

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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2015
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>07/01/2015</u> and ending <u>06/30/2016</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>	1b Three-digit plan number (PN) ▶ <u>003</u> 1c Effective date of plan <u>07/01/1968</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>JAMESON HEALTH SYSTEM INC.</u> <u>1211 WILMINGTON AVENUE</u> <u>NEW CASTLE, PA 16105-2516</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	<u>Filed with authorized/valid electronic signature.</u>	<u>04/12/2017</u>	<u>THOMAS NEWMAN</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)			Preparer's telephone number

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 402
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 263
c Other retired or separated participants entitled to future benefits.....	6c 127
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 390
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 5
f Total. Add lines 6d and 6e	6f 395
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 11	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

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 07 Day 01 Year 2015			
2 Assets:			
a Market value	2a	7101457	
b Actuarial value	2b	6981246	
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	268	4915940	4915940
b For terminated vested participants	134	2201636	2201636
c For active participants	0	0	0
d Total	402	7117576	7117576
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	6.16%	
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		03/23/2017
Signature of actuary		Date
ROBERT CRNJARICH		14-05141
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		

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>5.03</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)		309
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>6.38</u> %		20
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		329
d	Portion of (c) to be added to prefunding balance		0
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	98.08 %
15	Adjusted funding target attainment percentage	15	98.08 %
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	92.36 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/15/2015	35253	0			
01/15/2016	35253	0			
04/15/2016	35253	0			
07/15/2016	35253	0			
03/15/2017	1990035	0			
			Totals ►	18(b)	2131047
				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	1932528
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: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ 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	136330	156681	
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	156681	
	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	156681	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1932528	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1775847	
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
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016		
A Name of plan PENSION PLAN FOR EMPLOYEES OF ST. FRANCIS HOSPITAL OF NEW CASTLE	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 JAMESON HEALTH SYSTEM INC.	D Employer Identification Number (EIN) 25-1536036	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

PNC BANK

25-1211909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 27	TRUSTEE AND INVST.ADVISO	47163	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.	

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>07/01/2015</u> and ending <u>06/30/2016</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		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	109033	2025288
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	9079	8349
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	173106	68606
	(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)	3054924	2969620
	(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)	3757344	3581798
	(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	7103486	8653661

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	12121	11707
k Total liabilities (add all amounts in lines 1g through 1j)	1k	12121	11707

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7091365	8641954
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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)	2131047	
(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)		2131047
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	592	
(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)		592
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	58683	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	122575	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		181258
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2375113	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2574461	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-199348
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	11400	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		11400

		(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)		44552
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2169501

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	571749	
(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)		571749
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)	47163	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		47163
j Total expenses. Add all expense amounts in column (b) and enter total	2j		618912

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1550589
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:

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

	Yes	No	N/A	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		
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		
e Was this plan covered by a fidelity bond?	X			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
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		
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		
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			
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			
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		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>25-1211909</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2015
v. 150123

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
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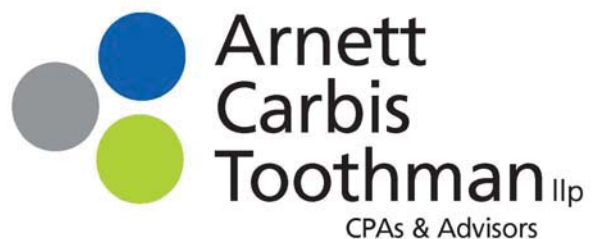
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding 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: <u>0.0</u> % 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): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

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

**Financial Report
June 30, 2016**



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INDEPENDENT AUDITOR'S REPORT

UPMC Jameson Board of Directors
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, 2016 and 2015, 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 and for the years ended June 30, 2016 and 2015, 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.

Emphasis of Matter

As discussed in Note 2 to the financial statements, the Plan adopted new accounting guidance related to the presentation of fair value of certain investments and disclosure of investments. Prior year disclosures have also been revised to reflect the retrospective application of adopting these changes in accounting. Our disclaimer of opinion is not modified with respect to these matters.

Other Matter

The supplemental schedules of assets held at end of year as of June 30, 2016, and reportable transactions for the year ended June 30, 2016, are required by the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA and are presented for the purposes of additional analyses 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 Carbis Toothman LLP

New Castle, Pennsylvania
April 11, 2017

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

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
June 30, 2016 and 2015**

	2016	2015
ASSETS		
Investments, at fair value:		
Registered investment companies	\$ 3,581,798	\$ 3,757,344
Corporate stock	2,969,620	3,054,924
Money market investments	68,606	173,106
Total investments	6,620,024	6,985,374
Receivables:		
Employer contributions	2,025,288	109,033
Accrued income	8,349	9,079
Total receivables	2,033,637	118,112
Total assets	8,653,661	7,103,486
LIABILITIES		
Accrued administrative expenses	11,707	12,121
Net assets available for benefits	\$ 8,641,954	\$ 7,091,365

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, 2016 and 2015**

	2016	2015
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ -	\$ 195,957
Interest and dividend income	181,850	194,185
Total investment income	181,850	390,142
Employer contributions	2,131,047	304,618
Total additions	2,312,897	694,760
Deductions from net assets attributed to:		
Net depreciation in fair value of investments	143,396	-
Benefits payments	571,749	578,997
Administrative expenses	47,163	48,827
Total deductions	762,308	627,824
Net increase	1,550,589	66,936
Net assets available for benefits:		
Beginning of year	7,091,365	7,024,429
End of year	\$ 8,641,954	\$ 7,091,365

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 and Plan Sponsor), 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. Summary of 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 on the accrual basis 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 Plan 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, 2015, for the year ended June 30, 2016, and as of July 1, 2014, for the year ended June 30, 2015, 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:

	As of July 1, 2015, for the Year Ended June 30, 2016	As of July 1, 2014, for the Year Ended June 30, 2015
<hr/>		
Actuarial present value of accumulated Plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 4,529,624	\$ 4,480,740
Other participants	1,702,518	1,778,779
	<hr/>	<hr/>
Actuarial present value of accumulated Plan benefits	\$ 6,232,142	\$ 6,259,519
	<hr/> <hr/>	<hr/> <hr/>

Nonvested benefits do not exist.

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

NOTES TO FINANCIAL STATEMENTS

The changes in actuarial present value of accumulated Plan benefits for the years ended June 30 are as follows:

	2016	2015
Actuarial present value of accumulated Plan benefits:		
Beginning of year	\$ 6,259,519	\$ 6,115,067
Increase (decrease) during the year attributable to:		
Decrease in discount period	478,047	467,241
Benefits accumulated and Plan experience	20,897	30,341
Changes in actuarial assumptions	52,677	206,754
Benefits paid	(578,998)	(559,884)
Actuarial present value of accumulated Plan benefits at end of year	\$ 6,232,142	\$ 6,259,519

The significant actuarial assumptions used in the valuation as of July 1, 2015 and 2014, were:

Mortality for Minimum and Maximum Funding: IRS 2015 Static Mortality Table for July 1, 2015, valuation
 IRS 2014 Static Mortality Table for July 1, 2014, valuation
 RP-2014 Total data set with SSA Intermediate Improvement Scale for July 1, 2015, 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 2015 and 2014:

	2015		2014	
Minimum/Maximum Funding	Minimum	Maximum	Minimum	Maximum
First Segment Rate	4.72%	1.31%	4.99%	1.14%
Second Segment Rate	6.11%	4.07%	6.32%	4.04%
Third Segment Rate	6.81%	5.10%	6.99%	5.11%
Lookback Month	July	July	July	July
Present Value of Accrued Benefits	8.00%	8.00%	8.00%	8.00%

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 mortality and segment rates have been updated to comply with IRS requirements for 2015, 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
ST. FRANCIS HOSPITAL OF NEW CASTLE**

NOTES TO FINANCIAL STATEMENTS

Reclassifications: Certain minor reclassifications have been made to the 2015 financial statements to conform with the presentation used in 2016.

