2014	2013
Investments at fair value:		
Mutual funds	\$ 3,926,411	\$ 3,520,223
Equity securities	2,871,408	2,574,664
Money market investment	55,590	42,275
	<u>\$ 6,853,409</u>	<u>\$ 6,137,162</u>

PNC Bank also certified to the completeness and accuracy of \$947,671 and \$476,358 of net appreciation in fair value of investments, and \$154,366 and \$174,310 of interest and dividend income related to the aforementioned investments for the years ended June 30, 2014 and 2013, respectively.

During 2014 and 2013 the Plan's investments (including investments purchased, sold, as well as held during the year) had net appreciation in fair values for the years ended June 30 as follows:

	2014	2013
Mutual funds	\$ 371,590	\$ 177,078
Equity securities	576,081	299,280
	<u>\$ 947,671</u>	<u>\$ 476,358</u>

Note 4. Investments and Fair Value Measurements

Authoritative guidance regarding *Fair Value Measurements* establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes 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 I measurements) and the lowest priority to unobservable inputs (Level III measurements). The three levels of the fair value hierarchy under the authoritative guidance are described below:

- Level I 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.

**PENSION PLAN FOR EMPLOYEES OF
ST. FRANCIS HOSPITAL OF NEW CASTLE**

NOTES TO FINANCIAL STATEMENTS

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

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

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

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

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of June 30, 2014 or 2013.

Mutual funds: Valued based on quoted market prices.

Equity securities: Valued at the closing price reported in the active market in which the individual securities are traded.

Money market investments: Valued at \$1 per unit based on number of units held by the Plan at year end.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2014. The following table presents separately those assets that represent five percent or more of the Plan's net assets.

	Assets at Fair Value as of June 30, 2014			
	Total	Level I	Level II	Level III
Mutual funds, fixed income:				
Domestic:				
Wells Fargo Advantage Core Bond Fund Class I	\$ 400,269	\$ 400,269	\$ -	\$ -
Baird Aggregate Bond Fund	400,901	400,901	-	-
Other domestic mutual funds, fixed income	845,724	845,724	-	-
International mutual funds, fixed income	250,048	250,048	-	-
Mutual funds, equity:				
Domestic mutual funds, equity	920,668	920,668	-	-
International mutual funds, equity	1,108,801	1,108,801	-	-
Equity securities, domestic	2,483,488	2,483,488	-	-
Equity securities, international	387,920	387,920	-	-
Money market investments, domestic	55,590	55,590	-	-
Total assets at fair value	\$ 6,853,409	\$ 6,853,409	\$ -	\$ -

**PENSION PLAN FOR EMPLOYEES OF
ST. FRANCIS HOSPITAL OF NEW CASTLE**

NOTES TO FINANCIAL STATEMENTS

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2013. The table presents separately those assets that represent five percent or more of the Plan's net assets:

	Assets at Fair Value as of			
	June 30, 2013			
	Total	Level I	Level II	Level III
Mutual funds, fixed income:				
Domestic:				
Wells Fargo Advantage Core Bond Fund Class I	\$ 381,197	\$ 381,197	\$ -	\$ -
Baird Aggregate Bond Fund	379,398	379,398	-	-
Other domestic mutual funds, fixed income	685,237	685,237	-	-
International mutual funds, fixed income	232,795	232,795	-	-
Mutual funds, equity:				
Domestic mutual funds, equity	1,013,864	1,013,864	-	-
International:				
Artisan International Fund	349,664	349,664	-	-
Harbor International Fund	309,323	309,323	-	-
Other international mutual funds, equity	168,745	168,745	-	-
Equity securities, domestic	2,466,607	2,466,607	-	-
Equity securities, international	108,057	108,057	-	-
Money market investment, domestic	42,275	42,275	-	-
Total assets at fair value	<u>\$ 6,137,162</u>	<u>\$ 6,137,162</u>	<u>\$ -</u>	<u>\$ -</u>

Note 5. Funding Policy

Contributions to provide benefits under the Plan are made solely by the System. The System's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The System's contributions for 2014 and 2013 exceeded or met the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

Note 6. Plan Termination

Although it has not expressed any intention to do so, the System has the right under the Plan to terminate the Plan at any time subject to the provisions of the ERISA. In the event of Plan termination, the net assets of the Plan will be allocated as prescribed by the ERISA and its regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for the three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The annuity amount is limited to the lowest benefits that would be payable under the Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to applicable limits.

**PENSION PLAN FOR EMPLOYEES OF
ST. FRANCIS HOSPITAL OF NEW CASTLE**

NOTES TO FINANCIAL STATEMENTS

3. All other uninsured, vested benefits.
4. All non-vested 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, and certain disability and survivors' 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 not 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. That ceiling applies to those participants who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceiling is actuarially adjusted downward.

Whether all participants receive their benefits should the Plan be terminated 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 7. Tax Status

The Internal Revenue Service has determined and informed the System, by a letter dated March 11, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC.

Authoritative guidance for accounting for uncertainty in income taxes requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Generally, tax returns for the years ended June 30, 2011, and thereafter remain subject to examination by the appropriate taxing authorities.

Note 8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported on the statements of net assets available for benefits. During 2014 and 2013, the credit and liquidity environment in the United States and throughout the global financial system resulted in substantial volatility in financial markets and the banking system.

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

**PENSION PLAN FOR EMPLOYEES OF
ST. FRANCIS HOSPITAL OF NEW CASTLE**

NOTES TO FINANCIAL STATEMENTS

Note 9. Party-in-Interest Transactions

PNC Bank is the Plan's Custodian. The Plan has investments in various BlackRock mutual funds, which are affiliated with PNC Bank. For the years ended June 30, 2014 and 2013, the Plan paid \$47,007 and \$44,014, respectively, in fees to PNC Bank for investment-related services. As a result, these transactions qualify as party-in-interest transactions. Certain administrative functions are performed by officers or employees of the System. No such officers or employees receive compensation from the Plan.

Note 10. Subsequent Event

As of September 16, 2014, the System signed a nonbinding letter of intent with University of Pittsburgh Medical Center (UPMC), by which Jameson Health System will affiliate with UPMC. The integration of Jameson Health System into UPMC is intended to grow health care services in Lawrence and Mercer counties, and beyond. UPMC intends to put \$70 million towards capital improvements for the development of Jameson Health System, with approximately \$15 million over the next two years. The parties have yet to execute a definitive agreement or to secure regulatory approval. The anticipated closing is prior to June 30, 2015.

