

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), 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 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan 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 and address (employer, if for a single-employer plan) (Address should include room or suite no.) JAMESON HEALTH SYSTEM INC. 1211 WILMINGTON AVENUE NEW CASTLE, PA 16105-2516	2b Employer Identification Number (EIN) 25-1536036 2c 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	Filed with authorized/valid electronic signature.	04/13/2011	NEIL CHESSIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") JAMESON HEALTH SYSTEM INC. 1211 WILMINGTON AVENUE NEW CASTLE, PA 16105-2516	3b Administrator's EIN 25-1536036 3c Administrator's telephone number 724-656-4117
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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
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5 Total number of participants at the beginning of the plan year	5	455
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	248
c Other retired or separated participants entitled to future benefits.....	6c	197
d Subtotal. Add lines 6a , 6b , and 6c	6d	445
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	3
f Total. Add lines 6d and 6e	6f	448
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G 1I

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ 0 **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

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

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

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

Part I	Basic Information
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>4640923</u>
b Actuarial value	2b <u>5105015</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>248</u> <u>4255217</u>
b For terminated vested participants	3b <u>207</u> <u>2980350</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>0</u>
(3) Total active	3c(3) <u>0</u>
d Total	3d <u>455</u> <u>7235567</u>
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.67</u> %
6 Target normal cost	6 <u>0</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>03/30/2011</u>
<u>ROBERT CRNJARICH</u>	Signature of actuary	Date
<u>COWDEN ASSOCIATES, INC.</u>	Type or print name of actuary	<u>08-05141</u>
		Most recent enrollment number
<u>444 LIBERTY AVENUE, SUITE 1900</u> <u>PITTSBURGH, PA 15222-1222</u>	Firm name	<u>412-394-9951</u>
		Telephone number (including area code)
	Address of the firm	

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

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

Schedule SB (Form 5500) 2009
v.092308.1

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 (Item 13 from prior year)	92880	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	92474	0
9	Amount remaining (Item 7 minus item 8).....	406	0
10	Interest on item 9 using prior year's actual return of <u>-20.62</u> %	-84	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.16</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	322	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	70.55 %
15	Adjusted funding target attainment percentage.....	15	70.55 %
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	83.31 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/15/2009	27578	0			
01/15/2010	27578	0			
04/15/2010	27578	0			
07/15/2010	27578	0			
03/15/2011	215297	0			
			Totals ►	18(b)	325609
				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 contribution 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	298557
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 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: 5.21 %	2nd segment: 6.74 %	3rd segment: 6.84 %	☐ 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 eligible for (and is using) 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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1696740	298879
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	298879
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	322	322
36 Additional cash requirement (item 34 minus item 35).....	36	298557
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	298557
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010		
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

(b) Enter name and EIN or address of person who provided you disclosure 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 52	TRUSTEE AND INVESTMENT AD	38493	Yes ☐ No ☒	Yes ☐ No ☐	0	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 ☐

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	DELOITTE & TOUCHE LLP	b EIN:	13-3891571
c Position:	AUDITOR		
d Address:	2500 ONE PPG PLACE PITTSBURGH, PA 15222-5401	e Telephone:	412-338-7200

Explanation: CLIENT CHANGED THE AUDITOR FOR THIS PENSION PLAN.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

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
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>0</u>	<u>242875</u>
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	<u>7617</u>	<u>6962</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>61559</u>	<u>27114</u>
(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)	<u>2523055</u>	<u>2209757</u>
(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)	<u>2048692</u>	<u>2508347</u>
(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	4640923	4995055

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	8972	9144
k Total liabilities (add all amounts in lines 1g through 1j)	1k	8972	9144

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4631951	4985911
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	325609	
(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)		325609

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

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

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	129372	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		129372

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	262598	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		262598
(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)		182508
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		900087

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	507633	
(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)		507633
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	38494	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		38494
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		546127

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		353960
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: CARBIS WALKER, LLP

(2) EIN: 25-0988255

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		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	
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		325000
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.			