Subsequent events: In preparing these financial statements, the System evaluated events that occurred through April 11, 2017, the date the financial statements were available to be issued, for potential recognition or disclosure.

Recent accounting pronouncement: In July 2015, the Financial Accounting Standards Board (FASB) issued guidance with the purpose to reduce complexity in employee benefit plan accounting. Previous guidance relative to Part I required fully benefit-responsive investment contracts to be measured at fair value for purposes of presentation and disclosure. This guidance requires contract value as the only required measure for fully benefit-responsive investment contracts. Previous guidance relative to Part II required plans to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation for investments by general type. This guidance will eliminate these requirements for both participant-directed investments and nonparticipant-directed investments. The net appreciation or depreciation in investments will no longer be required to be disaggregated and disclosed by general type. Relative to Part III, this guidance will provide a practical expedient to permit plans to measure investments and investment-related accounts as of a month-end date that is closest to the plan's fiscal year end, when the fiscal period does not coincide with a month end. The guidance in Part I applies only to reporting entities within the scope of Topics 962 (Defined Contribution Pension Plans) and 965 (Health and Welfare Benefit Plans) that classify investments as fully benefit-responsive investment contracts. The guidance in Part II applies to those entities that follow the requirements in Topics 960 (Defined Benefit Pension Plans), 962, and 965. The guidance in Part III applies only to entities that have fiscal year ends that do not coincide with a month end and follow the requirements in Topics 960, 962, and 965 referenced above. An entity should apply Part I and Part II guidance retrospectively for all financial statements presented, and Part III should be applied prospectively. All Parts are effective for fiscal years beginning after December 15, 2015. Early adoption is permitted. The Plan adopted this guidance during the year ended June 30, 2016, and the amendments in Part II were retrospectively applied to Plan year 2015, with the 2015 financial statement disclosures in Note 4 revised to reflect the retrospective application. The impact of adopting this amendment is reflected in the financial statements.

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, 2016 and 2015, 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:

	2016	2015
Investments, at fair value:		
Registered investment companies	\$ 3,581,798	\$ 3,757,344
Corporate stock	2,969,620	3,054,924
Money market investments	68,606	173,106
	<u>\$ 6,620,024</u>	<u>\$ 6,985,374</u>

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

NOTES TO FINANCIAL STATEMENTS

PNC Bank also certified to the completeness and accuracy of \$(143,396) and \$195,957 of net (depreciation) appreciation in fair value of investments; and \$181,850 and \$194,185 of interest and dividend income related to the aforementioned investments for the years ended June 30, 2016 and 2015, respectively.

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.

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, 2016 or 2015:

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.

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

NOTES TO FINANCIAL STATEMENTS

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 tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30:

Assets at Fair Value as of June 30, 2016				
	Total	Level I	Level II	Level III
Registered investment companies	\$ 3,581,798	\$ 3,581,798	\$ -	\$ -
Corporate stock	2,969,620	2,969,620	-	-
Money market investments	68,606	68,606	-	-
Total assets at fair value	\$ 6,620,024	\$ 6,620,024	\$ -	\$ -

Assets at Fair Value as of June 30, 2015				
	Total	Level I	Level II	Level III
Registered investment companies	\$ 3,757,344	\$ 3,757,344	\$ -	\$ -
Corporate stock	3,054,924	3,054,924	-	-
Money market investments	173,106	173,106	-	-
Total assets at fair value	\$ 6,985,374	\$ 6,985,374	\$ -	\$ -

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 2016 and 2015 exceeded or met the minimum funding requirements of the ERISA.

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

NOTES TO FINANCIAL STATEMENTS

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.
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, 2013, and thereafter remain subject to examination by the appropriate taxing authorities.

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

NOTES TO FINANCIAL STATEMENTS

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 2016 and 2015, 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.

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, 2016 and 2015, the Plan paid \$47,163 and \$48,827, respectively, in fees to PNC Bank for investment related services. As a result, these transactions qualify as party-in-interest transactions. Certain administrative functions are performed by officers or employees of the System. No such officers or employees receive compensation from the Plan.

Note 10. Subsequent Event

On December 30, 2016, the assets of the Plan merged into the UPMC Basic Retirement Plan.

**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, 2016
See Independent Auditor's Report**

See Attached Schedules

Detail

Portfolio

Interest bearing cash

Description	Value last statement	Current market value		% of total portfolio	Unrealized gain/loss	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit			Avg. original value at PNC per unit				
BLACKROCK LIQUIDITY FUNDS				0.01 %						\$ 1.49
TEMP FUND INSTITUTIONAL SHRS #24			\$ 1.0000							
20-10-002- 1044219										
BLACKROCK LIQUIDITY FUNDS				0.01 %						8.66
TEMP FUND INSTITUTIONAL SHRS #24			1.0000							
20-10-880- 1044219										
PNC GOVT. MONEY MARKET FUND #405	12,240.06 12,240.060	12,240.06 1.0000		0.19 %		12,240.06 1.00		0.15 %	17.56	2.38
20-10-002- 1044219										
PNC GOVT. MONEY MARKET FUND #405	56,365.94 56,365.940	56,365.94 1.0000		0.86 %		56,365.94 1.00		0.15 %	80.87	2.92
20-10-880- 1044219										
Total interest bearing cash				\$68,606.00	\$68,606.00	1.04 %	\$68,606.00	0.14 %	\$98.43	\$15.45