**PENSION PLAN FOR EMPLOYEES OF
ST. FRANCIS HOSPITAL OF NEW CASTLE**

EIN 25-1536036, Plan No. 003

**FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS HELD AT END OF YEAR
June 30, 2014
See Independent Auditor's Report**

See Attached Schedules

Detail

Portfolio

Interest bearing cash

Description	Value last statement		Current market value		% of total portfolio	Unrealized gain/loss	Total original value at PNC		Current yield	Estimated annual income	Accrued income
	Quantity	price per unit	Quantity	price per unit			Avg. original value at PNC per unit	Estimated annual income			
BLACKROCK LIQUIDITY FUNDS	\$43,444.52										
TEMP FUND INSTITUTIONAL SHRS #24	43,444.520	\$1.0000			0.64 %		\$43,444.52	\$13.03	0.03 %	\$1.02	
20-10-880-1044219							\$1.00				
BLACKROCK LIQUIDITY FUNDS	12,145.95										
TEMP FUND INSTITUTIONAL SHRS #24	12,145.950	1.0000			0.18 %		12,145.95	3.64	0.03 %	1.51	
20-10-002-1044219							1.00				
Total interest bearing cash	\$55,590.47	\$55,590.47			0.81 %		\$55,590.47	\$16.67	0.03 %	\$2.53	

Corporate stock - common

Description (Symbol)	Value last statement		Current market value		% of total portfolio	Unrealized gain/loss	Total original value at PNC		Current yield	Estimated annual income	Accrued income
	Quantity	price per unit	Quantity	price per unit			Avg. original value at PNC per unit	Estimated annual income			
INVESCO LTD (IVZ)											
ISIN BMG491BT1088 SEDOL B28XP76	870	\$32.84250			0.48 %	\$5,176.50	\$28,683.08	\$870.00	2.65 %		
20-10-880-1044219							\$32.97				
ACE LIMITED (ACE)											
ISIN CH0044328745 SEDOL B3BQMF6	320	33,184.00			0.49 %	1,451.74	31,732.26	832.00	2.51 %		
20-10-880-1044219							99.16				
TE CONNECTIVITY LTD (TEL)											
SEDOL B62B7C3 ISIN CH0102993182	740	45,761.60			0.67 %	2,762.20	42,999.40	858.40	1.88 %		
20-10-880-1044219							58.11				
NXP SEMICONDUCTORS (NXPI)											
ISIN NL0009538784 SEDOL B505PN7	640	42,355.20			0.62 %	15,154.72	27,200.47				
20-10-880-1044219							42.50				

Detail

Corporate stock - common

Description (Symbol)	Value last statement		Current market value		% of total portfolio	Unrealized gain/loss	Total original value at PNC		Current yield	Estimated annual income	Accrued income
	Quantity	Current price per unit	Current	Avg. original value at PNC per unit							
AETNA INC NEW (AET)	41,936.40	660	53,512.80	81.0800	0.79 %	11,576.40	40,948.09	62.04	1.12 %	594.00	
20-10-880- 1044219											
ALLERGAN INC (AGN)	14,068.08	167	28,259.74	169.2200	0.42 %	14,191.66	6,935.82	41.53	0.12 %	33.40	
20-10-880- 1044219											
ALTRIA GROUP INC (MO)	33,940.30	970	40,681.80	41.9400	0.60 %	6,741.50	35,871.78	36.98	4.58 %	1,862.40	465.60
20-10-880- 1044219											
AMERICAN EXPRESS CO (AXP)	31,698.24	424	40,224.88	94.8700	0.59 %	8,526.64	18,735.37	44.19	1.10 %	440.96	
20-10-880- 1044219											
AMGEN INC (AMGN)	37,255.72	320	37,878.40	118.3700	0.56 %	622.68	37,255.72	116.42	2.07 %	780.80	
20-10-880- 1044219											
APPLE INC (AAPL)	86,720.87	1,344	124,897.92	92.9300	1.83 %	38,177.05	56,686.25	42.18	2.03 %	2,526.72	
20-10-880- 1044219											
BECTON DICKINSON & CO (BDX)	24,707.50	250	29,575.00	118.3000	0.44 %	4,867.50	22,679.41	90.72	1.85 %	545.00	
20-10-880- 1044219											
BOEING CO (BA)	30,732.00	300	38,169.00	127.2300	0.56 %	7,437.00	21,930.31	73.10	2.30 %	876.00	
20-10-880- 1044219											
CBS CORP CLASS B W (CBS)	25,901.10	530	32,934.20	62.1400	0.49 %	7,033.10	26,736.63	50.45	0.78 %	254.40	63.60
20-10-880- 1044219											
CVS CAREMARK CORPORATION (CVS)	35,451.60	620	46,729.40	75.3700	0.69 %	11,277.80	32,144.60	51.85	1.46 %	682.00	
20-10-880- 1044219											
CISCO SYSTEMS INC (CSCO)	53,869.43	2,200	54,670.00	24.8500	0.80 %	800.57	47,343.47	21.52	3.06 %	1,672.00	
20-10-880- 1044219											
COCA COLA ENTERPRISES (CCE)	35,140.12	740	35,357.20	47.7800	0.52 %	217.08	35,140.12	47.49	2.10 %	740.00	
20-10-880- 1044219											
COMCAST CORPORATION CL A (CMCSA)	35,487.50	850	45,628.00	53.6800	0.67 %	10,140.50	20,132.49	23.69	1.68 %	765.00	
20-10-880- 1044219											
CONOCOPHILLIPS (COP)	38,351.59	560	48,008.80	85.7300	0.71 %	9,657.21	38,351.59	68.48	3.41 %	1,635.20	
20-10-880- 1044219											
CONSTELLATION BRANDS INC (STZ)	36,491.41	450	39,658.50	88.1300	0.58 %	3,167.09	36,491.41	81.09			
20-10-880- 1044219											

Detail

Corporate stock - common

Description (Symbol)	Value last statement	Current market value		% of total portfolio	Unrealized gain/loss	Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
		Quantity	price per unit						
CROWN HOLDINGS INC (CCK)	29,577.49		29,358.40	0.43 %	- 219.09	29,577.49			
20-10-880-1044219	590		49,7400			50.13			
DELTA AIR LINES INC (DAL)	29,188.99		52,659.20	0.77 %	23,470.21	29,188.99	0.93 %	489.60	
20-10-880-1044219	1,360		38,7200			21.46			
DISNEY WALT CO (DIS)	55,203.99		67,734.60	0.99 %	12,530.61	47,057.60	1.01 %	679.40	
20-10-880-1044219	790		85,7400			59.57			
DISCOVER FINANCIAL W/ (DFS)	26,202.00		34,089.00	0.50 %	7,887.00	19,524.89	1.55 %	528.00	
20-10-880-1044219	550		61,9800			35.50			
EOG RES INC (EOG)	39,657.43		53,755.60	0.79 %	14,098.17	35,734.92	0.43 %	230.00	
20-10-880-1044219	460		116,8600			77.68			
EASTMAN CHEM CO (EMN)	26,984.51		26,205.00	0.39 %	- 779.51	26,984.51	1.61 %	420.00	105.00
20-10-880-1044219	300		87,3500			89.95			
EXXON MOBIL CORP (XOM)	29,092.70		32,418.96	0.48 %	3,326.26	15,755.25	2.75 %	888.72	
20-10-880-1044219	322		100,6800			48.93			
FOOT LOCKER INC (FL)	31,190.08		32,968.00	0.49 %	1,777.92	31,190.08	1.74 %	572.00	
20-10-880-1044219	650		50,7200			47.98			
FRANKLIN RESOURCES INC (BEN)	28,949.93		35,860.80	0.53 %	6,910.87	31,853.12	0.83 %	297.60	74.40
20-10-880-1044219	620		57,8400			51.38			
GENERAL ELECTRIC CO (GE)	62,149.20		70,430.40	1.03 %	8,281.20	52,364.00	3.35 %	2,358.40	589.60
20-10-880-1044219	2,680		26,2800			19.54			
GILEAD SCIENCES INC (GILD)	36,188.23		37,309.50	0.55 %	1,121.27	36,188.23			
20-10-880-1044219	450		82,9100			80.42			
GOOGLE INC-CL A (GOOGL)	52,243.19		33,910.86	0.50 %	- 18,332.33	17,200.50			
20-10-880-1044219	58		584,6700			296.56			
HANESBRANDS INC - W/ (HBI)	29,604.97		39,376.00	0.58 %	9,771.03	29,604.97	1.22 %	480.00	
20-10-880-1044219	400		98,4400			74.01			
HELMERICH & PAYNE INC (HP)	24,980.00		46,444.00	0.68 %	21,464.00	25,742.37	2.37 %	1,100.00	
20-10-880-1044219	400		116,1100			64.36			
HOME DEPOT INC (HD)	31,762.70		33,193.60	0.49 %	1,430.90	18,140.05	2.33 %	770.80	
20-10-880-1044219	410		80,9600			44.24			
JPMORGAN CHASE & CO (JPM)	52,842.79		57,677.62	0.85 %	4,834.83	38,535.83	2.78 %	1,601.60	
20-10-880-1044219	1,001		57,6200			38.50			