- 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)

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

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 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

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	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 providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

Schedule R (Form 5500) 2009
v.092308.1

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 items 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 items 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 items 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 items 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 items 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 items 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 item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

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

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

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

Financial Report
June 30, 2010



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INDEPENDENT AUDITORS' REPORT

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

We were engaged to audit the accompanying statements of net assets available for benefits and accumulated Plan benefits of the Pension Plan for Employees of St. Francis Hospital of New Castle (Plan) as of June 30, 2010, the related statements of changes in net assets available for benefits and changes in accumulated Plan benefits for the year ended June 30, 2010, and supplemental schedules of assets held at end of year as of June 30, 2010, and reportable transactions for the year ended June 30, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management. Other auditors were engaged to audit the statements of net assets available for benefits and accumulated Plan benefits as of June 30, 2009, and the related statements of changes in net assets available for benefits and changes in accumulated Plan benefits for the year ended June 30, 2009, whose report dated April 7, 2009, disclaimed an opinion on the 2009 financial statements for the same reasons described in the following paragraph.

As permitted by 29 CFR Section 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified by PNC Bank, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedules. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the custodian as of and for the years ended June 30, 2010 and 2009, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2010 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.


Certified Public Accountants

New Castle, Pennsylvania
April 4, 2011

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

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
June 30, 2010 and 2009**

	2010	2009
ASSETS		
Investments at fair value:		
Mutual funds	\$ 2,508,347	\$ 2,048,692
Equity securities	2,209,757	2,523,055
Money market investment	27,114	61,559
	<hr/>	<hr/>
Total investments	4,745,218	4,633,306
	<hr/>	
Receivables:		
Employer contributions	242,875	-
Accrued income	6,962	7,617
	<hr/>	<hr/>
Total receivables	249,837	7,617
	<hr/>	
Total assets	4,995,055	4,640,923
LIABILITIES		
Accrued administrative fees	9,144	8,972
	<hr/>	<hr/>
Net assets available for benefits	\$ 4,985,911	\$ 4,631,951
	<hr/>	<hr/>

See Notes to Financial Statements.

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

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended June 30, 2010 and 2009**

	2010	2009
Additions (reductions) to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 445,106	\$ (1,453,870)
Interest and dividend income	129,372	182,381
Total investment income (loss)	574,478	(1,271,489)
Employer contributions	325,609	18,505
Total additions (reductions)	900,087	(1,252,984)
Deductions from net assets attributed to:		
Benefits payments	507,633	492,692
Administrative expenses	38,494	38,067
Total deductions	546,127	530,759
Net increase (decrease)	353,960	(1,783,743)
Net assets available for benefits:		
Beginning of year	4,631,951	6,415,694
End of year	<u>\$ 4,985,911</u>	<u>\$ 4,631,951</u>

See Notes to Financial Statements.

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

**STATEMENTS OF ACCUMULATED PLAN BENEFITS
June 30, 2010 and 2009**

	2009	2008
Actuarial present value of accumulated Plan benefits as of July 1:		
Vested benefits:		
Participants currently receiving payments	\$ 3,823,117	\$ 3,852,167
Other participants	2,442,817	2,378,533
Actuarial present value of accumulated Plan benefits	\$ 6,265,934	\$ 6,230,700

See Notes to Financial Statements.

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

**STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
Years Ended June 30, 2010 and 2009**

	2009	2008
Actuarial present value of accumulated Plan benefits as of July 1:		
Beginning of year	\$ 6,230,700	\$ 6,419,974
Increase (decrease) during the year attributable to:		
Decrease in discount period	478,748	493,273
Benefits accumulated and Plan experience	49,178	(174,419)
Benefits paid	(492,692)	(508,128)
Actuarial present value of accumulated Plan benefits at end of year	\$ 6,265,934	\$ 6,230,700

See Notes to Financial Statements.

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

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

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

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

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

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

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

Note 2. Significant Accounting Policies

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

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

Investment valuation and income recognition: Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. See Note 4 for discussion of fair value measurements.

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

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

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.

Note 2. Significant Accounting Policies (Continued)

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, 2009 and 2008, prepared by the Plan's actuary, Cowden Associates, Inc., using a 24-month smoothed value method.

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 significant actuarial assumptions used in the valuation as of July 1, 2009 and 2008, were:

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

	2009	2008
• Minimum/Maximum Funding		
First Segment Rate	5.21%	5.10%
Second Segment Rate	6.74%	6.03%
Third Segment Rate	6.84%	6.54%
Lookback Month	July	July
• Present Value of Accrued Benefits	8.00%	8.00%

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

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.

NOTES TO FINANCIAL STATEMENTS

Note 2. Significant Accounting Policies (Continued)

Subsequent events: In preparing these financial statements, the System evaluated events that occurred through April 4, 2011, the date the financial statements were available to be issued, for potential recognition or disclosure.