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			
ACCENTURE PLC CLASS A (ACN)	\$31,190.03	310	\$35,119.90	0.54 %	\$3,929.87	\$31,190.03	\$100.61	1.95 %	\$682.00	
ISIN IE00B4BNMY34 SEDOL B4BNMY3			\$113.2900							
20-10-880-1044219										
INGERSOLL-RAND PLC (IR)	29,927.88	450	28,656.00	0.44 %	-1,271.88	29,927.88	66.51	2.02 %	576.00	
SEDOL B633030			63.6800							
ISIN IE00B6330302										
20-10-880-1044219										
TE CONNECTIVITY LTD (TEL)	45,010.00	700	39,977.00	0.61 %	-5,033.00	40,675.11	58.11	2.60 %	1,036.00	
SEDOL B62B7C3 ISIN CH0102993182			57.1100							
20-10-880-1044219										
CHECK POINT SOFTWARE TECH (CHKP)	31,024.50	390	31,075.20	0.47 %	50.70	27,453.50	70.39			
SEDOL 2181334			79.6800							
ISIN IL0010824113										
20-10-880-1044219										
ABBOTT LABORATORIES INC (ABT)	29,160.73	760	29,875.60	0.46 %	714.87	29,160.73	38.37	2.65 %	790.40	
20-10-880-1044219			39.3100							
AETNA INC NEW (AET)	36,963.40	290	35,417.70	0.54 %	-1,545.70	17,992.34	62.04	0.82 %	290.00	
20-10-880-1044219			122.1300							
ALPHABET INC/CA-CL A (GOOGL)	73,537.64	118	83,016.54	1.26 %	9,478.90	59,415.82	503.52			
20-10-880-1044219			703.5300							
ALTRIA GROUP INC (MO)	44,997.20	920	63,443.20	0.96 %	18,446.00	34,022.72	36.98	3.28 %	2,079.20	519.80
20-10-880-1044219			68.9600							
AMERICAN ELECTRIC POWER INC (AEP)	28,609.46	490	34,344.10	0.52 %	5,734.64	28,609.46	58.39	3.20 %	1,097.60	
20-10-880-1044219			70.0900							
AMERICAN WATER WORKS CO INC (AWK)	28,396.78	440	37,184.40	0.57 %	8,787.62	28,396.78	64.54	1.78 %	660.00	
20-10-880-1044219			84.5100							
AMGEN INC (AMGN)	58,337.60	380	57,817.00	0.88 %	-520.60	45,010.86	118.45	2.63 %	1,520.00	
20-10-880-1044219			152.1500							
APPLE INC (AAPL)	87,044.95	694	66,346.40	1.01 %	-20,698.55	29,271.02	42.18	2.39 %	1,582.32	
20-10-880-1044219			95.6000							
BANK NEW YORK MELLON CORP COM (BK)	28,081.55	700	27,195.00	0.42 %	-886.55	28,081.55	40.12	1.76 %	476.00	
20-10-880-1044219			38.8500							

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							
CIGNA CORP (CI)	37,260.00	29,437.70	127,9900	21,734.16	0.45 %	- 7,822.30	94.50	0.04 %	9.20		
20-10-880-1044219	230										
CVS HEALTH CORPORATION (CVS)	51,391.20	46,912.60	95,7400	25,404.61	0.71 %	- 4,478.60	51.85	1.78 %	833.00		
20-10-880-1044219	490										
CELANESE CORP-SERIES A (CE)	39,027.37	37,306.50	65,4500	39,027.37	0.57 %	- 1,720.87	68.47	2.21 %	820.80		
20-10-880-1044219	570										
CISCO SYSTEMS INC (CSCO)	23,615.60	24,673.40	28,6900	19,476.82	0.38 %	1,057.80	22.65	3.63 %	894.40		
20-10-880-1044219	860										
CINTAS CORP (CTAS)	47,370.40	54,952.80	98,1300	45,739.97	0.84 %	7,582.40	81.68	1.08 %	588.00		
20-10-880-1044219	560										
COMCAST CORPORATION CL A (CMCSA)	60,741.40	65,841.90	65,1900	30,380.42	1.00 %	5,100.50	30.08	1.69 %	1,111.00		
20-10-880-1044219	1,010										
CONSTELLATION BRANDS INC (STZ)	45,247.80	64,506.00	165,4000	32,148.07	0.98 %	19,258.20	82.43	0.97 %	624.00		
20-10-880-1044219	390										
D R HORTON INC (DHI)	28,905.36	30,535.60	31,4800	28,905.36	0.47 %	1,630.24	29.80	1.02 %	310.40		
20-10-880-1044219	970										
DISNEY WALT CO (DIS)	65,059.80	55,757.40	97,8200	33,952.95	0.85 %	- 9,302.40	59.57	1.46 %	809.40		
20-10-880-1044219	570										
DOW CHEMICAL CO (DOW)	39,912.60	38,773.80	49,7100	40,252.59	0.59 %	- 1,138.80	51.61	3.71 %	1,435.20	358.80	
20-10-880-1044219	780										
DR PEPPER SNAPPLE GROUP INC (DPS)	46,656.00	61,843.20	96,6300	42,687.09	0.94 %	15,187.20	66.70	2.20 %	1,356.80	339.20	
20-10-880-1044219	640										
EDWARDS LIFESCIENCES CORP (EW)	27,773.85	38,894.70	99,7300	26,009.75	0.59 %	11,120.85	66.69				
20-10-880-1044219	390										
EQUIFAX INC (EFX)	29,488.21	30,816.00	128,4000	29,488.21	0.47 %	1,327.79	122.87	1.03 %	316.80		
20-10-880-1044219	240										
EXXON MOBIL CORP (XOM)	48,422.40	54,556.68	93,7400	41,148.43	0.83 %	6,134.28	70.70	3.21 %	1,746.00		
20-10-880-1044219	582										
FACEBOOK INC A (FB)	72,436.79	73,139.20	114,2800	72,436.79	1.11 %	702.41	113.18				
20-10-880-1044219	640										

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			Unrealized gain/loss	at PNC per unit			
FOOT LOCKER INC (FL)	40,876.10	33,464.60	33,464.60		0.51 %	-7,411.50	29,270.69	47.98	2.01 %	671.00	
20-10-880-1044219	610	56,8600	56,8600								
FORD MOTOR COMPANY (F)	29,605.22	27,779.70	27,779.70		0.42 %	-1,825.52	29,605.22	13.40	4.78 %	1,326.00	
20-10-880-1044219	2,210	12,5700	12,5700								
GENERAL DYNAMICS CORP (GD)	41,090.10	40,379.60	40,379.60		0.61 %	-710.50	40,740.58	140.48	2.19 %	881.60	220.40
20-10-880-1044219	290	139,2400	139,2400								
GENERAL ELECTRIC CO (GE)	26,304.30	31,165.20	31,165.20		0.48 %	4,860.90	19,343.41	19.54	2.93 %	910.80	227.70
20-10-880-1044219	990	31,4800	31,4800								
GILEAD SCIENCES INC (GILD)	33,869.43	25,860.20	25,860.20		0.40 %	-8,009.23	33,869.43	109.26	2.26 %	582.80	
20-10-880-1044219	310	83,4200	83,4200								
HOME DEPOT INC (HD)	53,372.27	60,014.30	60,014.30		0.91 %	6,642.03	27,830.19	59.21	2.17 %	1,297.20	
20-10-880-1044219	470	127,6900	127,6900								
HONEYWELL INTL INC (HON)	52,335.37	59,323.20	59,323.20		0.90 %	6,987.83	51,833.72	101.63	2.05 %	1,213.80	
20-10-880-1044219	510	116,3200	116,3200								
ILLINOIS TOOL WORKS INC (ITW)	33,071.27	36,456.00	36,456.00		0.56 %	3,384.73	33,071.27	94.49	2.12 %	770.00	192.50
20-10-880-1044219	350	104,1600	104,1600								
JPMORGAN CHASE & CO (JPM)	87,463.04	80,222.74	80,222.74		1.22 %	-7,240.30	58,392.09	45.23	3.09 %	2,478.72	
20-10-880-1044219	1,291	62,1400	62,1400								
JOHNSON & JOHNSON (JNJ)	55,162.36	68,655.80	68,655.80		1.04 %	13,493.44	33,876.54	59.85	2.64 %	1,811.20	
20-10-880-1044219	566	121,3000	121,3000								
KROGER CO (KR)	27,191.25	27,592.50	27,592.50		0.42 %	401.25	17,360.71	23.15	1.31 %	360.00	
20-10-880-1044219	750	36,7900	36,7900								
LAM RESEARCH CORP (LRCX)	41,741.86	43,711.20	43,711.20		0.67 %	1,969.34	42,501.20	81.73	1.43 %	624.00	
20-10-880-1044219	520	84,0600	84,0600								
LOCKHEED MARTIN CORP (LMT)	29,744.00	39,707.20	39,707.20		0.60 %	9,963.20	22,621.02	141.38	2.66 %	1,056.00	
20-10-880-1044219	160	248,1700	248,1700								
MICROSOFT CORP (MSFT)	27,489.16	29,678.60	29,678.60		0.45 %	2,189.44	21,492.52	37.06	2.82 %	835.20	
20-10-880-1044219	580	51,1700	51,1700								
NIKE INC (NKE)	43,527.86	40,848.00	40,848.00		0.62 %	-2,679.86	43,527.86	58.82	1.16 %	473.60	118.40
CLASS B	740	55,2000	55,2000								
20-10-880-1044219											