Detail

Corporate stock - common

Description (Symbol)	Value last statement	Current market value		% of total portfolio	Unrealized gain/loss	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Quantity	price per unit			Avg. original value	at PNC per unit			
JOHNSON & JOHNSON (JNJ)	52,031.16		63,399.72	0.93 %	11,368.56	36,270.65	59.85	2.68 %	1,696.80	
20-10-880-1044219	606		104,6200							
KROGER CO (KR)	45,832.27		48,935.70	0.72 %	3,103.43	45,832.27	46.30	1.34 %	653.40	
20-10-880-1044219	990		49,4300							
LAS VEGAS SANDS CORP (LVS)	26,131.93		27,439.20	0.41 %	1,307.27	26,131.93	72.59	2.63 %	720.00	
20-10-880-1044219	360		76,2200							
LINCOLN NATIONAL CORP (LNC)	30,322.10		31,892.80	0.47 %	1,570.70	30,322.10	48.91	1.25 %	396.80	
20-10-880-1044219	620		51,4400							
LOCKHEED MARTIN CORP (LMT)	28,276.27		32,146.00	0.47 %	3,869.73	28,276.27	141.38	3.31 %	1,064.00	
20-10-880-1044219	200		160,7300							
MAGNA INTERNATIONAL (MGA)	37,324.74		49,565.00	0.73 %	12,240.26	37,324.74	81.14	1.42 %	699.20	
ISIN CA5592224011 SEDOL 2554549	460		107,7500							
20-10-880-1044219										
MANPOWER GROUP INC (MAN)	29,000.68		30,546.00	0.45 %	1,545.32	29,000.68	80.56	1.16 %	352.80	
20-10-880-1044219	360		84,8500							
MCKESSON CORPORATION (MCK)	38,641.52		46,552.50	0.68 %	7,910.98	38,641.51	154.57	0.52 %	240.00	60.00
20-10-880-1044219	250		186,2100							
MICROSOFT CORP (MSFT)	44,930.44		50,874.00	0.75 %	5,943.56	35,756.32	29.31	2.69 %	1,366.40	
20-10-880-1044219	1,220		41,7000							
ORACLE CORP (ORCL)	42,500.43		53,296.95	0.78 %	10,796.52	36,624.76	27.85	1.19 %	631.20	
20-10-880-1044219	1,315		40,5300							
PACKAGING CORP PKG (PKG)	44,388.86		44,323.80	0.65 %	- 65.06	44,388.86	71.59	2.24 %	992.00	248.00
20-10-880-1044219	620		71,4900							
POLARIS INDS INC (PII)	24,700.00		33,862.40	0.50 %	9,162.40	21,449.10	82.50	1.48 %	499.20	
20-10-880-1044219	260		130,2400							
PROCTER & GAMBLE CO (PG)	47,502.83		48,490.03	0.71 %	987.20	40,507.50	65.65	3.28 %	1,588.16	
20-10-880-1044219	617		78,5900							
QUALCOMM (QCOM)	32,377.70		41,976.00	0.62 %	9,598.30	29,715.47	56.07	2.13 %	890.40	
20-10-880-1044219	530		79,2000							
QUANTA SVCS INC (PWR)	27,205.12		25,589.20	0.38 %	- 1,615.92	27,205.12	36.76			
20-10-880-1044219	740		34,5800							

Detail

Corporate stock - common

Description (Symbol)	Value last statement	Current market value		% of total portfolio	Unrealized gain/loss	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Quantity	price per unit			Avg. original value	at PNC per unit			
REGIONS FINANCIAL CORP (RF)	23,437.74	25,381.80		0.38 %	1,944.06	23,437.74	9.81	1.89 %	478.00	119.50
20-10-880-1044219	2,390	10,6200								
ST JUDE MEDICAL INC (STJ)	31,164.25	31,855.00		0.47 %	690.75	31,164.25	67.75	1.56 %	496.80	124.20
20-10-880-1044219	460	69,2500								
SCHLUMBERGER LTD (SLB)	54,200.52	71,949.50		1.05 %	17,748.98	54,200.52	88.85	1.36 %	976.00	244.00
SEDOL 2779201	610	117.9500								
ISIN AN8068571086										
20-10-880-1044219										
SHIRE PLC (SHPG)	35,071.01	82,421.50		1.21 %	47,350.49	29,049.93	83.00	0.27 %	218.05	
SPONSORED ADR	350	235.4900								
20-10-880-1044219										
SKYWORKS SOLUTIONS INC (SWKS)	36,394.09	44,142.40		0.65 %	7,748.31	36,394.09	38.72	0.94 %	413.60	
20-10-880-1044219	940	46,9600								
SOUTHWEST AIRLINES CO (LUV)	29,499.74	29,008.80		0.43 %	-490.94	29,499.74	27.31	0.90 %	259.20	
20-10-880-1044219	1,080	26,8600								
SUNCOR ENERGY INC (SU)	27,325.34	29,841.00		0.44 %	2,515.66	27,325.34	39.04	2.41 %	718.90	
ISIN CA867224-1079 SEDOL B3NBI1P2	700	42.6300								
20-10-880-1044219										
SUNTRUST BANKS INC (STI)	25,776.93	27,240.80		0.40 %	1,463.87	25,776.92	37.91	2.00 %	544.00	
20-10-880-1044219	680	40,0600								
THE TRAVELERS COS INC (TRV)	36,298.92	37,628.00		0.55 %	1,329.08	36,298.92	90.75	2.34 %	880.00	
20-10-880-1044219	400	94,0700								
UNION PACIFIC CORP (UNP)	26,227.60	33,915.00		0.50 %	7,687.40	12,650.93	37.21	2.01 %	680.00	154.70
20-10-880-1044219	340	99,7500								
UNITED TECHNOLOGIES CORP (UTX)	31,692.54	39,368.45		0.58 %	7,675.91	13,930.68	40.85	2.05 %	804.76	
20-10-880-1044219	341	115.4500								
VERIZON COMMUNICATIONS INC (VZ)	37,755.00	36,697.50		0.54 %	-1,057.50	40,106.16	53.47	4.34 %	1,590.00	
20-10-880-1044219	750	48,9300								
VISA INC (V)	25,585.00	29,499.40		0.44 %	3,914.40	22,058.85	157.56	0.76 %	224.00	
CLASS A SHARES	140	210.7100								
20-10-880-1044219										