Recent accounting pronouncements: In September 2006, the Financial Accounting Standards Board (FASB) issued authoritative guidance for fair value measurements, which defines fair value, establishes a framework for measuring fair value in accordance with accounting principles generally accepted in the United States of America, and expands disclosures about fair value measurements. In February 2008, the FASB issued authoritative guidance which allowed for the delay of the effective date of the guidance for fair value measurements for one year for all nonfinancial assets and liabilities, except those that are recognized or disclosed at fair value in the financial statements on a recurring basis. The Plan adopted the provisions of the guidance for financial assets and liabilities effective July 1, 2008, and its adoption did not have a material impact on the Plan's net assets available for benefits or changes in net assets available for benefits (Note 4). The provisions of the guidance for nonfinancial assets and liabilities were effective for the Plan beginning July 1, 2009. The adoption of this guidance did not have a material impact on the Plan's net assets available for benefits or changes in net assets available for benefits.

In April 2009, the FASB issued additional authoritative guidance regarding fair value measurement when markets become inactive, which included guidelines for the determination of whether there have been significant decreases in the volume and level of activity for the asset or liability being valued. In addition, the guidance provides for increased disclosure requirements regarding the inputs and valuation techniques for certain securities as well as requiring increased disclosure requirements, which includes disclosing the values of securities segregated by major security types. The guidance is effective for fiscal years, and interim periods within those fiscal years, beginning on or after June 15, 2009. This guidance did not have a material impact on the Plan's financial statements.

In June 2009, the FASB issued authoritative guidance on the hierarchy of generally accepted accounting principles. The guidance sets forth that the *FASB Accounting Standards Codification* (Codification) has become the source of authoritative U.S. generally accepted accounting principles (GAAP) recognized by the FASB to be applied to non governmental entities. This guidance was effective for financial statements issued for interim and annual periods ended after September 15, 2009. The Codification superseded all then-existing non-SEC accounting and reporting standards. All other nongrandfathered non-SEC accounting literature not included in the Codification became nonauthoritative.

In January 2010, the FASB issued accounting standards update on improving disclosures about fair value measurements to add additional disclosures about the different classes of assets and liabilities measured at fair value, the valuation techniques and inputs used, the activity in Level III fair value measurements, and the transfers between Levels I, II, and III. Levels I, II, and III of fair value measurements are defined in Note 4 below. The Plan will adopt this new accounting standards update in the year ending June 30, 2011, except for the provisions of this update that will be effective in the year ending June 30, 2012. The Plan is currently evaluating the impact of its pending adoption on the Plan's financial statements.

Reclassifications: Certain reclassifications have been made to the 2009 financial statements in order to conform to the presentation used for 2010. Such reclassifications had no effect on the net assets available for benefits.

NOTES TO 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, 2010 and 2009, 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 auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following investments:

	2010	2009
Investments at fair value:		
Mutual funds	\$ 2,508,347	\$ 2,048,692
Equity securities	2,209,757	2,523,055
Money market investment	27,114	61,559
	<u>\$ 4,745,218</u>	<u>\$ 4,633,306</u>

PNC Bank also certified to the completeness and accuracy of \$ 445,106 and \$ (1,453,870) of net appreciation (depreciation) in fair value of investments, and \$ 129,372 and \$ 182,381 of interest and dividends related to the aforementioned investments for the years ended June 30, 2010 and 2009, respectively.

During 2010 and 2009 the Plan's investments (including investments purchased, sold, as well as held during the year) had net appreciation (depreciation) in fair values for the years ended June 30 as follows:

	2010	2009
Equity securities	\$ 262,598	\$ (830,938)
Mutual funds	182,508	(622,932)
	<u>\$ 445,106</u>	<u>\$ (1,453,870)</u>

Note 4. Investments and Fair Value Measurements

Authoritative guidance regarding Fair Value Measurements establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level I measurements) and the lowest priority to unobservable inputs (Level III measurements). The three levels of the fair value hierarchy under the authoritative guidance are described below:

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

NOTES TO FINANCIAL STATEMENTS

Note 4. Investments and Fair Value Measurements (Continued)

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, 2010 and 2009.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Equity securities: Certain equity securities are valued at the closing price reported in the active market in which the individual securities are traded. Investments in certain restricted equity securities are valued at the quoted market price of the issuer's unrestricted equity securities less an appropriate discount. If a quoted market price for unrestricted equity securities of the issuer is not available, restricted equity securities are valued at a multiple of current earnings less an appropriate discount. The multiple chosen is consistent with multiples of similar companies based on current market.

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2010. The following table presents separately those assets that represent five percent or more of the Plan's net assets.

