

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>06/30/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>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>2b Employer Identification Number (EIN) <u>25-1536036</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>724-656-4117</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>25-1536036</u>	2c Plan 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 Plan 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.	<u>03/31/2016</u>	<u>NEIL CHESSIN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
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:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	413
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	0
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits		6b	264
c Other retired or separated participants entitled to future benefits.....		6c	134
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	398
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	4
f Total. Add lines 6d and 6e		6f	402
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)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☐ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

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.

<div>A Name of plan PENSION PLAN FOR EMPLOYEES OF ST. FRANCIS HOSPITAL OF NEW CASTLE</div>	<div>B Three-digit plan number (PN) 003</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JAMESON HEALTH SYSTEM INC.</div>	<div>D Employer Identification Number (EIN) 25-1536036</div>

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 07 Day 01 Year 2014			
2 Assets:			
a Market value	2a	7030845	
b Actuarial value	2b	6554402	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	274	4967145	4967145
b For terminated vested participants	139	2128946	2128946
c For active participants	0	0	0
d Total	413	7096091	7096091
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	6.38%	
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.

<div>SIGN HERE</div>	<div>03/18/2016</div>
<div>Signature of actuary</div>	<div>Date</div>
<div>ROBERT CRNJARICH</div>	<div>14-05141</div>
<div>Type or print name of actuary</div>	<div>Most recent enrollment number</div>
<div>COWDEN ASSOCIATES, INC.</div>	<div>412-394-9951</div>
<div>Firm name</div>	<div>Telephone number (including area code)</div>
<div>444 LIBERTY AVENUE, SUITE 605 PITTSBURGH, PA 15222-1222</div>	
<div>Address of the firm</div>	

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

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>17.35</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(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.58</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		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	92.36 %
15 Adjusted funding target attainment percentage	15	92.36 %
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	87.50 %
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
09/15/2014	65195	0			
01/15/2015	65195	0			
04/16/2015	65195	0			
07/15/2015	65195	0			
03/15/2016	43838	0			
			Totals ►	18(b)	304618
				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	290063
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
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ 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		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	541689	289754	
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	289754	
	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	289754	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	290063	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	309	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A Name of plan <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 Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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	48827	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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>06/30/2015</u>		
A Name of plan <u>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)	174424	109033
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	8575	9079
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	55590	173106
(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)	2871408	3054924
(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)	3926411	3757344
(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	7036408	7103486

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	11979	12121
k Total liabilities (add all amounts in lines 1g through 1j)	1k	11979	12121

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7024429	7091365
---	-----------	---------	---------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	304618	
(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)		304618
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)	194185	
(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)		194185
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1926646	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1991607	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-64961
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	359579	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		359579

		(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)		-98661
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		694760

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	578997	
(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)		578997
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)	48827	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		48827
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		627824

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		66936
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			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015		
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 Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 25-1211909		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2014 v. 140124		

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

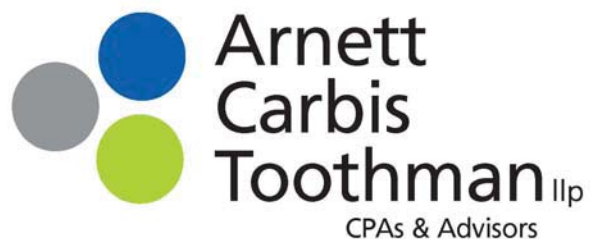
- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding 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, 2015**



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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, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 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, 2015 and 2014, 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, 2015, and reportable transactions for the year ended June 30, 2015, are required by the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA 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 DOL's Rules and Regulations for Reporting and Disclosure under the ERISA.

Arnett Corbis Toothman LLP

New Castle, Pennsylvania
March 17, 2016

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

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
June 30, 2015 and 2014**

	2015	2014
ASSETS		
Investments at fair value:		
Registered investment companies	\$ 3,757,344	\$ 3,926,411
Corporate stock	3,054,924	2,871,408
Money market investments	173,106	55,590
Total investments	6,985,374	6,853,409
Receivables:		
Employer contributions	109,033	174,424
Accrued income	9,079	8,575
Total receivables	118,112	182,999
Total assets	7,103,486	7,036,408
LIABILITIES		
Accrued administrative expenses	12,121	11,979
Net assets available for benefits	\$ 7,091,365	\$ 7,024,429

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, 2015 and 2014**

	2015	2014
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 195,957	\$ 947,671
Interest and dividend income	194,185	154,366
Total investment income	390,142	1,102,037
Employer contributions	304,618	322,789
Total additions	694,760	1,424,826
Deductions from net assets attributed to:		
Benefits payments	578,997	559,884
Administrative expenses	48,827	47,007
Total deductions	627,824	606,891
Net increase	66,936	817,935
Net assets available for benefits:		
Beginning of year	7,024,429	6,206,494
End of year	<u>\$ 7,091,365</u>	<u>\$ 7,024,429</u>

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, 2014 and 2013, 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:

	2014	2013
Actuarial present value of accumulated Plan benefits as of July 1:		
Vested benefits:		
Participants currently receiving payments	\$ 4,480,740	\$ 3,835,973
Other participants	1,778,779	2,279,094
Actuarial present value of accumulated Plan benefits	\$ 6,259,519	\$ 6,115,067

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 2014 and 2013 are as follows:

	2014	2013
Actuarial present value of accumulated Plan benefits as of July 1:		
Beginning of year	\$ 6,115,067	\$ 6,139,211
Increase (decrease) during the year attributable to:		
Decrease in discount period	467,241	470,463
Benefits accumulated and Plan experience	30,341	32,370
Changes in actuarial assumptions	206,754	-
Benefits paid	(559,884)	(526,977)
Actuarial present value of accumulated Plan benefits at end of year	\$ 6,259,519	\$ 6,115,067

The significant actuarial assumptions used in the valuation as of July 1, 2014 and 2013, were:

Mortality for Minimum and Maximum Funding: IRS 2014 Static Mortality Table for July 1, 2014, valuation
IRS 2013 Static Mortality Table for July 1, 2013, valuation

Mortality for Present Value of Accumulated Benefits: RP-2000 fully generational with Scale AA for July 1, 2014, valuation

IRS Prescribed Interest Rates for Funding Target Liability in 2014 and 2013: RP-2000 projected to 2007, no collar for July 1, 2013, valuation

	2014		2013	
Minimum/Maximum Funding	Minimum*	Maximum	Minimum*	Maximum
First Segment Rate	4.99%	1.14%	5.23%	1.41%
Second Segment Rate	6.32%	4.04%	6.51%	4.07%
Third Segment Rate	6.99%	5.11%	7.16%	5.11%
Lookback Month	July	July	July	July
Present Value of Accrued Benefits	8.00%	8.00%	8.00%	8.00%

* Highway and Transportation Funding Act of 2014 (HATFA) 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 four 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 2014, and HATFA 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
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NOTES TO FINANCIAL STATEMENTS

Subsequent events: In preparing these financial statements, the System evaluated events that occurred through March 17, 2016, 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, 2015 and 2014, 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 as of June 30:

	2015	2014
Investments at fair value:		
Registered investment companies	\$ 3,757,344	\$ 3,926,411
Corporate stock	3,054,924	2,871,408
Money market investment	173,106	55,590
	<u>\$ 6,985,374</u>	<u>\$ 6,853,409</u>

PNC Bank also certified to the completeness and accuracy of \$195,957 and \$947,671 of net appreciation in fair value of investments, and \$194,185 and \$154,366 of interest and dividend income related to the aforementioned investments for the years ended June 30, 2015 and 2014, respectively.