Detail

Corporate stock - common

Description (Symbol)	Value last statement		Current market value		% of total portfolio	Unrealized gain/loss	Total original value at PNC		Current yield	Estimated annual income	Accrued income
	Quantity	price per unit	Quantity	price per unit			Avg. original value at PNC	per unit			
WELLS FARGO & COMPANY (WFC)	56,251.01	71,639.28	56,251.01	71,639.28	1.05 %	15,388.27	38,448.39	28.21	2.67 %	1,908.20	
20-10-880-1044219	1,363	52,5600	1,363	52,5600							
WISCONSIN ENERGY CORP (WEC)	41,727.82	47,764.56	41,727.82	47,764.56	0.70 %	6,036.74	20,921.48	20.55	3.33 %	1,588.08	
20-10-880-1044219	1,018	46,9200	1,018	46,9200							
WYNDHAM WORLDWIDE CORP (WYN)	33,902.59	42,403.20	33,902.59	42,403.20	0.62 %	8,500.61	36,296.95	64.82	1.85 %	784.00	
20-10-880-1044219	560	75,7200	560	75,7200							
ZIMMER HOLDINGS INC (ZMH)	26,174.83	28,042.20	26,174.83	28,042.20	0.41 %	1,867.37	26,174.83	96.94	0.85 %	237.60	59.40
20-10-880-1044219	270	103,8600	270	103,8600							
Total corporate stock - common	\$2,406,819.18	\$2,871,408.17			41.90 %	\$464,588.99	\$2,103,824.07		1.78 %	\$50,975.95	\$2,308.00

Registered investment companies

Description (Symbol)	Value last statement		Current market value		% of total portfolio	Unrealized gain/loss	Total original value at PNC		Current yield	Estimated annual income	Accrued income
	Quantity	price per unit	Quantity	price per unit			Avg. original value at PNC	per unit			
ARTISAN FDS INC (ARTIX)	264,736.78	\$319,892.00	264,736.78	\$319,892.00	4.67 %	\$55,155.22	\$197,735.29	\$19.49	1.80 %	\$5,752.58	
INTERNATIONAL FUND #661 INV CLASS	10,145.639	\$31.5300	10,145.639	\$31.5300							
20-10-002-1044219											
BAIRD AGGREGATE BOND FUND (BAGIX)	391,624.28	400,900.87	391,624.28	400,900.87	5.85 %	9,276.59	403,534.37	10.82	3.10 %	12,418.60	
FD #72	37,293.104	10,7500	37,293.104	10,7500							
20-10-002-1044219											
BLACKROCK (BFMCX)	251,687.33	257,507.00	251,687.33	257,507.00	3.76 %	5,819.67	254,984.46	9.58	3.01 %	7,749.18	652.11
CORE BOND PORTFOLIO	26,629.473	9,6700	26,629.473	9,6700							
FUND 332 INSTITUTIONAL CLASS											
20-10-002-1044219											

Detail

Registered investment companies

Description (Symbol)	Value last statement		Current market value	% of total portfolio	Unrealized gain/loss	Total original value at PNC		Current yield	Estimated annual income	Accrued income
	Quantity	Current price per unit				Avg. original value at PNC per unit				
BLACKROCK FUNDS (MADV)	149,360.35	173,135.28		2.53 %	23,774.93	129,257.79	18.93	1.93 %	3,332.94	
EQUITY DIVIDEND INSTITUTIONAL CLASS FUND 383	6,829,794	25.3500								
20-10-002-1044219										
FIDELITY ADVISOR FLOATING HIGH (FFRIX)	255,669.73	257,939.75		3.77 %	2,270.02	256,707.95	9.93	3.22 %	8,296.46	700.05
INCOME FUND I FUND #279	25,845.666	9.9800								
20-10-002-1044219										
HARBOR INTERNATIONAL FUND (HAINX)	256,756.77	304,832.83		4.45 %	48,076.06	265,539.66	64.60	2.02 %	6,145.16	
CLASSINS FD # 2011	4,110.475	74.1600								
20-10-002-1044219										
HARDING LOEWNER (HLEMX)	86,727.09	99,612.20		1.46 %	12,885.11	93,100.55	48.96	0.77 %	766.39	
EMERGING MARKETS PORTOFLO FUND ADVISOR CLASS	1,901.722	52.3800								
20-10-002-1044219										
ISHARES RUSSELL MID-CAP GROWTH (IWP)	169,473.50	211,540.72		3.09 %	42,067.22	141,975.10	60.11	0.95 %	1,998.25	
ETF	2,362	89.5600								
20-10-002-1044219										
ISHARES RUSSELL 2000 (IWM)	132,987.00	162,888.51		2.38 %	29,901.51	58,285.75	42.51	1.25 %	2,030.45	
ETF	1,371	118.8100								
20-10-002-1044219										
MAINSTAY EPOCH GLOBAL EQUITY (EPSYX)	269,046.32	292,251.23		4.27 %	23,204.91	269,046.32	19.20	2.94 %	8,574.20	3,700.07
YIELD FUND CLASS I	14,010.126	20.8600								
20-10-002-1044219										
PIMCO UNCONSTRAINED BOND FUND (PFIUX)	126,311.31	127,216.99		1.86 %	905.68	126,311.31	11.23	1.06 %	1,338.53	151.12
INSTITUTIONAL CLASS FD #1863	11,248.187	11.3100								
20-10-002-1044219										
T ROWE PRICE MID CAP VALUE (TRMCX)	184,090.98	221,928.58		3.24 %	37,837.60	134,863.06	20.03	0.67 %	1,481.32	
FD #115	6,733.270	32.9600								
20-10-002-1044219										



JAMESON HEALTH SYSTEM CONS
DB TRUST STATEMENT
Account number 20-10-502-1044219
July 1, 2013 - June 30, 2014

Page 17 of 177

Detail

Registered investment companies

Description (Symbol)	Value last statement		Current market value		% of total portfolio	Unrealized gain/loss	Total original value at PNC		Current yield	Estimated annual income	Accrued income
	Quantity		Current price per unit				Avg. original value at PNC per unit				
T ROWE PRICE REAL ESTATE FUND (TRREX) FD #122	134,383.57		151,174.77		2.21 %	16,791.20	124,578.75		2.16 %	3,259.67	
20-10-002-1044219	6,150.316		24,5800				20.26				
TEMPLETON GLOBAL BOND FUND AD (TGBAX) FUND #616	242,595.13		250,047.34		3.65 %	7,452.21	247,374.07		3.56 %	8,885.98	
20-10-002-1044219	18,786.427		13.3100				13.17				
VANGUARD TOTAL BD MKT INDX #584 (VBTLX) ADM	191,630.35		203,060.71		2.97 %	11,430.36	191,630.35		2.61 %	5,287.45	431.93
20-10-002-1044219	18,749.835		10.8300				10.22				
VIRTUS EMERGING MARKETS (HIEMX) OPPORTUNITY FUND CL I	86,904.26		92,213.01		1.35 %	5,308.75	92,021.03		1.07 %	978.15	
20-10-002-1044219	8,892.286		10.3700				10.35				
WELLS FARGO ADVANTAGE CORE BOND (MBFIX) FUND CLASS I	393,281.44		400,269.21		5.85 %	6,987.77	404,957.02		1.95 %	7,783.89	628.98
20-10-002-1044219	31,641.835		12.6500				12.80				
Total registered investment companies			\$3,587,266.19		57.29 %	\$339,144.81	\$3,391,902.83		2.19 %	\$86,079.20	\$6,264.26
Total portfolio			\$6,049,675.84		100.00 %	\$803,733.80	\$5,551,317.37		2.00 %	\$137,071.82	\$8,574.79