	Assets at Fair Value as of June 30, 2010			
	Total	Level I	Level II	Level III
Mutual funds:				
International:				
BlackRock Total Return Portfolio	\$ 1,319,209	\$ 1,319,209	\$ -	\$ -
Harbor International Fund	274,768	274,768	-	-
Artisan Funds Inc. International	271,852	271,852	-	-
Other international mutual fund	59,987	59,987	-	-
Domestic mutual funds	582,531	582,531	-	-
Equity securities:				
International	147,449	147,449	-	-
Domestic	2,062,308	2,062,308	-	-
Money market investment	27,114	27,114	-	-
	<u>\$ 4,745,218</u>	<u>\$ 4,745,218</u>	<u>\$ -</u>	<u>\$ -</u>

NOTES TO FINANCIAL STATEMENTS

Note 4. Investments and Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2009. The table presents separately those assets that represent five percent or more of the Plan's net assets:

	Assets at Fair Value as of June 30, 2009			
	Total	Level I	Level II	Level III
Mutual funds:				
BlackRock Total Return Portfolio	\$ 1,244,680	\$ 1,244,680	\$ -	\$ -
All other mutual funds	804,012	804,012	-	-
Equity securities	2,523,055	2,523,055	-	-
Money market investment	61,559	61,559	-	-
	<u>\$ 4,633,306</u>	<u>\$ 4,633,306</u>	<u>\$ -</u>	<u>\$ -</u>

Note 5. Funding Policy

Contributions to provide benefits under the Plan are made solely by the System. The System's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The System has made contributions of \$ 325,609 and \$ 18,505 during the years ended June 30, 2010 and 2009, respectively.

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.

NOTES TO FINANCIAL STATEMENTS

Note 6. Plan Termination (Continued)

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 Administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC.

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 2010 and 2009, the credit and liquidity crisis in the United States and throughout the global financial system resulted in substantial volatility in financial markets and the banking system.

Note 9. Party-in-Interest Transactions

PNC Bank is the Plan's custodian. The Plan has investments in various BlackRock mutual funds, which is affiliated with PNC Bank. For the years ended June 30, 2010 and 2009, the Plan paid \$ 38,494 and \$ 38,067, 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 officer or employee receives compensation from the 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, 2010
See Independent Auditors' Report**

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value, Shares	Cost	Current Value
Mutual funds:			
* BlackRock Total Return Portfolio	140,641 shares	\$ 1,350,733	\$ 1,319,209
Harbor International Fund	5,675 shares	369,130	274,768
Artisan Funds Inc. International	15,402 shares	297,918	271,852
Vanguard Total Bond Market	15,091 shares	152,174	161,627
T Rowe Price Mid Cap Value	6,936 shares	124,495	137,464
Baron Asset Fund	2,939 shares	164,668	131,727
Ishares Tr Russell 2000 Index Fund	1,627 shares	68,355	99,434
* BlackRock Funds Intl Opportunities	2,152 shares	73,574	59,987
RS Emerging Markets Fund	2,425 shares	50,000	52,279
Total mutual funds		2,651,047	2,508,347
Equity securities:			
Apple Inc.	362 shares	30,753	91,054
Exxon Mobil Corp.	1,052 shares	44,688	60,038
JPMorgan Chase & Co.	1,631 shares	62,377	59,711
Microsoft Corp.	2,390 shares	48,586	54,994
Proctor & Gamble Co.	867 shares	50,643	52,003
Google Inc.	108 shares	35,778	48,055
International Business Machines Corp.	367 shares	41,897	45,317
Pepsico Inc.	736 shares	45,832	44,859
Occidental Petroleum Corp.	557 shares	38,797	42,973
Apache Corporation	501 shares	43,899	42,179
Wells Fargo & Company	1,603 shares	44,112	41,037
Oracle Corp.	1,895 shares	26,893	40,667
General Mills Inc.	1,144 shares	38,796	40,635
The Hershey Company	830 shares	39,829	39,782
Wisconsin Energy Corp.	739 shares	29,534	37,497
Amerisourcebergen Corp.	1,175 shares	33,341	37,306
Dolby Laboratories Inc.	585 shares	19,256	36,674
3M Company	460 shares	32,607	36,335
Wal-Mart Stores Inc.	749 shares	34,829	36,004
Cummins Inc.	546 shares	28,795	35,561
Cisco Systems Inc.	1,660 shares	34,315	35,375
United Technologies Corp.	531 shares	21,693	34,467
Capital One Financial Corp.	847 shares	36,546	34,134
Citigroup Inc.	8,970 shares	38,164	33,727
Johnson Controls Inc.	1,252 shares	31,082	33,641