During 2015 and 2014 the Plan's investments (including investments purchased, sold, as well as held during the year) had net appreciation (depreciation) in fair values for the years ended June 30 as follows:

	2015	2014
Registered investment companies	\$ (100,708)	\$ 371,590
Corporate stock	296,665	576,081
	<u>\$ 195,957</u>	<u>\$ 947,671</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
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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, 2015 or 2014:

Registered investment companies: Valued based on quoted market prices.

Corporate stock: 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, 2015. 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, 2015			
	Total	Level I	Level II	Level III
Registered investment companies, fixed income:				
Domestic:				
Baird Aggregate Bond Fund	\$ 409,458	\$ 409,458	\$ -	\$ -
Wells Fargo Advantage Core Bond Fund Class I	408,106	408,106	-	-
Other domestic mutual funds, fixed income	858,632	858,632	-	-
International	246,007	246,007	-	-
Registered investment companies, equity:				
Domestic	735,903	735,903	-	-
International	1,099,238	1,099,238	-	-
Corporate stock:				
Domestic	2,774,789	2,774,789	-	-
International	280,135	280,135	-	-
Money market investments, domestic	173,106	173,106	-	-
Total assets at fair value	\$ 6,985,374	\$ 6,985,374	\$ -	\$ -

**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, 2014. 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, 2014			
	Total	Level I	Level II	Level III
Registered investment companies, fixed income:				
Domestic:				
Baird Aggregate Bond Fund	\$ 400,901	\$ 400,901	\$ -	\$ -
Wells Fargo Advantage Core Bond Fund Class I	400,269	400,269	-	-
Other domestic mutual funds, fixed income	845,724	845,724	-	-
International	250,048	250,048	-	-
Registered investment companies, equity:				
Domestic	920,668	920,668	-	-
International	1,108,801	1,108,801	-	-
Corporate stock:				
Domestic	2,483,488	2,483,488	-	-
International	387,920	387,920	-	-
Money market investments, domestic	55,590	55,590	-	-
Total assets at fair value	\$ 6,853,409	\$ 6,853,409	\$ -	\$ -

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 2015 and 2014 exceeded or met the minimum funding requirements of the 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, 2012, 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 2015 and 2014, 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, 2015 and 2014, the Plan paid \$48,828 and \$47,007, 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. Pending Affiliation

As of September 16, 2014, Jameson Health System signed a nonbinding letter of intent with University of Pittsburgh Medical Center (UPMC), by which the two parties expressed the intention to affiliate. UPMC committed to put \$70 million toward capital improvements for the development of Jameson Health System, with approximately \$15 million over the next two years. The regulatory review has been extensive, and the state of Pennsylvania has asked Jameson Health System to issue new requests for proposals to potential partners across the United States. Proposals were received at the end of September 2015. In light of this rebid process required by the Attorney General of Pennsylvania, UPMC has extended its offer through May 31, 2016. Management has evaluated the merits of the additional proposals and deemed them insufficient to meet the needs of the community. The Health System has reaffirmed its desire to affiliate with UPMC to the state Attorney General and is awaiting their response.

**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, 2015
See Independent Auditor's Report**

See Attached Schedules



INSTITUTIONAL
ASSET MANAGEMENT

JAMESON HEALTH SYSTEM CONS
DB TRUST STATEMENT
Account number 20-10-502-1044219
July 1, 2014 - June 30, 2015

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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	120,933.97	\$120,933.97	52,171.56	\$120,933.97	1.74 %		\$120,933.97	\$86.87	0.08 %	\$10.75	
TEMP FUND INSTITUTIONAL SHRS #24	120,933.970	\$1.0000					\$1.00				
20-10-002-1044219											
BLACKROCK LIQUIDITY FUNDS	52,171.56	52,171.56	52,171.56	52,171.56	0.75 %		52,171.56	37.48	0.08 %	3.80	
TEMP FUND INSTITUTIONAL SHRS #24	52,171.560	1.0000					1.00				
20-10-880-1044219											
Total interest bearing cash	\$173,105.53	\$173,105.53			2.48 %		\$173,105.53	\$124.35	0.07 %	\$14.55	

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)	44,786.96	\$43,488.40	43,906.40	45,653.00	0.63 %	-\$1,298.56	\$40,818.78	\$1,252.80	2.89 %		
ISIN BMG491BT1088 SEDOL B28XP76	1,160	\$37,4900					\$35.19				
20-10-880-1044219											
TE CONNECTIVITY LTD (TEL)	43,906.40	45,653.00	43,906.40	45,653.00	0.66 %	1,746.60	41,256.18	937.20	2.06 %		
SEDOL B62B7C3 ISIN CH0102993182	710	64.3000					58.11				
20-10-880-1044219											
CHECK POINT SOFTWARE TECH (CHKP)	28,157.44	31,820.00	28,157.44	31,820.00	0.46 %	3,662.56	28,157.44				
SEDOL 2181334	400	79.5500					70.39				
ISIN IL0010824113											
20-10-880-1044219											
NXP SEMICONDUCTORS (NXPI)	30,442.80	45,172.00	30,442.80	45,172.00	0.65 %	14,729.20	19,550.34				
ISIN NL0009538784 SEDOL B505PN7	460	98.2000					42.50				
20-10-880-1044219											



INSTITUTIONAL
ASSET MANAGEMENT

JAMESON HEALTH SYSTEM CONS
DB TRUST STATEMENT
Account number 20-10-502-1044219
July 1, 2014 - June 30, 2015