Detail

Corporate stock - common

Description (Symbol)	Value last statement	Current market value		% of total portfolio	Unrealized gain/loss	Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
		Quantity	price per unit						
NORTHERN TRUST CORP (NTRS)	43,387.04		40.418.60	0.62 %	-2,968.44	43,387.04	2.18 %	878.40	219.60
20-10-880-1044219	610		66.2600			71.13			
NORTHROP GRUMMAN CORPORATION (NOC)	33,744.74		46.678.80	0.71 %	12,934.06	35,279.29	1.62 %	756.00	
20-10-880-1044219	210		222.2800			168.00			
O'REILLY AUTOMOTIVE INC (ORLY)	43,920.05		48,798.00	0.74 %	4,877.95	43,920.05			
20-10-880-1044219	180		271.1000			244.00			
PPG INDUSTRIES INC (PPG)	41,299.20		37,494.00	0.57 %	-3,805.20	42,513.26	1.54 %	576.00	
20-10-880-1044219	360		104.1500			118.09			
PEPSICO INC (PEP)	29,535.79		30,722.60	0.47 %	1,186.81	29,535.79	2.85 %	872.90	
20-10-880-1044219	290		105.9400			101.85			
PFIZER INC (PFE)	62,350.66		65,490.60	0.99 %	3,139.94	62,350.66	3.41 %	2,232.00	
20-10-880-1044219	1,860		35.2100			33.52			
PUBLIC STORAGE (PSA)	34,456.85		43,450.30	0.66 %	8,993.45	34,456.85	2.82 %	1,224.00	
REITS	170		255.5900			202.69			
20-10-880-1044219									
RAYTHEON COMPANY (RTN)	28,001.83		29,909.00	0.46 %	1,907.17	28,001.83	2.16 %	644.60	
20-10-880-1044219	220		135.9500			127.28			
S&P GLOBAL INC (SPGI)	44,594.12		43,976.60	0.67 %	-617.52	44,594.12	1.35 %	590.40	
20-10-880-1044219	410		107.2600			108.77			
SCHLUMBERGER LTD (SLB)	63,780.60		58,519.20	0.89 %	-5,261.40	66,445.45	2.53 %	1,480.00	370.00
SEDOL 2779201	740		79.0800			89.79			
ISIN AN8068571086									
20-10-880-1044219									
SIMON PROPERTY GROUP INC (SPG)	28,751.23		30,366.00	0.46 %	1,614.77	28,751.23	2.93 %	889.00	
20-10-880-1044219	140		216.9000			205.37			
SUNTRUST BANKS INC (STI)	44,010.90		43,709.12	0.67 %	-301.78	44,010.90	2.34 %	1,021.44	
20-10-880-1044219	1,064		41.0800			41.36			
TEXAS INSTRUMENTS INC (TXN)	41,699.28		45,734.50	0.70 %	4,035.22	41,699.28	2.43 %	1,109.60	
20-10-880-1044219	730		62.6500			57.12			
THERMO FISHER SCIENTIFIC INC (TMO)	35,905.26		39,895.20	0.61 %	3,989.94	35,905.26	0.41 %	162.00	40.50
20-10-880-1044219	270		147.7600			132.98			

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							
TOTAL S A (TOT)	61,662.35	59,644.00	59,644.00		0.91 %	-2,018.35	61,662.35	49.73	4.80 %	2,859.44	
20-10-880-1044219	1,240	48,1000	48,1000								
TRACTOR SUPPLY CO (TSCO)	35,976.00	36,472.00	36,472.00		0.56 %	496.00	36,156.01	90.39	1.06 %	384.00	
20-10-880-1044219	400	91,1800	91,1800								
TYSON FOODS INC (TSN)	29,038.89	28,719.70	28,719.70		0.44 %	-319.19	29,038.89	67.53	0.90 %	258.00	
CLASS A	430	66,7900	66,7900								
20-10-880-1044219											
UNIVERSAL HEALTH SERVICES INC (UHS)	30,985.59	29,502.00	29,502.00		0.45 %	-1,483.59	30,985.59	140.84	0.30 %	88.00	
CLASS B	220	134,1000	134,1000								
20-10-880-1044219											
VANTIV INC CLASS A (VNTV)	29,681.89	30,564.00	30,564.00		0.47 %	882.11	29,681.89	54.97			
20-10-880-1044219	540	56,6000	56,6000								
VERIZON COMMUNICATIONS INC (VZ)	51,737.10	61,982.40	61,982.40		0.94 %	10,245.30	58,196.18	52.43	4.05 %	2,508.60	
20-10-880-1044219	1,110	55,8400	55,8400								
VISA INC (V)	34,246.50	37,826.70	37,826.70		0.58 %	3,580.20	20,089.31	39.39	0.76 %	285.60	
CLASS A SHARES	510	74,1700	74,1700								
20-10-880-1044219											
WEC ENERGY GROUP INC (WEC)	43,081.26	62,557.40	62,557.40		0.95 %	19,476.14	19,688.38	20.55	3.04 %	1,896.84	
20-10-880-1044219	958	65,3000	65,3000								
WELLS FARGO & COMPANY (WFC)	72,155.92	60,724.39	60,724.39		0.92 %	-11,431.53	36,191.70	28.21	3.22 %	1,950.16	
20-10-880-1044219	1,283	47,3300	47,3300								
WYNDHAM WORLDWIDE CORP (WYN)	38,042.18	34,190.40	34,190.40		0.52 %	-3,851.78	32,516.28	67.74	2.81 %	960.00	
20-10-880-1044219	480	71,2300	71,2300								
Total corporate stock - common	\$2,840,479.32	\$2,969,619.87	\$2,969,619.87		44.86 %	\$129,140.55	\$2,398,394.43		2.04 %	\$60,563.42	\$2,606.90