**PENSION PLAN FOR EMPLOYEES OF
ST. FRANCIS HOSPITAL OF NEW CASTLE**

EIN 25-1536036, Plan No. 003

**FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended June 30, 2014
See Independent Auditor's Report**

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price
Category (ii), Series of Transactions in Excess of 5% of Plan Assets			
BlackRock Liquidity Funds	Mutual Fund	\$ -	\$ 353,235
BlackRock Liquidity Funds	Mutual Fund	366,550	-

Cost of Asset		Current Value of Asset on Transaction Date		Net Gain (Loss)	
\$	353,235	\$	353,235	\$	-
	366,550		366,550		-

Pension Plan for Employees of St. Francis Hospital of New Castle
EIN: 25-1536036 / PN: 003
2013 Schedule SB (Form 5500)
Part V - Statement of Actuarial Assumptions/Methods

Actuarial Methods and Assumptions

As of July 1, 2013

Mortality for Minimum and Maximum Funding: IRS 2013 Static Mortality Table

IRS Prescribed Interest Rates for Funding Target Liability in 2013 (Minimum as Revised by HATFA)

	Current Year	
	<u>Minimum</u>	<u>Maximum</u>
• Minimum/Maximum Funding		
First Segment Rate	5.23%	1.41%
Second Segment Rate	6.51%	4.07%
Third Segment Rate	7.16%	5.11%
Lookback Month	July	July
• Present Value of Accrued Benefits	8.00%	

Retirement will occur at age 65.

No pre-retirement withdrawal or disability is assumed.

Marital status: 85% married, female spouse 4 years younger than male.

Expenses: None. It is our understanding that Jameson Health System, Incorporated pays all non-investment administrative expenses outside of the Plan.

Actuarial Cost Method: 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 Actuarial Accrued Liability.

Changes since prior valuation: The mortality and segment rates have been updated to comply with IRS requirements for 2013, and HATFA legislation.

Schedule H, Line 4j
Schedule of Reportable Transactions

Name of Plan:▶	Pension Plan for Employees of St. Francis Hospital of New Castle
Employer Identification Number (EIN):▶	25-1536036
For the plan year beginning/ending: ▶	070113/063014

Three-digit plan number: ►003

[illegible]

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2013**This Form is Open to Public
Inspection**

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

► **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 PENSION PLAN FOR EMPLOYEES OF ST. FRANCIS HOSPITAL OF NEW CASTLE	B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JAMESON HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 25-1536036
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2013</u>		
2 Assets:		
a Market value	2a	6,215,934
b Actuarial value	2b	6,177,983
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	257
b For terminated vested participants	3b	165
c For active participants:		
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	0
(3) Total active	3c(3)	0
d Total	3d	422
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	6.58 %
6 Target normal cost	6	0

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	03/16/2015
	Signature of actuary		Date
ROBERT CRNJARICH	Type or print name of actuary		14-05141
COWDEN ASSOCIATES, INC.	Firm name		Most recent enrollment number
444 LIBERTY AVENUE, SUITE 605			(412) 394-9951
PITTSBURGH	Address of the firm	PA 15222-1222	Telephone number (including area code)

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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2013
v. 130118

Part II	Beginning of Year Carryover and Prefunding Balances
----------------	--

Part IV 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)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>10.58</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b	Interest on (a) using prior year's effective interest rate of <u>6.94</u> % except as otherwise provided (see instructions)		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
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	87.50 %
15	Adjusted funding target attainment percentage	15	87.50 %
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	84.31 %
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:

Contributions made to the plan for the plan year by employer(s) and employee(s)						
(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	
10/15/2013	49,455					
01/15/2014	49,455					
04/15/2014	49,455					
07/15/2014	49,455					
03/13/2015	124,969					
			Totals ►	18(b)	322,789	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	301,789

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... ☒ 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: 5.23 %	2nd segment: 6.51 %	3rd segment: 7.16 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 65
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	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	881,906	301,789	
b Waiver amortization installment			
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	301,789	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....	36	301,789	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	301,789	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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		

Pension Plan for Employees of St. Francis Hospital of New Castle
EIN: 25-1536036 / PN: 003
2013 Schedule SB (Form 5500)
Line 19 - Discounted Employer Contributions

Employer Contributions

Date Paid	Amount	Plan Year	Effective Interest Rate	Interest- adjusted Amount
10/15/2013	49,455	2013	6.58%	48,548
1/15/2014	49,455	2013	6.58%	47,775
4/15/2014	49,455	2013	6.58%	47,030
7/15/2014	49,455	2013	6.58%	46,288
3/13/2015	124,969	2013	6.58%	112,148
Total	322,789			301,789

Pension Plan for Employees of St. Francis Hospital of New Castle
EIN: 25-1536036 / PN: 003
2013 Schedule SB (Form 5500)
Part V - Summary of Plan Provisions

Plan Provisions

The following is a summary of the major provisions of the plan as of July 1, 2013. Please refer to the plan document for a more complete description of the most recent plan provisions.

General Information

- Original Plan: July 1, 1968
- Plan Year: July 1 to June 30
- Most Recent Amendment Effective: July 1, 2008

Covered Employees: Each employee participates in the plan on the first day of the month coincident with or next following July 1 or January 1 after completing 1,000 hours of service and attaining age 21.

Plan Freeze: Effective October 31, 2002, the Plan was frozen to new participants and to the accrual of benefits.

Benefit Provisions

- **Normal Retirement:** The first day of the month coincident with or next following age 65.
- **Normal Retirement Benefit:** (a) .5% of average compensation multiplied by years of service, plus (b) .5% of average compensation in excess of covered compensation multiplied by years of service (maximum of 35 years). Benefits were frozen as of October 31, 2002. In no event will a participant's retirement benefit exceed the limits set forth in Section 415 of the Internal Revenue
- **Early Retirement:** The first day of the month coincident with or next following age 60 and 5 years of service. The frozen benefit is reduced actuarially for each month it commences prior to normal retirement.
- **Late Retirement:** If the participant retires after Normal Retirement Date, the late retirement benefit is the frozen benefit payable as of the first day of the month coincident with or next following his actual retirement date.
- **Deferred Vested Benefit:** Upon termination of employment after 5 years of vesting service or upon attainment of age 65, a participant is fully vested in his accrued benefit. The accrued benefit is payable in full at normal retirement and will be reduced if payments begin on an early retirement
- **Pre-Retirement Death Benefit:** For vested active or terminated participants who become deceased, 100% of the accrued benefit reduced for a 100% joint & survivor form of payment and early retirement, if applicable. Payment may begin at the earliest date the participant would be eligible
- **Automatic Payment Form:** For unmarried participants, a life annuity with 60 monthly payments guaranteed. For married participants, a joint and 100% survivor annuity.