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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			
AETNA INC NEW (AET)	51,080.40		80,299.80	1.15 %	29,219.40	39,086.81	62.04	0.79 %	630.00	
20-10-880-1044219	630		127,4600							
ALLSTATE CORP (ALL)	37,019.28		38,922.00	0.56 %	1,902.72	37,019.28	61.70	1.85 %	720.00	180.00
20-10-880-1044219	600		64,8700							
ALTRIA GROUP INC (MO)	39,004.20		45,486.30	0.66 %	6,482.10	34,392.53	36.98	4.26 %	1,934.40	483.60
20-10-880-1044219	930		48,9100							
AMERIPRISE FINANCIAL INC (AMP)	28,550.58		27,484.60	0.40 %	- 1,065.98	28,550.58	129.78	2.15 %	589.60	
20-10-880-1044219	220		124,9300							
AMGEN INC (AMGN)	46,798.58		59,872.80	0.86 %	13,074.22	46,195.36	118.45	2.06 %	1,232.40	
20-10-880-1044219	390		153,5200							
APPLE INC (AAPL)	119,322.12		161,045.70	2.31 %	41,723.58	54,155.61	42.18	1.66 %	2,670.72	
20-10-880-1044219	1,284		125,4250							
BECTON DICKINSON & CO (BDX)	28,392.00		33,996.00	0.49 %	5,604.00	21,772.23	90.72	1.70 %	576.00	
20-10-880-1044219	240		141,6500							
BERKSHIRE HATHAWAY INC (BRKB)	40,443.13		36,749.70	0.53 %	- 3,693.43	40,443.13	149.79			
20-10-880-1044219	270		136,1100							
BOEING CO (BA)	26,718.30		29,131.20	0.42 %	2,412.90	15,351.22	73.10	2.63 %	764.40	
20-10-880-1044219	210		138,7200							
CIGNA CORP (CI)	48,193.13		82,620.00	1.19 %	34,426.87	48,193.13	94.50	0.03 %	20.40	
20-10-880-1044219	510		162,0000							
CVS HEALTH CORPORATION (CVS)	44,468.30		61,879.20	0.89 %	17,410.90	30,589.22	51.85	1.34 %	826.00	
20-10-880-1044219	590		104,8800							
CISCO SYSTEMS INC (CSCO)	66,329.88		71,945.20	1.03 %	5,615.32	59,336.37	22.65	3.06 %	2,200.80	
20-10-880-1044219	2,620		27,4600							
CINTAS CORP (CTAS)	46,556.76		48,216.30	0.70 %	1,659.54	46,556.76	81.68	1.01 %	484.50	
20-10-880-1044219	570		84,5900							
COMCAST CORPORATION CL A (CMCSA)	54,976.94		61,342.80	0.88 %	6,365.86	30,681.22	30.08	1.67 %	1,020.00	255.00
20-10-880-1044219	1,020		60,1400							
CONOCOPHILLIPS (COP)	53,531.10		38,688.30	0.56 %	- 14,842.80	44,218.79	70.19	4.76 %	1,839.60	
20-10-880-1044219	630		61,4100							

Detail

Corporate stock - common

Description (Symbol)	Value last statement Quantity	Current market value price per unit	% of total portfolio	Unrealized gain/loss	Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
CONSTELLATION BRANDS INC (STZ) CL A	47,539.05 540	62,650.80 116.0200	0.90 %	15,111.75	44,512.72 82.43	1.07 %	669.60	
20-10-880-1044219								
DISNEY WALT CO (DIS)	64,305.00	85,605.00	1.23 %	21,300.00	44,674.94	1.16 %	990.00	
20-10-880-1044219	750	114,1400			59.57			
DOW CHEMICAL CO (DOW)	40,768.65	40,424.30	0.58 %	-344.35	40,768.65	3.29 %	1,327.20	331.80
20-10-880-1044219	790	51.1700			51.61			
DR PEPPER SNAPPLE GROUP INC (DPS)	43,354.08	47,385.00	0.68 %	4,030.92	43,354.08	2.64 %	1,248.00	312.00
20-10-880-1044219	650	72.9000			66.70			
EDWARDS LIFESCIENCES CORP (EW)	48,018.01	51,274.80	0.74 %	3,256.79	48,018.01			
20-10-880-1044219	360	142.4300			133.38			
EXXON MOBIL CORP (XOM)	58,001.65	49,254.40	0.71 %	-8,747.25	41,855.45	3.51 %	1,728.64	
20-10-880-1044219	592	83.2000			70.70			
FOOT LOCKER INC (FL)	31,446.40	41,546.20	0.60 %	10,099.80	29,750.54	1.50 %	620.00	
20-10-880-1044219	620	67.0100			47.98			
GENERAL DYNAMICS CORP (GD)	40,740.58	41,090.10	0.59 %	349.52	40,740.58	1.95 %	800.40	200.10
20-10-880-1044219	290	141.6900			140.48			
GENERAL ELECTRIC CO (GE)	32,324.40	32,681.10	0.47 %	356.70	24,032.73	3.47 %	1,131.60	282.90
20-10-880-1044219	1,230	26.5700			19.54			
GOLDMAN SACHS GROUP INC (GS)	40,249.06	41,758.00	0.60 %	1,508.94	40,249.06	1.25 %	520.00	
20-10-880-1044219	200	208.7900			201.25			
GOOGLE INC - CL A (GOOGL)	33,910.86	31,322.32	0.45 %	-2,588.54	17,200.50			
20-10-880-1044219	58	540.0400			296.56			
HCA HOLDINGS INC (HCA)	43,373.29	61,689.60	0.89 %	18,316.31	43,373.29			
20-10-880-1044219	680	90.7200			63.78			
HANESBRANDS INC - W/I (HBI)	37,407.20	50,646.40	0.73 %	13,239.20	28,124.72	1.21 %	608.00	
20-10-880-1044219	1,520	33.3200			18.50			
HOME DEPOT INC (HD)	31,574.40	43,340.70	0.63 %	11,766.30	17,255.17	2.13 %	920.40	
20-10-880-1044219	390	111.1300			44.24			
HONEYWELL INTL INC (HON)	44,355.32	44,866.80	0.65 %	511.48	44,355.32	2.04 %	910.80	
20-10-880-1044219	440	101.9700			100.81			



INSTITUTIONAL
ASSET MANAGEMENT

JAMESON HEALTH SYSTEM CONS
DB TRUST STATEMENT
Account number 20-10-502-1044219
July 1, 2014 - June 30, 2015