Detail

Registered investment companies

Description (Symbol)	Value last statement	Current market value		% of total portfolio	Unrealized gain/loss	Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
		Quantity	price per unit						
ARTISAN INTERNATIONAL FD-ADV (APDIX)		\$202,125.33	\$280,479.05		\$78,353.72	\$202,125.33			
20-10-002-1044219		10,281,490	\$27,2800	4.24 %		\$19.66			
BAIRD AGGREGATE BOND FUND (BAGIX)		373,218.73	386,406.83	5.84 %	13,188.10	377,316.00	2.39 %	9,206.81	
FD #72		34,874,263	11.0800			10.82			
20-10-002-1044219									
BLACKROCK (BFMCX)		271,449.47	278,768.08	4.22 %	7,318.61	270,348.93	2.33 %	6,489.54	521.77
CORE BOND PORTFOLIO		28,215.393	9.8800			9.58			
FUND 332 INSTITUTIONAL CLASS									
20-10-002-1044219									
DREYFUS/STANDISH GLOBAL FIXED (SDGIX)		230,620.00	232,753.39	3.52 %	2,133.39	230,620.00	1.75 %	4,053.45	
INCOME FUND		10,666,975	21.8200			21.62			
CLASS I									
20-10-002-1044219									
FIDELITY ADVISOR FLOATING HIGH (FFRIX)		238,433.67	230,653.48	3.49 %	-7,780.19	244,507.99	4.12 %	9,482.97	777.69
INCOME FUND I		24,695,233	9.3400			9.90			
FUND #279									
20-10-002-1044219									
HARBOR INTERNATIONAL FUND (HAINX)		333,424.57	283,440.43	4.29 %	-49,984.14	313,502.20	1.84 %	5,215.30	
CLASS INS FD # 2011		4,824,518	58.7500			64.98			
20-10-002-1044219									
HARDING LOEVNER (HLEMV)		143,961.49	138,992.82	2.10 %	-4,968.67	148,706.09	0.51 %	697.21	
EMERGING MARKETS PORTFOLIO FUND		3,212,964	43.2600			46.28			
ADVISOR CLASS									
20-10-002-1044219									
ISHARES RUSSELL MID-CAP GROWTH (IWP)		178,881.95	172,842.26	2.62 %	-6,039.69	111,019.48	1.08 %	1,856.24	
ETF		1,847	93.5800			60.11			
20-10-002-1044219									
ISHARES RUSSELL 2000 (IWM)		142,465.26	131,192.18	1.99 %	-11,273.08	48,507.69	1.46 %	1,912.32	
ETF		1,141	114.9800			42.51			
20-10-002-1044219									
MFS VALUE FUND CLASS I (MEIX)		104,780.57	103,886.80	1.57 %	-893.77	106,300.00	1.85 %	1,912.68	
FUND #893		2,979,260	34.8700			35.68			
20-10-002-1044219									



INSTITUTIONAL
ASSET MANAGEMENT

JAMESON HEALTH SYSTEM CONS
DB TRUST STATEMENT
Account number 20-10-502-1044219
July 1, 2015 - June 30, 2016

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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	Avg. original value at PNC per unit							
MAINSTAY EPOCH GLOBAL EQUITY (EPSYX) YIELD FUND CLASS I FUND# 1212	277,015.27	269,323.14	18.0900	283,877.49	4.07 %	- 7,692.13	19.07	3.25 %	8,739.23	3,083.30	
20-10-002-1044219											
T ROWE PRICE MID CAP VALUE (TRMCX) FD # 115	195,755.64	185,870.68	27.6900	143,641.94	2.81 %	- 9,884.96	21.40	1.23 %	2,282.27		
20-10-002-1044219											
T ROWE PRICE REAL ESTATE FUND (TRREX) FD #122	134,446.10	157,563.49	29.7000	108,985.29	2.39 %	23,117.39	20.54	2.13 %	3,342.26		
20-10-002-1044219											
VANGUARD TOTAL BD MKT INDX #584 (VBTLX) ADM	211,964.38	219,248.62	11.0900	202,685.86	3.32 %	7,284.24	10.25	2.43 %	5,318.11	434.21	
20-10-002-1044219											
WELLS FARGO CORE BOND (MBFIX) FUND CLASS I	369,703.55	384,232.04	13.1700	373,367.05	5.81 %	14,528.49	12.80	1.74 %	6,681.03	547.27	
20-10-002-1044219											
WESTERN ASSET TOT RET UN-IN (WAARX) 20-10-002-1044219	129,000.00	126,144.37	10.1600	129,000.00	1.91 %	- 2,855.63	10.39	3.28 %	4,134.46	362.64	
Total registered investment companies	\$ 3,537,245.98	\$ 3,581,797.66		\$ 3,294,511.34	54.11 %	\$ 44,551.68		1.99 %	\$ 71,323.88	\$ 5,726.88	
Total portfolio	\$ 6,446,331.30	\$ 6,620,023.53		\$ 5,761,511.77	100.00 %	\$ 173,692.23		1.99 %	\$ 131,985.73	\$ 8,349.23	

**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, 2016
See Independent Auditor's Report**

Identity of Party Involved	Description of Asset	Purchase Price
Category (ii), Transaction in Excess of 5% of Plan Assets		
BlackRock Liquidity FundsTemp Fund Institutional Shrs #24	Money market investments	\$ 213,907
BlackRock Liquidity FundsTemp Fund Institutional Shrs #24	Money market investments	-

There were no Category (i), (iii), or (iv) Reportable Transactions.

Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
\$ - 387,013	\$ 213,907 387,013	\$ 213,907 387,013	\$ - -

Pension Plan for Employees of St. Francis Hospital of New Castle
EIN: 25-1536036 / PN: 003
2015 Schedule SB (Form 5500)
Part V - Statement of Actuarial Assumptions/Methods

Actuarial Methods and Assumptions

As of July 1, 2015

Mortality for Minimum and Maximum Funding: IRS 2015 Static Mortality Table

IRS Prescribed Interest Rates for Funding Target Liability in 2015 (Minimum as Revised by HATFA)

	Current Year	
	<u>Minimum</u>	<u>Maximum</u>
• Minimum/Maximum Funding		
First Segment Rate	4.72%	1.31%
Second Segment Rate	6.11%	4.07%
Third Segment Rate	6.81%	5.10%
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.

Asset Valuation Method: 24-month smoothed value described in IRS Notice 2009-22.

Changes since prior valuation: The mortality and segment rates have been updated to comply with IRS requirements for 2015, and HATFA legislation. Plan accounting mortality assumptions have been updated to the RP-2014 Total Dataset with SSA Intermediate improvement scale.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2015****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

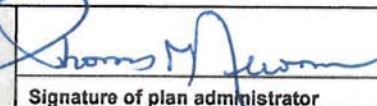
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first 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 Pension Plan for Employees of St. Francis Hospital of New Castle	1b Three-digit plan number (PN) ▶ 003
	1c Effective date of plan 07/01/1968
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Jameson Health System Inc. 1211 Wilmington Avenue New Castle PA 16105-2516	2b Employer Identification Number (EIN) 25-1536036 2c Plan Sponsor's telephone number 724-656-4117 2d Business code (see instructions) 622000

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

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

SIGN HERE 	<u>4/12/17</u>	Thomas Newman
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		Thomas Newman
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)		Preparer's telephone number

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 402
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 263
c Other retired or separated participants entitled to future benefits.....	6c 127
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 390
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 5
f Total. Add lines 6d and 6e.	6f 395
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 (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules	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 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Schedule H, Line 4j

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

[illegible]

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2015**This Form is Open to Public Inspection**For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016▶ **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 07 Day 01 Year 2015**2** Assets:

	2a	2b
a Market value	7,101,457	
b Actuarial value		6,981,246

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	268	4,915,940	4,915,940
b For terminated vested participants	134	2,201,636	2,201,636
c For active participants	0	0	0
d Total	402	7,117,576	7,117,576

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

	4a	4b
a Funding target disregarding prescribed at-risk assumptions		
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		

5 Effective interest rate **5** | 6.16% |**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

Signature of actuary

ROBERT CRNJARICH

Type or print name of actuary

COWDEN ASSOCIATES, INC.