Detail

Portfolio

Interest bearing cash

Description	Value last statement Quantity	Current market value	% of total portfolio	Unrealized gain/loss	Total original value at PNC	Current yield	Estimated annual income	Accrued income
		Current price per unit			Avg. original value at PNC per unit			
BLACKROCK LIQUIDITY FUNDS	\$43,444.52	\$43,444.52	0.64 %		\$43,444.52	0.03 %	\$13.03	\$1.02
TEMP FUND INSTITUTIONAL SHRS #24	43,444.520	\$1.0000			\$1.00			
20-10-880-1044219								
BLACKROCK LIQUIDITY FUNDS	12,145.95	12,145.95	0.18 %		12,145.95	0.03 %	3.64	1.51
TEMP FUND INSTITUTIONAL SHRS #24	12,145.950	1.0000			1.00			
20-10-002-1044219								
Total interest bearing cash	\$55,590.47	\$55,590.47	0.81 %		\$55,590.47	0.03 %	\$16.67	\$2.53

Corporate stock - common

Description (Symbol)	Value last statement Quantity	Current market value	% of total portfolio	Unrealized gain/loss	Total original value at PNC	Current yield	Estimated annual income	Accrued income
		Current price per unit			Avg. original value at PNC per unit			
INVESCO LTD (IVZ)	\$27,666.00	\$32,842.50	0.48 %	\$5,176.50	\$28,683.08	2.65 %	\$870.00	
ISIN BMG491BT1088 SEDOL B28XP76	870	\$37.7500			\$32.97			
20-10-880-1044219								
ACE LIMITED (ACE)	31,732.26	33,184.00	0.49 %	1,451.74	31,732.26	2.51 %	832.00	
ISIN CH0044328745 SEDOL B3BQMF6	320	103.7000			99.16			
20-10-880-1044219								
TE CONNECTIVITY LTD (TEL)	42,999.40	45,761.60	0.67 %	2,762.20	42,999.40	1.88 %	858.40	
SEDOL B62B7C3 ISIN CH0102993182	740	61.8400			58.11			
20-10-880-1044219								
NXP SEMICONDUCTORS (NXPI)	27,200.48	42,355.20	0.62 %	15,154.72	27,200.47			
ISIN NL0009538784 SEDOL B505PN7	640	66.1800			42.50			
20-10-880-1044219								

Detail

Corporate stock - common

Description (Symbol)	Value last statement	Current	% 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
		market value Current price per unit						
AETNA INC NEW [AET]	41,936.40	53,512.80	0.79 %	11,576.40	40,948.09	1.12 %	594.00	
20-10-880-1044219	660	81.0800			62.04			
ALLERGAN INC [AGN]	14,068.08	28,259.74	0.42 %	14,191.66	6,935.82	0.12 %	33.40	
20-10-880-1044219	167	169.2200			41.53			
ALTRIA GROUP INC (MO)	33,940.30	40,681.80	0.60 %	6,741.50	35,871.78	4.58 %	1,862.40	465.60
20-10-880-1044219	970	41.9400			36.98			
AMERICAN EXPRESS CO [AXP]	31,698.24	40,224.88	0.59 %	8,526.64	18,735.37	1.10 %	440.96	
20-10-880-1044219	424	94.8700			44.19			
AMGEN INC [AMGN]	37,255.72	37,878.40	0.56 %	622.68	37,255.72	2.07 %	780.80	
20-10-880-1044219	320	118.3700			116.42			
APPLE INC [AAPL]	86,720.87	124,897.92	1.83 %	38,177.05	56,686.25	2.03 %	2,526.72	
20-10-880-1044219	1,344	92.9300			42.18			
BECTON DICKINSON & CO [BDX]	24,707.50	29,575.00	0.44 %	4,867.50	22,679.41	1.85 %	545.00	
20-10-880-1044219	250	118.3000			90.72			
BOEING CO [BA]	30,732.00	38,169.00	0.56 %	7,437.00	21,930.31	2.30 %	876.00	
20-10-880-1044219	300	127.2300			73.10			
CBS CORP CLASS B WI [CBS]	25,901.10	32,934.20	0.49 %	7,033.10	26,736.63	0.78 %	254.40	63.60
20-10-880-1044219	530	62.1400			50.45			
CVS CAREMARK CORPORATION [CVS]	35,451.60	46,729.40	0.69 %	11,277.80	32,144.60	1.46 %	682.00	
20-10-880-1044219	620	75.3700			51.85			
CISCO SYSTEMS INC [CSCO]	53,869.43	54,670.00	0.80 %	800.57	47,343.47	3.06 %	1,672.00	
20-10-880-1044219	2,200	24.8500			21.52			
COCA COLA ENTERPRISES [CCE]	35,140.12	35,357.20	0.52 %	217.08	35,140.12	2.10 %	740.00	
20-10-880-1044219	740	47.7800			47.49			
COMCAST CORPORATION CL A [CMCSA]	35,487.50	45,628.00	0.67 %	10,140.50	20,132.49	1.68 %	765.00	
20-10-880-1044219	850	53.6800			23.69			
CONOCOPHILLIPS [COP]	38,351.59	48,008.80	0.71 %	9,657.21	38,351.59	3.41 %	1,635.20	
20-10-880-1044219	560	85.7300			68.48			
CONSTELLATION BRANDS INC [STZ]	36,491.41	39,658.50	0.58 %	3,167.09	36,491.41			
CL A	450	88.1300			81.09			
20-10-880-1044219								

Detail

Corporate stock - common

Description (Symbol)	Value last statement	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
	Quantity							
CROWN HOLDINGS INC (CCK)	29,577.49	29,358.40	0.43 %	- 219.09	29,577.49			
20-10-880-1044219	590	49.7600			50.13			
DELTA AIR LINES INC (DAL)	29,188.99	52,659.20	0.77 %	23,470.21	29,188.99	0.93 %	489.60	
20-10-880-1044219	1,360	38.7200			21.46			
DISNEY WALT CO (DIS)	55,203.99	67,734.60	0.99 %	12,530.61	47,057.60	1.01 %	679.40	
20-10-880-1044219	790	85.7400			59.57			
DISCOVER FINANCIAL W/I (DFS)	26,202.00	34,089.00	0.50 %	7,887.00	19,524.89	1.55 %	528.00	
20-10-880-1044219	550	61.9800			35.50			
EOG RES INC (EOG)	39,657.43	53,755.60	0.79 %	14,098.17	35,734.92	0.43 %	230.00	
20-10-880-1044219	460	116.8600			77.68			
EASTMAN CHEM CO (EMN)	26,984.51	26,205.00	0.39 %	- 779.51	26,984.51	1.61 %	420.00	105.00
20-10-880-1044219	300	87.3500			89.95			
EXXON MOBIL CORP (XOM)	29,092.70	32,418.96	0.48 %	3,326.26	15,755.25	2.75 %	888.72	
20-10-880-1044219	322	100.6800			48.93			
FOOT LOCKER INC (FL)	31,190.08	32,968.00	0.49 %	1,777.92	31,190.08	1.74 %	572.00	
20-10-880-1044219	650	50.7200			47.98			
FRANKLIN RESOURCES INC (BEN)	28,949.93	35,860.80	0.53 %	6,910.87	31,853.12	0.83 %	297.60	74.40
20-10-880-1044219	620	57.8400			51.38			
GENERAL ELECTRIC CO (GE)	62,149.20	70,430.40	1.03 %	8,281.20	52,364.00	3.35 %	2,358.40	589.60
20-10-880-1044219	2,680	26.2800			19.54			
GILEAD SCIENCES INC (GILD)	36,188.23	37,309.50	0.55 %	1,121.27	36,188.23			
20-10-880-1044219	450	82.9100			80.42			
GOOGLE INC-CL A (GOOGL)	52,243.19	33,910.86	0.50 %	- 18,332.33	17,200.50			
20-10-880-1044219	58	584.6700			296.56			
HANESBRANDS INC - W/I (HBI)	29,604.97	39,376.00	0.58 %	9,771.03	29,604.97	1.22 %	480.00	
20-10-880-1044219	400	98.4400			74.01			
HELMERICH & PAYNE INC (HP)	24,980.00	46,444.00	0.68 %	21,464.00	25,742.37	2.37 %	1,100.00	
20-10-880-1044219	400	116.1100			64.36			
HOME DEPOT INC (HD)	31,762.70	33,193.60	0.49 %	1,430.90	18,140.05	2.33 %	770.80	
20-10-880-1044219	410	80.9600			44.24			
JPMORGAN CHASE & CO (JPM)	52,842.79	57,677.62	0.85 %	4,834.83	38,535.83	2.78 %	1,601.60	
20-10-880-1044219	1,001	57.6200			38.50			