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Detail

Corporate stock - common

Description (Symbol)	Value last statement Quantity	Current market value price per unit	% of total portfolio	Unrealized gain/loss	Total original value at PNC		Current yield	Estimated annual income	Accrued income
					Avg. original value at PNC per unit				
JPMORGAN CHASE & CO (JPM)	66,847.32	77,991.76	1.12 %	11,144.44	48,470.44		2.60 %	2,025.76	
20-10-880-1044219	1,151	67,7600			42.11				
JOHNSON & JOHNSON (JNJ)	60,261.12	56,136.96	0.81 %	-4,124.16	34,475.07		3.08 %	1,728.00	
20-10-880-1044219	576	97,4600			59.85				
KROGER CO (KR)	46,958.50	68,884.50	0.99 %	21,926.00	43,980.46		1.16 %	798.00	
20-10-880-1044219	950	72,5100			46.30				
L BRANDS INC (LBI)	27,834.08	35,149.30	0.51 %	7,315.22	27,834.08		2.34 %	820.00	
20-10-880-1044219	410	85,7300			67.89				
LAM RESEARCH CORP (LRCH)	31,686.94	30,913.00	0.45 %	-773.94	31,686.94		1.48 %	456.00	114.00
20-10-880-1044219	380	81,3500			83.39				
LINCOLN NATIONAL CORP (LNC)	44,048.60	49,744.80	0.72 %	5,696.20	42,553.90		1.36 %	672.00	
20-10-880-1044219	840	59,2200			50.66				
LOCKHEED MARTIN CORP (LMT)	25,716.80	29,744.00	0.43 %	4,027.20	22,621.02		3.23 %	960.00	
20-10-880-1044219	160	185,9000			141.38				
MAGNA INTERNATIONAL (MGA)	47,410.00	49,359.20	0.71 %	1,949.20	35,701.92		1.57 %	774.40	
20-10-880-1044219	880	56,0900			40.57				
McKesson Corporation (MCK)	44,690.40	53,954.40	0.78 %	9,264.00	37,095.85		0.43 %	230.40	57.60
20-10-880-1044219	240	224,8100			154.57				
MICROSOFT CORP (MSFT)	25,854.00	27,373.00	0.40 %	1,519.00	18,171.25		2.81 %	768.80	
20-10-880-1044219	620	44,1500			29.31				
NORTHROP GRUMMAN CORPORATION (NOC)	45,241.52	42,830.10	0.62 %	-2,411.42	45,241.52		2.02 %	864.00	
20-10-880-1044219	270	158,6300			167.56				
PPG INDUSTRIES INC (PPG)	42,513.26	41,299.20	0.60 %	-1,214.06	42,513.26		1.26 %	518.40	
20-10-880-1044219	360	114,7200			118.09				
POLARIS INDS INC (PII)	32,560.00	37,027.50	0.54 %	4,467.50	20,624.13		1.44 %	530.00	
20-10-880-1044219	250	148,1100			82.50				
PRINCIPAL FINANCIAL GROUP (PFG)	41,981.21	43,083.60	0.62 %	1,102.39	41,981.21		2.97 %	1,276.80	
20-10-880-1044219	840	51,2900			49.98				
ST JUDE MEDICAL INC (STJ)	30,470.00	32,150.80	0.47 %	1,680.80	29,809.28		1.59 %	510.40	127.60
20-10-880-1044219	440	73,0700			67.75				



INSTITUTIONAL
ASSET MANAGEMENT

JAMESON HEALTH SYSTEM CONS
DB TRUST STATEMENT
Account number 20-10-502-1044219
July 1, 2014 - June 30, 2015

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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				
SCHLUMBERGER LTD (SLB)	84,219.44		64,642.50	0.93 %	- 19,576.94	67,343.36	89.79	2.33 %	1,500.00	375.00
SEDOL 2779201	750		86.1900							
ISIN AN8068571086										
20-10-880-1044219										
SKYWORKS SOLUTIONS INC (SWKS)	34,750.40		77,034.00	1.11 %	42,283.60	28,650.66		1.00 %	769.60	
20-10-880-1044219	740		104.1000			38.72				
SNAP ON INC (SNA)	46,870.62		57,330.00	0.83 %	10,459.38	46,870.62		1.34 %	763.20	
20-10-880-1044219	360		159.2500			130.20				
STANLEY BLACK & DECKER INC (SWK)	29,834.21		29,467.20	0.43 %	- 367.01	29,834.21		1.98 %	582.40	
20-10-880-1044219	280		105.2400			106.55				
3M COMPANY (MMM)	27,916.55		26,231.00	0.38 %	- 1,685.55	27,916.55		2.66 %	697.00	
20-10-880-1044219	170		154.3000			164.22				
TRACTOR SUPPLY CO (TSCO)	37,059.91		36,875.40	0.53 %	- 184.51	37,059.91		0.89 %	328.00	
20-10-880-1044219	410		89.9400			90.39				
THE TRAVELERS COS INC (TRV)	35,746.60		36,730.80	0.53 %	984.20	34,483.97		2.53 %	927.20	
20-10-880-1044219	380		96.6600			90.75				
VERIZON COMMUNICATIONS INC (VZ)	55,448.16		52,203.20	0.75 %	- 3,244.96	58,720.47		4.73 %	2,464.00	
20-10-880-1044219	1,120		46.6100			52.43				
VISA INC (V)	27,392.30		34,918.00	0.50 %	7,525.70	20,483.22		0.72 %	249.60	
CLASS A SHARES	520		67.1500			39.39				
20-10-880-1044219										
VOYA FINL INC COM (VOYA)	31,194.87		33,458.40	0.48 %	2,263.53	31,194.87		0.09 %	28.80	
20-10-880-1044219	720		46.4700			43.33				
WEC ENERGY GROUP INC (WEC)	45,418.56		43,530.96	0.63 %	- 1,887.60	19,893.90		2.24 %	970.90	
20-10-880-1044219	968		44.9700			20.55				
WELLS FARGO & COMPANY (WFC)	68,485.68		73,280.72	1.05 %	4,795.04	36,755.87		2.67 %	1,954.50	
20-10-880-1044219	1,303		56.2400			28.21				
WYNDHAM WORLDWIDE CORP (WYN)	40,888.80		44,231.40	0.64 %	3,342.60	35,000.63		2.06 %	907.20	
20-10-880-1044219	540		81.9100			64.82				
Total corporate stock - common	\$2,695,346.10		\$3,054,924.52	43.73 %	\$359,578.42	\$2,251,559.31		1.78 %	\$54,248.82	\$2,719.60