Firm name

444 LIBERTY AVENUE, SUITE 605

PITTSBURGH PA 15222-1222

Address of the firm

03/23/2017

Date

1405141

Most recent enrollment number

412-394-9951

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2015
v. 150123

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>5.03</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).....		309
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>6.38</u> %		20
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		329
d Portion of (c) to be added to prefunding balance.....		0
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	98.08 %
15 Adjusted funding target attainment percentage	15	98.08 %
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	92.36 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/15/2015	35,253	0			
01/15/2016	35,253	0			
04/15/2016	35,253	0			
07/15/2016	35,253	0			
03/15/2017	1,990,035	0			
Totals ▶			18(b)	2,131,047	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,932,528

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: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	☐ 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	136,330	156,681	
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	156,681	
	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	156,681	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1,932,528	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,775,847	
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
2015 Schedule SB (Form 5500)
Line 19 - Discounted Employer Contributions

Employer Contributions

Date Paid	Amount	Plan Year	Effective Interest Rate	Interest- adjusted Amount
10/15/2015	35,253	2015	6.16%	34,646
1/15/2016	35,253	2015	6.16%	34,128
4/15/2016	35,253	2015	6.16%	33,623
7/15/2016	35,253	2015	6.16%	33,126
3/15/2017	1,990,035	2015	6.16%	1,797,005
Total	2,131,047			1,932,528

Pension Plan for Employees of St. Francis Hospital of New Castle
EIN: 25-1536036 / PN: 003
2015 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, 2015. 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

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
- 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
- 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	% 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			
BLACKROCK LIQUIDITY FUNDS									
TEMP FUND INSTITUTIONAL SHRS #24		\$1.0000	0.01 %						\$1.49
20-10-002-1044219									
BLACKROCK LIQUIDITY FUNDS			0.01 %						8.66
TEMP FUND INSTITUTIONAL SHRS #24		1.0000							
20-10-880-1044219									
PNC GOVT. MONEY MARKET FUND #405	12,240.06 12,240.060	12,240.06 1.0000	0.19 %		12,240.06 1.00		0.15 %	17.56	2.38
20-10-002-1044219									
PNC GOVT. MONEY MARKET FUND #405	56,365.94 56,365.940	56,365.94 1.0000	0.86 %		56,365.94 1.00		0.15 %	80.87	2.92
20-10-880-1044219									
Total interest bearing cash	\$68,606.00	\$68,606.00	1.04 %		\$68,606.00		0.14 %	\$98.43	\$15.45



INSTITUTIONAL
ASSET MANAGEMENT

JAMESON HEALTH SYSTEM CONS
DB TRUST STATEMENT

Account number 20-10-502-1044219

July 1, 2015 - June 30, 2016

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Detail

Corporate stock - common

Description (Symbol)	Value last statement	Quantity	Current market value	% of total portfolio	Unrealized gain/loss	Avg. original value at PNC	Total original value at PNC	Current yield	Estimated annual income	Accrued income
ACCENTURE PLC CLASS A (ACN)										
ISIN IE00B4BNMY34 SEDOL B4BNMY3	\$31,190.03	310	\$35,119.90	0.54 %	\$3,929.87	\$31,190.03	\$31,190.03	1.95 %	\$682.00	
20-10-880-1044219			\$113,2900			\$100.61				
INGERSOLL-RAND PLC (IR)										
SEDOL: B633030	29,927.88	450	28,656.00	0.44 %	- 1,271.88	29,927.88	29,927.88	2.02 %	576.00	
ISIN: IE00B6330302			63.6800			66.51				
20-10-880-1044219										
TE CONNECTIVITY LTD (TEL)										
SEDOL B62B7C3 ISIN CH0102993182	45,010.00	700	39,977.00	0.61 %	- 5,033.00	40,675.11	40,675.11	2.60 %	1,036.00	
20-10-880-1044219			57.1100			58.11				
CHECK POINT SOFTWARE TECH (CHKP)										
SEDOL 2181334	31,024.50	390	31,075.20	0.47 %	50.70	27,453.50	27,453.50			
ISIN IL0010824113			79.6800			70.39				
20-10-880-1044219										
ABBOTT LABORATORIES INC (ABT)										
20-10-880-1044219	29,160.73	760	29,875.60	0.46 %	714.87	29,160.73	29,160.73	2.65 %	790.40	
AETNA INC NEW (AET)										
20-10-880-1044219	36,963.40	290	35,417.70	0.54 %	- 1,545.70	17,992.34	38.37	0.82 %	290.00	
ALPHABET INC/CA-CL A (GOOGL)										
20-10-880-1044219	73,537.64	118	122,1300	1.26 %	9,478.90	59,415.82	62.06			
ALTRIA GROUP INC (MO)										
20-10-880-1044219	44,997.20	920	83,016.54	0.96 %	18,446.00	34,022.72	503.52	3.28 %	2,079.20	519.80
AMERICAN ELECTRIC POWER INC (AEP)										
20-10-880-1044219	28,609.46	490	63,443.20	0.52 %	5,734.64	28,609.46	36.98	3.20 %	1,097.60	
AMERICAN WATER WORKS CO INC (AWK)										
20-10-880-1044219	28,396.78	440	68,9600	0.57 %	8,787.62	28,396.78	58.39	1.78 %	660.00	
AMGEN INC (AMGN)										
20-10-880-1044219	58,337.60	380	34,344.10	0.88 %	- 520.60	45,010.86	64.54	2.63 %	1,520.00	
APPLE INC (AAPL)										
20-10-880-1044219	87,044.95	694	57,817.00	1.01 %	- 20,698.55	118.45	118.45	2.39 %	1,582.32	
BANK NEW YORK MELLON CORP COM (BK)										
20-10-880-1044219	28,081.55	700	66,346.40	0.42 %	- 886.55	29,271.02	42.18	1.76 %	476.00	
			95.6000			28,081.55	40.12			
			27,195.00							
			38.8500							