Detail

Corporate stock - common

Description (Symbol)	Value last statement	Current market value	% of total portfolio	Unrealized gain/loss	Total original value at PNC	Current yield	Estimated annual income	Accrued income
JOHNSON & JOHNSON (JNJ)	52,031.16	63,399.72	0.93 %	11,368.56	36,270.65	2.68 %	1,696.80	
20-10-880-1044219	606	104.6200			59.85			
KROGER CO (KR)	45,832.27	48,935.70	0.72 %	3,103.43	45,832.27	1.34 %	653.40	
20-10-880-1044219	990	49.4300			46.30			
LAS VEGAS SANDS CORP (LVS)	26,131.93	27,439.20	0.41 %	1,307.27	26,131.93	2.63 %	720.00	
20-10-880-1044219	360	76.2200			72.59			
LINCOLN NATIONAL CORP (LNC)	30,322.10	31,892.80	0.47 %	1,570.70	30,322.10	1.25 %	396.80	
20-10-880-1044219	620	51.4400			48.91			
LOCKHEED MARTIN CORP (LMT)	28,276.27	32,146.00	0.47 %	3,869.73	28,276.27	3.31 %	1,064.00	
20-10-880-1044219	200	160.7300			141.38			
MAGNA INTERNATIONAL (MGA)	37,324.74	49,565.00	0.73 %	12,240.26	37,324.74	1.42 %	699.20	
ISIN CA5592224011 SEDOL 2554549	460	107.7500			81.14			
20-10-880-1044219								
MANPOWER GROUP INC (MAN)	29,000.68	30,546.00	0.45 %	1,545.32	29,000.68	1.16 %	352.80	
20-10-880-1044219	360	84.8500			80.56			
MCKESSON CORPORATION (MCK)	38,641.52	46,552.50	0.68 %	7,910.98	38,641.51	0.52 %	240.00	60.00
20-10-880-1044219	250	186.2100			154.57			
MICROSOFT CORP (MSFT)	44,930.44	50,874.00	0.75 %	5,943.56	35,756.32	2.69 %	1,366.40	
20-10-880-1044219	1,220	41.7000			29.31			
ORACLE CORP (ORCL)	42,500.43	53,296.95	0.78 %	10,796.52	36,624.76	1.19 %	631.20	
20-10-880-1044219	1,315	40.5300			27.85			
PACKAGING CORP PKG (PKG)	44,388.86	44,323.80	0.65 %	- 65.06	44,388.86	2.24 %	992.00	248.00
20-10-880-1044219	620	71.4900			71.59			
POLARIS INDS INC (PII)	24,700.00	33,862.40	0.50 %	9,162.40	21,449.10	1.48 %	499.20	
20-10-880-1044219	260	130.2400			82.50			
PROCTER & GAMBLE CO (PG)	47,502.83	48,490.03	0.71 %	987.20	40,507.50	3.28 %	1,588.16	
20-10-880-1044219	617	78.5900			65.65			
QUALCOMM (QCOM)	32,377.70	41,976.00	0.62 %	9,598.30	29,715.47	2.13 %	890.40	
20-10-880-1044219	530	79.2000			56.07			
QUANTA SVCS INC (PWR)	27,205.12	25,589.20	0.38 %	- 1,615.92	27,205.12			
20-10-880-1044219	740	34.5800			36.76			

Detail

Corporate stock - common

Description (Symbol)	Value last statement	Current market value	% of total portfolio	Unrealized gain/loss	Total original value at PNC	Current yield	Estimated annual income	Accrued income
	Quantity	Current price per unit			Avg. original value at PNC per unit			
REGIONS FINANCIAL CORP (RF)	23,437.74	25,381.80	0.38 %	1,944.06	23,437.74	1.89 %	478.00	119.50
20-10-880-1044219	2,390	10.6200			9.81			
ST JUDE MEDICAL INC (STJ)	31,164.25	31,855.00	0.47 %	690.75	31,164.25	1.56 %	496.80	124.20
20-10-880-1044219	460	69.2500			67.75			
SCHLUMBERGER LTD (SLB)	54,200.52	71,949.50	1.05 %	17,748.98	54,200.52	1.36 %	976.00	244.00
SEDOL 2779201	610	117.9500			88.85			
ISIN AN8068571086								
20-10-880-1044219								
SHIRE PLC (SHPG)	35,071.01	82,421.50	1.21 %	47,350.49	29,049.93	0.27 %	218.05	
SPONSORED ADR	350	235.4900			83.00			
20-10-880-1044219								
SKYWORKS SOLUTIONS INC (SWKS)	36,394.09	44,142.40	0.65 %	7,748.31	36,394.09	0.94 %	413.60	
20-10-880-1044219	940	46.9600			38.72			
SOUTHWEST AIRLINES CO (LUV)	29,499.74	29,008.80	0.43 %	- 490.94	29,499.74	0.90 %	259.20	
20-10-880-1044219	1,080	26.8600			27.31			
SUNCOR ENERGY INC (SU)	27,325.34	29,841.00	0.44 %	2,515.66	27,325.34	2.41 %	718.90	
ISIN CA8672241079 SEDOL B3NB1P2	700	42.6300			39.04			
20-10-880-1044219								
SUNTRUST BANKS INC (STI)	25,776.93	27,240.80	0.40 %	1,463.87	25,776.92	2.00 %	544.00	
20-10-880-1044219	680	40.0600			37.91			
THE TRAVELERS COS INC (TRV)	36,298.92	37,628.00	0.55 %	1,329.08	36,298.92	2.34 %	880.00	
20-10-880-1044219	400	94.0700			90.75			
UNION PACIFIC CORP (UNP)	26,227.60	33,915.00	0.50 %	7,687.40	12,650.93	2.01 %	680.00	154.70
20-10-880-1044219	340	99.7500			37.21			
UNITED TECHNOLOGIES CORP (UTX)	31,692.54	39,368.45	0.58 %	7,675.91	13,930.68	2.05 %	804.76	
20-10-880-1044219	341	115.4500			40.85			
VERIZON COMMUNICATIONS INC (VZ)	37,755.00	36,697.50	0.54 %	- 1,057.50	40,106.16	4.34 %	1,590.00	
20-10-880-1044219	750	48.9300			53.47			
VISA INC (V)	25,585.00	29,499.40	0.44 %	3,914.40	22,058.85	0.76 %	224.00	
CLASS A SHARES	140	210.7100			157.56			
20-10-880-1044219								