Detail

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	Current			Avg. original value at PNC per unit				
ARTISAN FDS INC (ARTIX)		\$322,209.26	\$317.793.09		4.55 %	-\$4,416.17	\$200,052.55		0.74 %	\$2,330.55	
INTERNATIONAL FUND #661		10,221.714	\$31.0900				\$19.57				
INV CLASS											
20-10-002-1044219											
BAIRD AGGREGATE BOND FUND (BAGIX)		411,431.38	409,457.76		5.87 %	-1,973.62	414,064.88		2.61 %	10,676.52	
FD #72		38,267.080	10.7000				10.82				
20-10-002-1044219											
BLACKROCK (BFMCX)		265,179.19	263,757.19		3.78 %	-1,422.00	262,656.65		2.57 %	6,772.14	533.41
CORE BOND PORTFOLIO		27,417.587	9.6200				9.58				
FUND 332 INSTITUTIONAL CLASS											
20-10-002-1044219											
FIDELITY ADVISOR FLOATING HIGH (FFRIX)		268,303.01	260,174.45		3.73 %	-8,128.56	267,071.21		3.69 %	9,578.29	783.88
INCOME FUND I		26,905.321	9.6700				9.93				
FUND #279											
20-10-002-1044219											
HARBOR INTERNATIONAL FUND (HAINX)		339,663.46	320,292.66		4.59 %	-19,370.80	300,370.29		2.04 %	6,525.50	
CLASS INS FD # 2011		4,601.906	69.6000				65.27				
20-10-002-1044219											
HARDING LOEVNER (HLEMX)		104,022.15	92,765.90		1.33 %	-11,256.25	97,510.50		0.84 %	771.72	
EMERGING MARKETS PORTFOLIO FUND		1,999.265	46.4000				48.77				
ADVISOR CLASS											
20-10-002-1044219											
ISHARES RUSSELL MID-CAP GROWTH (IWP)		165,417.32	178,881.95		2.57 %	13,464.63	111,019.48		0.95 %	1,695.55	
ETF		1,847	96.8500				60.11				
20-10-002-1044219											
ISHARES RUSSELL 2000 (IWM)		135,562.21	142,465.26		2.04 %	6,903.05	48,507.69		1.34 %	1,896.34	
ETF		1,141	124.8600				42.51				
20-10-002-1044219											
MFS VALUE FUND CLASS I (MEIX)		106,300.00	104,780.57		1.50 %	-1,519.43	106,300.00		2.17 %	2,270.20	
20-10-002-1044219		2,979.260	35.1700				35.68				
MAINSTAY EPOCH GLOBAL EQUITY (EPSYX)		310,219.10	279,469.49		4.01 %	-30,749.61	287,014.19		4.14 %	11,563.74	3,715.32
YIELD FUND CLASS I		14,920.955	18.7300				19.24				
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	price per unit	Current price per unit	Avg. original value at PNC per unit							
PIMCO UNCONSTRAINED BOND FUND (PRIUX)	130,038.82	128,102.90	128,102.90	129,133.14	1.84 %	- 1,935.92	129,133.14	11.23	2.18 %	2,782.85	315.66
INSTITUTIONAL CLASS	11,499.363	11,1400	11,1400								
FD #1863											
20-10-002-1044219											
T ROWE PRICE MID CAP VALUE (TRMCX)	193,994.16	178,675.88	178,675.88	126,562.18	2.56 %	- 15,318.28	126,562.18	1.05 %		1,864.34	
FD #115	6,013.998	29,7100	29,7100	21.04							
20-10-002-1044219											
T ROWE PRICE REAL ESTATE FUND (TRREX)	127,536.94	131,099.51	131,099.51	105,638.70	1.88 %	3,562.57	105,638.70	2.38 %		3,109.08	
FD #122	5,181.799	25,3000	25,3000	20.39							
20-10-002-1044219											
TEMPLETON GLOBAL BOND FUND AD (TGBAX)	267,015.15	246,006.64	246,006.64	264,341.88	3.53 %	- 21,008.51	264,341.88	3.22 %		7,898.00	
FUND #616	20,147.964	12,2100	12,2100	13.12							
20-10-002-1044219											
VANGUARD TOTAL BD MKT INDX #584 (VBTLX)	208,749.41	206,597.57	206,597.57	197,319.05	2.96 %	- 2,151.84	197,319.05	2.50 %		5,145.67	413.47
ADM	19,272.161	10,7200	10,7200	10.24							
20-10-002-1044219											
VIRTUS EMERGING MARKETS (HIEMX)	92,826.58	88,917.07	88,917.07	92,634.60	1.28 %	- 3,909.51	92,634.60	0.88 %		779.03	
OPPORTUNITY FUND CLI	8,954.388	9,9300	9,9300	10.35							
20-10-002-1044219											
WELLS FARGO ADVANTAGE CORE BOND (MBFHX)	407,536.84	408,106.29	408,106.29	412,224.65	5.85 %	569.45	412,224.65	1.79 %		7,279.56	583.03
FUND CLASS I	32,210.441	12,6700	12,6700	12.80							
20-10-002-1044219											
Total registered investment companies	\$3,856,004.98	\$3,757,344.18	\$3,757,344.18	\$3,422,421.64	53.79 %	- \$98,660.80	\$3,422,421.64	2.21 %		\$82,939.08	\$6,344.77
Total portfolio	\$6,724,456.61	\$6,985,374.23	\$6,985,374.23	\$5,847,086.48	100.00 %	\$260,917.62	\$5,847,086.48	1.97 %		\$137,312.25	\$9,078.92

**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, 2015
See Independent Auditor's Report**

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price
Category (ii), Transaction in Excess of 5% of Plan Assets			
BlackRock Liquidity Funds	Mutual Fund	\$ 387,215	\$ -

Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
\$ 387,215	\$ 387,215	\$ -

Pension Plan for Employees of St. Francis Hospital of New Castle
EIN: 25-1536036 / PN: 003
2014 Schedule SB (Form 5500)
Part V - Statement of Actuarial Assumptions/Methods

Actuarial Methods and Assumptions

As of July 1, 2014

Mortality for Minimum and Maximum Funding: IRS 2014 Static Mortality Table

IRS Prescribed Interest Rates for Funding Target Liability in 2014 (Minimum as Revised by HATFA)

	Current Year	
	<u>Minimum</u>	<u>Maximum</u>
• Minimum/Maximum Funding		
First Segment Rate	4.99%	1.14%
Second Segment Rate	6.32%	4.04%
Third Segment Rate	6.99%	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 2014, 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: ▶ 070114/063015

Three-digit plan number: ► 003

[illegible]

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

▶ **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>07</u> Day <u>01</u> Year <u>2014</u>			
2 Assets:			
a Market value	2a	7030845	
b Actuarial value	2b	6554402	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	274	4967145	4967145
b For terminated vested participants.....	139	2128946	2128946
c For active participants.....	0	0	0
d Total.....	413	7096091	7096091
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	6.38%	
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 /	03/18/2016
	Signature of actuary	Date
ROBERT CRNJARICH		1405141
Type or print name of actuary		Most recent enrollment number
COWDEN ASSOCIATES, INC.		412-394-9951
Firm name		Telephone number (including area code)
444 LIBERTY AVENUE, SUITE 605 PITTSBURGH PA 15222-1222		
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) 2014 v. 140124**

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>17.35%</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(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.58%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		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	92.36%
15 Adjusted funding target attainment percentage	15	92.36%
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	87.50%
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
09/15/2014	65195				
01/15/2015	65195				
04/16/2015	65195				
07/15/2015	65195				
03/15/2016	43838				
Totals ▶			18(b)	304618	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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	290063

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: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%
			☐ 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	
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	
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		541689	289754
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	289754
	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		289754
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		290063
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	309
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
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
2014 Schedule SB (Form 5500)
Line 19 - Discounted Employer Contributions

Employer Contributions

Date Paid	Amount	Plan Year	Effective Interest Rate	Interest-adjusted Amount *
9/15/2014	65,195	2014	6.38%	64,361
1/15/2015	65,195	2014	6.38%	63,044
4/16/2015	65,195	2014	6.40%	62,072
7/15/2015	65,195	2014	6.38%	61,140
3/15/2016	43,838	2014	6.38%	39,446
Total	304,618			290,063

** The interest-adjusted effective rate for the 4/16/2015 payment reflects the effective interest rate of 6.38% for the period between the valuation date and 4/16/2015, plus an additional 5% interest discount applied for 4/15/2015-4/16/2015 due to late interest.*

Pension Plan for Employees of St. Francis Hospital of New Castle
EIN: 25-1536036 / PN: 003
2014 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, 2014. 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: December 19, 2011

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		Current market value	%	Unrealized gain/loss	Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
	Quantity	price per unit							
BLACKROCK LIQUIDITY FUNDS	\$120,933.97	\$120,933.97		1.74 %		\$120,933.97	0.08 %	\$86.87	\$10.75
TEMP FUND INSTITUTIONAL SHRS #24	120,933.970	\$1,0000				\$1,000			
20-10-002-1044219									
BLACKROCK LIQUIDITY FUNDS	52,171.56	52,171.56		0.75 %		52,171.56	0.08 %	37.48	3.80
TEMP FUND INSTITUTIONAL SHRS #24	52,171.560	1.0000				1.00			
20-10-880-1044219									
Total interest bearing cash	\$173,105.53	\$173,105.53		2.48 %		\$173,105.53	0.07 %	\$124.35	\$14.55