INSTITUTIONAL
ASSET MANAGEMENT

JAMESON HEALTH SYSTEM CONS
DB TRUST STATEMENT

Account number 20-10-502-1044219

July 1, 2015 - June 30, 2016

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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	Current	price per unit			Avg. original value	at PNC per unit			
CIGNA CORP (CI)	37,260.00		29,437.70		0.45 %	- 7,822.30	21,734.16	94.50	0.04 %	9.20	
20-10-880-1044219	230		127,9900								
CVS HEALTH CORPORATION (CVS)	51,391.20		46,912.60		0.71 %	- 4,478.60	25,404.61	51.85	1.78 %	833.00	
20-10-880-1044219	490		95,7400								
CELANESE CORP-SERIES A (CE)	39,027.37		37,306.50		0.57 %	- 1,720.87	39,027.37	68.47	2.21 %	820.80	
20-10-880-1044219	570		65,4500								
CISCO SYSTEMS INC (CSCO)	23,615.60		24,673.40		0.38 %	1,057.80	19,476.82	22.65	3.63 %	894.40	
20-10-880-1044219	860		28,6900								
CINTAS CORP (CTAS)	47,370.40		54,952.80		0.84 %	7,582.40	45,739.97	81.68	1.08 %	588.00	
20-10-880-1044219	560		98,1300								
COMCAST CORPORATION CL A (CMCSA)	60,741.40		65,841.90		1.00 %	5,100.50	30,380.42	30.08	1.69 %	1,111.00	
20-10-880-1044219	1,010		65,1900								
CONSTELLATION BRANDS INC (STZ)	45,247.80		64,506.00		0.98 %	19,258.20	32,148.07	82.43	0.97 %	624.00	
CL A	390		165,4000								
20-10-880-1044219											
D R HORTON INC (DHI)	28,905.36		30,535.60		0.47 %	1,630.24	28,905.36	29.80	1.02 %	310.40	
20-10-880-1044219	970		31,4800								
DISNEY WALT CO (DIS)	65,059.80		55,757.40		0.85 %	- 9,302.40	33,952.95	59.57	1.46 %	809.40	
20-10-880-1044219	570		97,8200								
DOW CHEMICAL CO (DOW)	39,912.60		38,773.80		0.59 %	- 1,138.80	40,252.59	51.61	3.71 %	1,435.20	358.80
20-10-880-1044219	780		49,7100								
DR PEPPER SNAPPLE GROUP INC (DPS)	46,656.00		61,843.20		0.94 %	15,187.20	42,687.09	66.70	2.20 %	1,356.80	339.20
20-10-880-1044219	640		96,6300								
EDWARDS LIFESCIENCES CORP (EW)	27,773.85		38,894.70		0.59 %	11,120.85	26,009.75	66.69			
20-10-880-1044219	390		99,7300								
EQUIFAX INC (EFX)	29,488.21		30,816.00		0.47 %	1,327.79	29,488.21	122.87	1.03 %	316.80	
20-10-880-1044219	240		128,4000								
EXXON MOBIL CORP (XOM)	48,422.40		54,556.68		0.83 %	6,134.28	41,148.43	70.70	3.21 %	1,746.00	
20-10-880-1044219	582		93,7400								
FACEBOOK INC A (FB)	72,436.79		73,139.20		1.11 %	702.41	72,436.79	113.18			
20-10-880-1044219	640		114,2800								

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	Avg. original value at PNC per unit							
FOOT LOCKER INC (FLJ)	40,876.10		33,464.60		0.51 %	- 7,411.50	29,270.69	47.98	2.01 %	671.00	
20-10-880-1044219	610		54,8600								
FORD MOTOR COMPANY (F)	29,605.22		27,779.70		0.42 %	- 1,825.52	29,605.22	13.40	4.78 %	1,326.00	
20-10-880-1044219	2,210		12,5700								
GENERAL DYNAMICS CORP (GD)	41,090.10		40,379.60		0.61 %	- 710.50	40,740.58	140.48	2.19 %	881.60	220.40
20-10-880-1044219	290		139,2400								
GENERAL ELECTRIC CO (GE)	26,304.30		31,165.20		0.48 %	4,860.90	19,343.41	19.54	2.93 %	910.80	227.70
20-10-880-1044219	990		31,4800								
GILEAD SCIENCES INC (GILD)	33,869.43		25,860.20		0.40 %	- 8,009.23	33,869.43	109.26	2.26 %	582.80	
20-10-880-1044219	310		83,4200								
HOME DEPOT INC (HD)	53,372.27		60,014.30		0.91 %	6,642.03	27,830.19	59.21	2.17 %	1,297.20	
20-10-880-1044219	470		127,6900								
HONEYWELL INTL INC (HON)	52,335.37		59,323.20		0.90 %	6,987.83	51,833.72	101.63	2.05 %	1,213.80	
20-10-880-1044219	510		116,3200								
ILLINOIS TOOL WORKS INC (ITW)	33,071.27		36,456.00		0.56 %	3,384.73	33,071.27	94.49	2.12 %	770.00	192.50
20-10-880-1044219	350		104,1600								
JPMORGAN CHASE & CO (JPM)	87,463.04		80,222.74		1.22 %	- 7,240.30	58,392.09	45.23	3.09 %	2,478.72	
20-10-880-1044219	1,291		62,1400								
JOHNSON & JOHNSON (JNJ)	55,162.36		68,655.80		1.04 %	13,493.44	33,876.54	59.85	2.64 %	1,811.20	
20-10-880-1044219	566		121,3000								
KROGER CO (KR)	27,191.25		27,592.50		0.42 %	401.25	17,360.71	23.15	1.31 %	360.00	
20-10-880-1044219	750		36,7900								
LAM RESEARCH CORP (LRCH)	41,741.86		43,711.20		0.67 %	1,969.34	42,501.20	81.73	1.43 %	624.00	
20-10-880-1044219	520		84,0600								
LOCKHEED MARTIN CORP (LMT)	29,744.00		39,707.20		0.60 %	9,963.20	22,621.02	141.38	2.66 %	1,056.00	
20-10-880-1044219	160		248,1700								
MICROSOFT CORP (MSFT)	27,489.16		29,678.60		0.45 %	2,189.44	21,492.52	37.06	2.82 %	835.20	
20-10-880-1044219	580		51,1700								
NIKE INC (NKE)	43,527.86		40,848.00		0.62 %	- 2,679.86	43,527.86	58.82	1.16 %	473.60	118.40
20-10-880-1044219	740		55,2000								