Detail

Corporate stock - common

Description (Symbol)	Value last statement Quantity	Current market value	% of total portfolio	Unrealized gain/loss	Total original value at PNC	Current yield	Estimated annual income	Accrued income
		Current price per unit			Avg. original value at PNC per unit			
WELLS FARGO & COMPANY (WFC)	56,251.01	71,639.28	1.05 %	15,388.27	38,448.39	2.67 %	1,908.20	
20-10-880-1044219	1,363	52.5600			28.21			
WISCONSIN ENERGY CORP (WEC)	41,727.82	47,764.56	0.70 %	6,036.74	20,921.48	3.33 %	1,588.08	
20-10-880-1044219	1,018	46.9200			20.55			
WYNDHAM WORLDWIDE CORP (WYN)	33,902.59	42,403.20	0.62 %	8,500.61	36,296.95	1.85 %	784.00	
20-10-880-1044219	560	75.7200			64.82			
ZIMMER HOLDINGS INC (ZMH)	26,174.83	28,042.20	0.41 %	1,867.37	26,174.83	0.85 %	237.60	59.40
20-10-880-1044219	270	103.8600			96.94			
Total corporate stock - common	\$2,406,819.18	\$2,871,408.17	41.90 %	\$464,588.99	\$2,103,824.07	1.78 %	\$50,975.95	\$2,308.00

Registered investment companies

Description (Symbol)	Value last statement Quantity	Current market value	% of total portfolio	Unrealized gain/loss	Total original value at PNC	Current yield	Estimated annual income	Accrued income
		Current price per unit			Avg. original value at PNC per unit			
ARTISAN FDS INC (ARTIX)	\$264,736.78	\$319,892.00	4.67 %	\$55,155.22	\$197,735.29	1.80 %	\$5,752.58	
INTERNATIONAL FUND #661 INV CLASS	10,145.639	\$31.5300			\$19.49			
20-10-002-1044219								
BAIRD AGGREGATE BOND FUND (BAGIX)	391,624.28	400,900.87	5.85 %	9,276.59	403,534.37	3.10 %	12,418.60	
FD #72	37,293.104	10.7500			10.82			
20-10-002-1044219								
BLACKROCK (BFMCX)	251,687.33	257,507.00	3.76 %	5,819.67	254,984.46	3.01 %	7,749.18	652.11
CORE BOND PORTFOLIO FUND 332 INSTITUTIONAL CLASS	26,629.473	9.6700			9.58			
20-10-002-1044219								

Detail

Registered investment companies

Description (Symbol)	Value last statement Quantity	Current market value	% 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
		Current price per unit						
BLACKROCK FUNDS (MADVX) EQUITY DIVIDEND INSTITUTIONAL CLASS FUND 383 20-10-002-1044219	149,360.35 6,829.794	173,135.28 25.3500	2.53 %	23,774.93	129,257.79 18.93	1.93 %	3,332.94	
FIDELITY ADVISOR FLOATING HIGH (FFRIX) INCOME FUND I FUND #279 20-10-002-1044219	255,669.73 25,845.666	257,939.75 9.9800	3.77 %	2,270.02	256,707.95 9.93	3.22 %	8,296.46	700.05
HARBOR INTERNATIONAL FUND (HAINX) CLASS INS FD # 2011 20-10-002-1044219	256,756.77 4,110.475	304,832.83 74.1600	4.45 %	48,076.06	265,539.66 64.60	2.02 %	6,145.16	
HARDING LOEVNER (HLEMX) EMERGING MARKETS PORTOFLIO FUND ADVISOR CLASS 20-10-002-1044219	86,727.09 1,901.722	99,612.20 52.3800	1.46 %	12,885.11	93,100.55 48.96	0.77 %	766.39	
ISHARES RUSSELL MID-CAP GROWTH (IWP) ETF 20-10-002-1044219	169,473.50 2,362	211,540.72 89.5600	3.09 %	42,067.22	141,975.10 60.11	0.95 %	1,998.25	
ISHARES RUSSELL 2000 (IWM) ETF 20-10-002-1044219	132,987.00 1,371	162,888.51 118.8100	2.38 %	29,901.51	58,285.75 42.51	1.25 %	2,030.45	
MAINSTAY EPOCH GLOBAL EQUITY (EPSYX) YIELD FUND CLASS I 20-10-002-1044219	269,046.32 14,010.126	292,251.23 20.8600	4.27 %	23,204.91	269,046.32 19.20	2.94 %	8,574.20	3,700.07
PIMCO UNCONSTRAINED BOND FUND (PFIUX) INSTITUTIONAL CLASS FD #1863 20-10-002-1044219	126,311.31 11,248.187	127,216.99 11.3100	1.86 %	905.68	126,311.31 11.23	1.06 %	1,338.53	151.12
T ROWE PRICE MID CAP VALUE (TRMCX) FD #115 20-10-002-1044219	184,090.98 6,733.270	221,928.58 32.9600	3.24 %	37,837.60	134,863.06 20.03	0.67 %	1,481.32	

Detail

Registered investment companies

Description (Symbol)	Value last statement Quantity	Current market value	% 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
		Current price per unit						
T ROWE PRICE REAL ESTATE FUND (TRREX) FD #122 20-10-002-1044219	134,383.57 6,150.316	151,174.77 24.5800	2.21 %	16,791.20	124,578.75 20.26	2.16 %	3,259.67	
TEMPLETON GLOBAL BOND FUND AD (TGBAX) FUND #616 20-10-002-1044219	242,595.13 18,786.427	250,047.34 13.3100	3.65 %	7,452.21	247,374.07 13.17	3.56 %	8,885.98	
VANGUARD TOTAL BD MKT INDX #584 (VBTLX) ADM 20-10-002-1044219	191,630.35 18,749.835	203,060.71 10.8300	2.97 %	11,430.36	191,630.35 10.22	2.61 %	5,287.45	431.93
VIRTUS EMERGING MARKETS (HIEMX) OPPORTUNITY FUND CL I 20-10-002-1044219	86,904.26 8,892.286	92,213.01 10.3700	1.35 %	5,308.75	92,021.03 10.35	1.07 %	978.15	
WELLS FARGO ADVANTAGE CORE BOND (MBFIX) FUND CLASS I 20-10-002-1044219	393,281.44 31,641.835	400,269.21 12.6500	5.85 %	6,987.77	404,957.02 12.80	1.95 %	7,783.89	628.98
Total registered investment companies	\$3,587,266.19	\$3,926,411.00	57.29 %	\$339,144.81	\$3,391,902.83	2.19 %	\$86,079.20	\$6,264.26
Total portfolio	\$6,049,675.84	\$6,853,409.64	100.00 %	\$803,733.80	\$5,551,317.37	2.00 %	\$137,071.82	\$8,574.79

Pension Plan for Employees of St. Francis Hospital of New Castle

EIN: 25-1536036 / PN: 003

2013 Schedule SB (Form 5500)

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.	2008 shortfall base		215,139		7/1/2008		2		110,311
2.	2009 shortfall base		538,054		7/1/2009		3		188,568
3.	2010 shortfall base		278,349		7/1/2010		6		52,952
4.	2011 shortfall base		1,051,136		7/1/2011		7		176,912
5.	2012 shortfall base		(1,133,465)		7/1/2012		6		(215,626)
5.	2013 shortfall base		(67,307)		7/1/2013		7		(11,328)