Corporate stock - common

Description (Symbol)	Value last statement		Current market value	% of total portfolio	Unrealized gain/loss	Total original value at PNC		Accrued income
	Quantity	Current price per unit				Avg. original value at PNC per unit	Current yield	
INVECO LTD (IVZ)	\$44,786.96	\$43,488.40		0.63 %	-\$1,298.56	\$40,818.78	2.89 %	\$1,252.80
ISIN BMG491BT1088 SEDOL B28XP76	1,160	\$37,490.00				\$38.19		
20-10-880-1044219								
TE CONNECTIVITY LTD (TEL)	43,906.40	45,653.00		0.66 %	1,746.60	41,256.18	2.06 %	937.20
SEDOL B42B7C3 ISIN CH0102993182	710	64,300.00				58.11		
20-10-880-1044219								
CHECK POINT SOFTWARE TECH (CHKP)	28,157.44	31,820.00		0.46 %	3,662.56	28,157.44		
SEDOL 2181334	400	79,550.00				70.39		
ISIN IL0010824113								
20-10-880-1044219								
NXP SEMICONDUCTORS (NXP)	30,442.80	45,172.00		0.65 %	14,729.20	19,550.34		
ISIN NL0009538784 SEDOL B506PN7	460	98,200.00				42.50		
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	Current price per unit	Avg. original value at PNC per unit							
AETNA INC NEW (AET)	51,080.40		80,299.80		1.15 %	29,219.40	39,086.81	62.04	0.79 %	630.00	
20-10-880-1044219	630		127,4600								
ALLSTATE CORP (ALL)	37,019.28		38,922.00		0.56 %	1,902.72	37,019.28	61.70	1.85 %	720.00	180.00
20-10-880-1044219	600		64,8700		0.66 %	6,482.10	34,392.53	36.98	4.26 %	1,934.40	483.60
ALTRIA GROUP INC (MO)	39,004.20		45,486.30		0.40 %	- 1,065.98	28,550.58	129.78	2.15 %	589.60	
20-10-880-1044219	930		48,9100								
AMERIPRISE FINANCIAL INC (AMP)	28,550.58		27,484.60		0.86 %	13,074.22	46,195.36	118.45	2.06 %	1,232.40	
20-10-880-1044219	390		153,5200		2.31 %	41,723.58	54,155.61	42.18	1.66 %	2,670.72	
AMGEN INC (AMGN)	46,798.58		59,872.80		0.49 %	5,604.00	21,772.23	90.72	1.70 %	576.00	
20-10-880-1044219	1,284		125,4250		0.53 %	- 3,693.43	40,443.13	149.79			
APPLE INC (AAPL)	119,322.12		161,045.70								
20-10-880-1044219	240		33,996.00								
BECTON DICKINSON & CO (BDX)	28,392.00		141,6500								
20-10-880-1044219	270		36,749.70								
BERKSHIRE HATHAWAY INC (BRKB)	40,443.13		136,1100								
20-10-880-1044219	210		29,131.20		0.42 %	2,412.90	15,351.22	73.10	2.63 %	764.40	
BOEING CO (BA)	26,718.30		138,7200		1.19 %	34,426.87	48,193.13	94.50	0.03 %	20.40	
20-10-880-1044219	510		162,0000		0.89 %	17,410.90	30,589.22	51.85	1.34 %	826.00	
CIGNA CORP (CI)	48,193.13		61,879.20		1.03 %	5,615.32	59,336.37	22.65	3.06 %	2,200.80	
20-10-880-1044219	590		104,8800		0.70 %	1,659.54	46,556.76	81.68	1.01 %	484.50	
CVS HEALTH CORPORATION (CVS)	44,468.30		71,945.20		0.88 %	6,365.86	30,681.22	30.08	1.67 %	1,020.00	255.00
20-10-880-1044219	570		27,4600		0.56 %	- 14,842.80	44,218.79	70.19	4.76 %	1,839.60	
CISCO SYSTEMS INC (CSCO)	66,329.88		84,5900								
20-10-880-1044219	2,620		61,342.80								
CINTAS CORP (CTAS)	46,556.76		60,1400								
20-10-880-1044219	1,020		38,688.30								
COMCAST CORPORATION CL A (CMCSA)	54,976.94		61,4100								
20-10-880-1044219	630		61,4100								
CONOCOPHILLIPS (COP)	53,531.10										
20-10-880-1044219											



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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	Current price per unit	Current			Avg. original value at PNC per unit	value at PNC			
CONSTELLATION BRANDS INC (STZ)	47,539.05		62,650.80		0.90 %	15,111.75	44,512.72	82.43	1.07 %	669.60	
CLA	540		116,0200								
20-10-880-1044219											
DISNEY WALT CO (DIS)	64,305.00		85,605.00		1.23 %	21,300.00	44,674.94	1.16 %		990.00	
20-10-880-1044219	750		114,1400				59.57				
DOW CHEMICAL CO (DOW)	40,768.65		40,424.30		0.58 %	- 344.35	40,768.65	3.29 %		1,327.20	331.80
20-10-880-1044219	790		51,1700				51.61				
DR PEPPER SNAPPLE GROUP INC (DPS)	43,354.08		47,385.00		0.68 %	4,030.92	43,354.08	2.64 %		1,248.00	312.00
20-10-880-1044219	650		72,9000				66.70				
EDWARDS LIFESCIENCES CORP (EW)	48,018.01		51,274.80		0.74 %	3,256.79	48,018.01				
20-10-880-1044219	360		142,4300				133.38				
EXXON MOBIL CORP (XOM)	58,001.65		49,254.40		0.71 %	- 8,747.25	41,855.45	3.51 %		1,728.64	
20-10-880-1044219	592		83,2000				70.70				
FOOT LOCKER INC (FLJ)	31,446.40		41,546.20		0.60 %	10,099.80	29,750.54	1.50 %		620.00	
20-10-880-1044219	620		67,0100				47.98				
GENERAL DYNAMICS CORP (GD)	40,740.58		41,090.10		0.59 %	349.52	40,740.58	1.95 %		800.40	200.10
20-10-880-1044219	290		141,6900				140.48				
GENERAL ELECTRIC CO (GE)	32,324.40		32,681.10		0.47 %	356.70	24,032.73	3.47 %		1,131.60	282.90
20-10-880-1044219	1,230		26,5700				19.54				
GOLDMAN SACHS GROUP INC (GS)	40,249.06		41,758.00		0.60 %	1,508.94	40,249.06	1.25 %		520.00	
20-10-880-1044219	200		208,7900				201.25				
GOOGLE INC-CL A (GOOGL)	33,910.86		31,322.32		0.45 %	- 2,588.54	17,200.50				
20-10-880-1044219	58		540,0400				296.56				
HCA HOLDINGS INC (HCA)	43,373.29		61,689.60		0.89 %	18,316.31	43,373.29				
20-10-880-1044219	680		90,7200				63.78				
HANESBRANDS INC - W/I (HBI)	37,407.20		50,646.40		0.73 %	13,239.20	28,124.72	1.21 %		608.00	
20-10-880-1044219	1,520		33,3200				18.50				
HOME DEPOT INC (HD)	31,574.40		43,340.70		0.63 %	11,766.30	17,255.17	2.13 %		920.40	
20-10-880-1044219	390		111,1300				44.24				
HONEYWELL INTL INC (HON)	44,355.32		44,866.80		0.65 %	511.48	44,355.32	2.04 %		910.80	
20-10-880-1044219	440		101,9700				100.81				