INSTITUTIONAL
ASSET MANAGEMENT

JAMESON HEALTH SYSTEM CONS
DB TRUST STATEMENT

Account number 20-10-502-1044219

July 1, 2015 - June 30, 2016

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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	Current	Avg. original value at PNC per unit							
NORTHERN TRUST CORP (NTRS)	43,387.04	40,418.60	1,757,000	43,387.04	0.62 %	- 2,968.44	71.13	43,387.04	2.18 %	878.40	219.60
20-10-880-1044219	610	66,2600	40,418.60								
NORTHROP GRUMMAN CORPORATION (NOC)	33,744.74	46,678.80	1,556,000	33,744.74	0.71 %	12,934.06	35,279.29	35,279.29	1.62 %	756.00	
20-10-880-1044219	210	222,2800	46,678.80				168.00				
O REILLY AUTOMOTIVE INC (ORLY)	43,920.05	48,798.00	2,121,000	43,920.05	0.74 %	4,877.95	244.00	43,920.05			
20-10-880-1044219	180	271,1000	48,798.00								
PPG INDUSTRIES INC (PPG)	41,299.20	37,494.00	1,548,000	41,299.20	0.57 %	- 3,805.20	118.09	42,513.26	1.54 %	576.00	
20-10-880-1044219	360	104,1500	37,494.00								
PEPSICO INC (PEP)	29,535.79	30,722.60	897,000	29,535.79	0.47 %	1,186.81	101.85	29,535.79	2.85 %	872.90	
20-10-880-1044219	290	105,9400	30,722.60								
PFIZER INC (PFE)	62,350.66	65,490.60	4,072,000	62,350.66	0.99 %	3,139.94	33.52	62,350.66	3.41 %	2,232.00	
20-10-880-1044219	1,860	35,2100	65,490.60								
PUBLIC STORAGE (PSA)	34,456.85	43,450.30	1,497,000	34,456.85	0.66 %	8,993.45	202.69	34,456.85	2.82 %	2,224.00	
REITS	170	255,5900	43,450.30								
20-10-880-1044219			255,5900								
RAYTHEON COMPANY (RTN)	28,001.83	29,909.00	838,000	28,001.83	0.46 %	1,907.17	127.28	28,001.83	2.16 %	644.60	
20-10-880-1044219	220	135,9500	29,909.00								
S&P GLOBAL INC (SPGI)	44,594.12	43,976.60	1,959,000	44,594.12	0.67 %	- 617.52	108.77	44,594.12	1.35 %	590.40	
20-10-880-1044219	410	107,2600	43,976.60								
SCHLUMBERGER LTD (SLB)	63,780.60	58,519.20	3,743,000	63,780.60	0.89 %	- 5,261.40	89.79	66,445.45	2.53 %	1,480.00	370.00
SEDOL 2779201	740	79,0800	58,519.20								
ISIN AN8068571086			79,0800								
20-10-880-1044219											
SIMON PROPERTY GROUP INC (SPG)	28,751.23	30,366.00	872,000	28,751.23	0.46 %	1,614.77	205.37	28,751.23	2.93 %	889.00	
20-10-880-1044219	140	216,9000	30,366.00								
SUNTRUST BANKS INC (STI)	44,010.90	43,709.12	1,924,000	44,010.90	0.67 %	- 301.78	41.36	44,010.90	2.34 %	1,021.44	
20-10-880-1044219	1,064	41,0800	43,709.12								
TEXAS INSTRUMENTS INC (TXN)	41,699.28	45,734.50	1,907,000	41,699.28	0.70 %	4,035.22	57.12	41,699.28	2.43 %	1,109.60	
20-10-880-1044219	730	62,6500	45,734.50								
THERMO FISHER SCIENTIFIC INC (TMO)	35,905.26	39,895.20	1,433,000	35,905.26	0.61 %	3,989.94	132.98	35,905.26	0.41 %	162.00	40.50
20-10-880-1044219	270	147,7600	39,895.20								



INSTITUTIONAL
ASSET MANAGEMENT

JAMESON HEALTH SYSTEM CONS
DB TRUST STATEMENT

Account number 20-10-502-1044219
July 1, 2015 - June 30, 2016

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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	Current	price per unit			Avg. original value	at PNC per unit			
TOTAL S A (TOT)	61,662.35		59,644.00		0.91 %	- 2,018.35	61,662.35		4.80 %	2,859.44	
20-10-880-1044219	1,240		48,1000				49.73				
TRACTOR SUPPLY CO (TSCO)	35,976.00		36,472.00		0.56 %	496.00	36,156.01		1.06 %	384.00	
20-10-880-1044219	400		91,1800				90.39				
TYSON FOODS INC (TSN)	29,038.89		28,719.70		0.44 %	- 319.19	29,038.89		0.90 %	258.00	
CLASS A	430		66.7900				67.53				
20-10-880-1044219											
UNIVERSAL HEALTH SERVICES INC (UHS)	30,985.59		29,502.00		0.45 %	- 1,483.59	30,985.59		0.30 %	88.00	
CLASS B	220		134,1000				140.84				
20-10-880-1044219											
VANTIV INC CLASS A (VNTV)	29,681.89		30,564.00		0.47 %	882.11	29,681.89				
20-10-880-1044219	540		56.6000				54.97				
VERIZON COMMUNICATIONS INC (VZ)	51,737.10		61,982.40		0.94 %	10,245.30	58,196.18		4.05 %	2,508.60	
20-10-880-1044219	1,110		55.8400				52.43				
VISA INC (V)	34,246.50		37,826.70		0.58 %	3,580.20	20,089.31		0.76 %	285.60	
CLASS A SHARES	510		74.1700				39.39				
20-10-880-1044219											
WEC ENERGY GROUP INC (WEC)	43,081.26		62,557.40		0.95 %	19,476.14	19,688.38		3.04 %	1,896.84	
20-10-880-1044219	958		65.3000				20.55				
WELLS FARGO & COMPANY (WFC)	72,155.92		60,724.39		0.92 %	- 11,431.53	36,191.70		3.22 %	1,950.16	
20-10-880-1044219	1,283		47.3300				28.21				
WYNDHAM WORLDWIDE CORP (WYN)	38,042.18		34,190.40		0.52 %	- 3,851.78	32,516.28		2.81 %	960.00	
20-10-880-1044219	480		71.2300				67.74				
Total corporate stock - common			\$2,840,479.32		44.86 %	\$129,140.55	\$2,398,394.43		2.04 %	\$60,563.42	\$2,606.90

Registered investment companies

[illegible]

Detail

Registered investment companies

Description (Symbol)	Value last statement		Current market value		% of total portfolio	Unrealized gain/loss	Total original value at PNC		Current yield	Estimated annual income	Accrued income
	Quantity		Current price per unit				Avg. original value at PNC per unit				
MAINSTAY EPOCH GLOBAL EQUITY (EPSYX)	277,015.27		269,323.14		4.07 %	- 7,692.13	283,877.49		3.25 %	8,739.23	3,083.30
YIELD FUND CLASS I	14,887.957		18.0900				19.07				
FUND# 1212											
20-10-002-1044219											
T ROWE PRICE MID CAP VALUE (TRMCX)	195,755.64		185,870.68		2.81 %	- 9,884.96	143,641.94		1.23 %	2,282.27	
FD #115	6,712.556		27.6900				21.40				
20-10-002-1044219											
T ROWE PRICE REAL ESTATE FUND (TRREX)	134,446.10		157,563.49		2.39 %	23,117.39	108,985.29		2.13 %	3,342.26	
FD #122	5,305.168		29.7000				20.54				
20-10-002-1044219											
VANGUARD TOTAL BD MKT INDX #584 (VBTLX)	211,964.38		219,248.62		3.32 %	7,284.24	202,685.86		2.43 %	5,318.11	434.21
ADM	19,769.939		11.0900				10.25				
20-10-002-1044219											
WELLS FARGO CORE BOND (MBFIX)	369,703.55		384,232.04		5.81 %	14,528.49	373,367.05		1.74 %	6,681.03	547.27
FUND CLASS I	29,174.794		13.1700				12.80				
20-10-002-1044219											
WESTERN ASSET TOT RET UN-IN (WAARX)	129,000.00		126,144.37		1.91 %	- 2,855.63	129,000.00		3.28 %	4,134.46	362.64
20-10-002-1044219	12,415.784		10.1600				10.39				
Total registered investment companies	\$3,537,245.98		\$3,581,797.66		54.11 %	\$44,551.68	\$3,294,511.34		1.99 %	\$71,323.88	\$5,726.88
Total portfolio	\$6,446,331.30		\$6,620,023.53		100.00 %	\$173,692.23	\$5,761,511.77		1.99 %	\$131,985.73	\$8,349.23

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

EIN: 25-1536036 / PN: 003

2015 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.	2009 shortfall base	188,568	7/1/2009	1	188,568
2.	2010 shortfall base	197,913	7/1/2010	4	52,952
3.	2011 shortfall base	808,335	7/1/2011	5	176,912
4.	2012 shortfall base	(805,923)	7/1/2012	4	(215,626)
5.	2013 shortfall base	(51,759)	7/1/2013	5	(11,328)
6.	2014 shortfall base	(63,936)	7/1/2014	6	(12,035)
7.	2015 shortfall base	(136,868)	7/1/2015	7	(22,762)