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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	Current price per unit	Avg. original value at PNC per unit							
JPMORGAN CHASE & CO (JPM)	66,847.32		77,991.76		1.12 %	11,144.44	48,470.44	42.11	2.60 %	2,025.76	
20-10-880-1044219	1,151		67,7600								
JOHNSON & JOHNSON (JNJ)	60,261.12		56,136.96		0.81 %	- 4,124.16	34,475.07	59.85	3.08 %	1,728.00	
20-10-880-1044219	576		97,4600								
KROGER CO (KRI)	46,958.50		68,884.50		0.99 %	21,926.00	43,980.46	46.30	1.16 %	798.00	
20-10-880-1044219	950		72,5100								
L BRANDS INC (LBI)	27,834.08		35,149.30		0.51 %	7,315.22	27,834.08	67.89	2.34 %	820.00	
20-10-880-1044219	410		85,7300								
LAM RESEARCH CORP (LRCX)	31,686.94		30,913.00		0.45 %	- 773.94	31,686.94	83.39	1.48 %	456.00	114.00
20-10-880-1044219	380		81,3500								
LINCOLN NATIONAL CORP (LNC)	44,048.60		49,744.80		0.72 %	5,696.20	42,553.90	50.66	1.36 %	672.00	
20-10-880-1044219	840		59,2200								
LOCKHEED MARTIN CORP (LMT)	25,716.80		29,744.00		0.43 %	4,027.20	22,621.02	141.38	3.23 %	960.00	
20-10-880-1044219	160		185,9000								
MAGNA INTERNATIONAL (MGA)	47,410.00		49,359.20		0.71 %	1,949.20	35,701.92	40.57	1.57 %	774.40	
ISIN CA5592224011 SEDOL 2554549	880		56,0900								
20-10-880-1044219											
MCKESSON CORPORATION (MCK)	44,690.40		53,954.40		0.78 %	9,264.00	37,095.85	154.57	0.43 %	230.40	57.60
20-10-880-1044219	240		224,8100								
MICROSOFT CORP (MSFT)	25,854.00		27,373.00		0.40 %	1,519.00	18,171.25	29.31	2.81 %	768.80	
20-10-880-1044219	620		44,1500								
NORTHROP GRUMMAN CORPORATION (NOC)	45,241.52		42,830.10		0.62 %	- 2,411.42	45,241.52	167.56	2.02 %	864.00	
20-10-880-1044219	270		158,6300								
PPG INDUSTRIES INC (PPG)	42,513.26		41,299.20		0.60 %	- 1,214.06	42,513.26	118.09	1.26 %	518.40	
20-10-880-1044219	360		114,7200								
POLARIS INDS INC (PLI)	32,560.00		37,027.50		0.54 %	4,467.50	20,624.13	82.50	1.44 %	530.00	
20-10-880-1044219	250		148,1100								
PRINCIPAL FINANCIAL GROUP (PFG)	41,981.21		43,083.60		0.62 %	1,102.39	41,981.21	49.98	2.97 %	1,276.80	
20-10-880-1044219	840		51,2900								
ST JUDE MEDICAL INC (STJ)	30,470.00		32,150.80		0.47 %	1,680.80	29,809.28	67.75	1.59 %	510.40	127.60
20-10-880-1044219	440		73,0700								



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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	Current	price per unit			Avg. original value	at PNC per unit			
SCHLUMBERGER LTD (SLB)	84,219.44	64,642.50	5,425,400	64,642.50	0.93 %	- 19,576.94	67,343.36	89.79	2.33 %	1,500.00	375.00
SEDOL 2779201	750		86,1900								
ISIN AN8068571086											
20-10-880-1044219											
SKYWORKS SOLUTIONS INC (SWKS)	34,750.40	77,034.00	2,681,400	77,034.00	1.11 %	42,283.60	28,650.66	38.72	1.00 %	769.60	
20-10-880-1044219	740	104,1000									
SNAP ON INC (SNA)	46,870.62	57,330.00	2,687,400	57,330.00	0.83 %	10,459.38	46,870.62	130.20	1.34 %	763.20	
20-10-880-1044219	360	159,2500									
STANLEY BLACK & DECKER INC (SWK)	29,834.21	29,467.20	876,400	29,467.20	0.43 %	- 367.01	29,834.21	106.55	1.98 %	582.40	
20-10-880-1044219	280	105,2400									
3M COMPANY (MMM)	27,916.55	26,231.00	731,400	26,231.00	0.38 %	- 1,685.55	27,916.55	164.22	2.66 %	697.00	
20-10-880-1044219	170	154,3000									
TRACTOR SUPPLY CO (TSCO)	37,059.91	36,875.40	1,367,400	36,875.40	0.53 %	- 184.51	37,059.91	90.39	0.89 %	328.00	
20-10-880-1044219	410	89,9400									
THE TRAVELERS COS INC (TRV)	35,746.60	36,730.80	1,313,400	36,730.80	0.53 %	984.20	34,483.97	90.75	2.53 %	927.20	
20-10-880-1044219	380	96,6600									
VERIZON COMMUNICATIONS INC (VZ)	55,448.16	52,203.20	2,914,400	52,203.20	0.75 %	- 3,244.96	58,720.47	52.43	4.73 %	2,464.00	
20-10-880-1044219	1,120	46,6100									
VISA INC (V)	27,392.30	34,918.00	954,400	34,918.00	0.50 %	7,525.70	20,483.22	39.39	0.72 %	249.60	
CLASS A SHARES	520	67,1500									
20-10-880-1044219											
VOYA FINL INC COM (VOYA)	31,194.87	33,458.40	1,043,400	33,458.40	0.48 %	2,263.53	31,194.87	43.33	0.09 %	28.80	
20-10-880-1044219	720	46,4700									
WEC ENERGY GROUP INC (WEC)	45,418.56	43,530.96	1,979,400	43,530.96	0.63 %	- 1,887.60	19,893.90	20.55	2.24 %	970.90	
20-10-880-1044219	968	44,9700									
WELLS FARGO & COMPANY (WFC)	68,495.68	73,280.72	5,017,400	73,280.72	1.05 %	4,795.04	36,755.87	28.21	2.67 %	1,954.50	
20-10-880-1044219	1,303	56,2400									
WYNDHAM WORLDWIDE CORP (WYN)	40,888.80	44,231.40	1,809,400	44,231.40	0.64 %	3,342.60	35,000.63	64.82	2.06 %	907.20	
20-10-880-1044219	540	81,9100									
Total corporate stock - common					43.73 %	\$359,578.42	\$2,251,559.31		1.78 %	\$54,248.82	\$2,719.60

Detail

Registered investment companies

Description (Symbol)	Value last statement	Current market value	% of total portfolio	Unrealized gain/loss	Avg. original value at PNC	Current yield	Estimated annual income	Accrued income
ARTISAN FDS INC (ARTIX)	Quantity	Current price per unit						
INTERNATIONAL FUND #661	\$322,209.26	\$317.793.09	4.55 %	- \$4,416.17	\$200,052.55	0.74 %	\$2,330.55	
INV CLASS	10,221.714	\$31.0900			\$19.57			
20-10-002-1044219								
BAIRD AGGREGATE BOND FUND (BAGIX)	411,431.38	409,457.76	5.87 %	- 1,973.62	414,064.88	2.61 %	10,676.52	
FD #72	38,267.080	10.7000			10.82			
20-10-002-1044219								
BLACKROCK (BFMCX)	265,179.19	263,757.19	3.78 %	- 1,422.00	262,656.65	2.57 %	6,772.14	533.41
CORE BOND PORTFOLIO	27,417.587	9.6200			9.58			
FUND 332 INSTITUTIONAL CLASS								
20-10-002-1044219								
FIDELITY ADVISOR FLOATING HIGH (FFRIX)	268,303.01	260,174.45	3.73 %	- 8,128.56	267,071.21	3.69 %	9,578.29	783.88
INCOME FUND I	26,905.321	9.6700			9.93			
FUND #279								
20-10-002-1044219								
HARBOR INTERNATIONAL FUND (HAINX)	339,663.46	320,292.66	4.59 %	- 19,370.80	300,370.29	2.04 %	6,525.50	
CLASS INS FD # 2011	4,601.906	69.6000			65.27			
20-10-002-1044219								
HARDING LOEVNER (HLEMX)	104,022.15	92,765.90	1.33 %	- 11,256.25	97,510.50	0.84 %	771.72	
EMERGING MARKETS PORTFOLIO FUND	1,999.265	46.4000			48.77			
ADVISOR CLASS								
20-10-002-1044219								
ISHARES RUSSELL MID-CAP GROWTH (IWP)	165,417.32	178,881.95	2.57 %	13,464.63	111,019.48	0.95 %	1,695.55	
ETF	1,847	96.8500			60.11			
20-10-002-1044219								
ISHARES RUSSELL 2000 (IWM)	135,562.21	142,465.26	2.04 %	6,903.05	48,507.69	1.34 %	1,896.34	
ETF	1,141	124.8600			42.51			
20-10-002-1044219								
MFS VALUE FUND CLASS I (MEIIX)	106,300.00	104,780.57	1.50 %	- 1,519.43	106,300.00	2.17 %	2,270.20	
20-10-002-1044219	2,979.260	35.1700			35.68			
MAINSTAY EPOCH GLOBAL EQUITY (EPSYX)	310,219.10	279,469.49	4.01 %	- 30,749.61	287,014.19	4.14 %	11,563.74	3,715.32
YIELD FUND CLASS I	14,920.955	18.7300			19.24			
20-10-002-1044219								



INSTITUTIONAL
ASSET MANAGEMENT

JAMESON HEALTH SYSTEM CONS
DB TRUST STATEMENT

Account number 20-10-502-1044219

July 1, 2014 - June 30, 2015

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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	Current price per unit	Current price per unit			Avg. original value at PNC per unit	Avg. original value at PNC per unit			
PIMCO UNCONSTRAINED BOND FUND (PFIUX)	130,038.82	128,102.90	128,102.90	128,102.90	1.84 %	- 1,935.92	129,133.14	11.23	2.18 %	2,782.85	315.66
INSTITUTIONAL CLASS	11,499.363	11.1400	11.1400	11.1400							
FD #1863											
20-10-002-1044219											
T ROWE PRICE MID CAP VALUE (TRMCX)	193,994.16	178,675.88	178,675.88	178,675.88	2.56 %	- 15,318.28	126,562.18	1.05 %	1.05 %	1,864.34	
FD #115	6,013.998	29.7100	29.7100	29.7100			21.04				
20-10-002-1044219											
T ROWE PRICE REAL ESTATE FUND (TRREX)	127,536.94	131,099.51	131,099.51	131,099.51	1.88 %	3,562.57	105,638.70	2.38 %	2.38 %	3,109.08	
FD #122	5,181.799	25.3000	25.3000	25.3000			20.39				
20-10-002-1044219											
TEMPLETON GLOBAL BOND FUND AD (TGBAX)	267,015.15	246,006.64	246,006.64	246,006.64	3.53 %	- 21,008.51	264,341.88	3.22 %	3.22 %	7,898.00	
FUND #616	20,147.964	12.2100	12.2100	12.2100			13.12				
20-10-002-1044219											
VANGUARD TOTAL BD MKT INDX #584 (VBTLX)	208,749.41	206,597.57	206,597.57	206,597.57	2.96 %	- 2,151.84	197,319.05	2.50 %	2.50 %	5,145.67	413.47
ADM	19,272.161	10.7200	10.7200	10.7200			10.24				
20-10-002-1044219											
VIRTUS EMERGING MARKETS (HIEMX)	92,826.58	88,917.07	88,917.07	88,917.07	1.28 %	- 3,909.51	92,634.60	0.88 %	0.88 %	779.03	
OPPORTUNITY FUND CL I	8,954.388	9.9300	9.9300	9.9300			10.35				
20-10-002-1044219											
WELLS FARGO ADVANTAGE CORE BOND (MBFIX)	407,536.84	408,106.29	408,106.29	408,106.29	5.85 %	569.45	412,224.65	1.79 %	1.79 %	7,279.56	583.03
FUND CLASS I	32,210.441	12.6700	12.6700	12.6700			12.80				
20-10-002-1044219											
Total registered investment companies	\$3,856,004.98	\$3,757,344.18	\$3,757,344.18	\$3,757,344.18	53.79 %	- \$98,660.80	\$3,422,421.64		2.21 %	\$82,939.08	\$6,344.77
Total portfolio	\$6,724,456.61	\$6,985,374.23	\$6,985,374.23	\$6,985,374.23	100.00 %	\$260,917.62	\$5,847,086.48		1.97 %	\$137,312.25	\$9,078.92

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

EIN: 25-1536036 / PN: 003

2014 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		110,311		7/1/2008		1		110,311
2.	2009 shortfall base		368,174		7/1/2009		2		188,568
3.	2010 shortfall base		240,761		7/1/2010		5		52,952
4.	2011 shortfall base		934,600		7/1/2011		6		176,912
5.	2012 shortfall base		(980,403)		7/1/2012		5		(215,626)
6.	2013 shortfall base		(59,844)		7/1/2013		6		(11,328)
7.	2014 shortfall base		(71,910)		7/1/2014		7		(12,035)