**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 (CONTINUED)
June 30, 2010
See Independent Auditors' Report**

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value, Shares	Cost	Current Value
Equity securities (Continued):			
EMC Corp.	1,821 shares	\$ 31,081	\$ 33,324
Allergan Inc.	557 shares	23,133	32,451
Mattel Inc.	1,520 shares	32,913	32,163
Pfizer Inc.	2,227 shares	49,781	31,757
JM Smucker Co.	526 shares	32,849	31,676
Coach Inc.	859 shares	23,172	31,396
Rockwell Automation Inc.	635 shares	26,484	31,172
General Electric Co.	2,140 shares	36,257	30,859
Union Pacific Corp.	440 shares	32,744	30,584
Johnson & Johnson	516 shares	27,440	30,475
AT&T Inc.	1,254 shares	37,681	30,334
Unitedhealth Group Inc.	1,045 shares	28,930	29,678
Bank of America Corp.	2,040 shares	33,703	29,315
Covidien Plc	723 shares	34,851	29,050
Limited Brands Inc.	1,300 shares	32,502	28,691
Dollar Tree Inc.	678 shares	17,342	28,225
American Electric Power Inc.	859 shares	28,692	27,746
Viacom Inc. Class B WI	879 shares	20,630	27,574
Broadcom Corp.	835 shares	22,279	27,530
Ross Stores Inc.	510 shares	19,231	27,178
Hewlett-Packard Co.	610 shares	29,102	26,401
Cooper Industries Plc	592 shares	24,872	26,048
Intel Corp.	1,332 shares	18,474	25,907
Chubb Corp.	516 shares	26,248	25,805
Centurylink Inc.	750 shares	25,433	24,982
Celanese Corp.	992 shares	21,432	24,711
Shire Plc	400 shares	26,690	24,552
Starbucks Corp.	1,000 shares	27,754	24,300
Amazon.com Inc.	210 shares	25,010	22,945
Ameriprise Financial Inc.	625 shares	24,058	22,581
PPG Industries Inc.	370 shares	23,529	22,352
Emerson Electric Co.	510 shares	24,489	22,282
Price T Rowe Group Inc.	501 shares	19,384	22,239
Parker Hannifin Corp.	400 shares	23,453	22,184
Core Laboratories	150 shares	20,363	22,141
Merck & Co. Inc.	608 shares	22,806	21,262

**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 (CONTINUED)
June 30, 2010
See Independent Auditors' Report**

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value, Shares	Cost	Current Value
Equity securities (Continued):			
Equity Residential	500 shares	\$ 22,639	\$ 20,820
American Express Co.	524 shares	21,726	20,803
Ford Motor Company	1,946 shares	23,063	19,616
Metlife Inc.	508 shares	17,876	19,182
Hess Corporation	370 shares	22,993	18,626
Schlumberger Ltd.	324 shares	13,584	17,930
Amgen Inc.	321 shares	20,009	16,885
Total equity securities		<u>2,049,724</u>	<u>2,209,757</u>
Money market investment:			
* BlackRock Liquidity Temp Funds	27,114 shares	<u>27,114</u>	<u>27,114</u>
Total investments		<u><u>\$ 4,727,885</u></u>	<u><u>\$ 4,745,218</u></u>

* Denotes Party-in-Interest

**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, 2010
See Independent Auditors' Report**

Identity of Party Involved	Description of Asset	Purchase Price	Current Value of Asset on Transaction Date
Category (ii), Series of Transactions in Excess of 5% of Plan Assets			
Artisan Funds, Inc. International	Mutual funds	\$ 305,000	\$ 305,000

Actuarial Basis

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 funding shortfall.

Asset Valuation Method: 24-month average method described in IRS notice 2009-22 measured at one-year intervals

Expenses: None. The sponsor is expected to pay all expenses outside of the Plan.

Changes since prior valuation: Prescribed rates and mortality tables have been used per IRS regulations. The applicable month for 430 segments (the month of the valuation) has not been changed. The asset valuation method has been changed to the method described above. In the prior valuation, the asset valuation method was the market value of assets.

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

Actuarial Assumptions

The following actuarial assumptions were employed in the determination of the liabilities and annual contributions of the plan as developed in accordance with the funding methods described in this report.

1. Mortality for Minimum Funding: IRS 2009 Static Mortality Table.
2. IRS Prescribed Interest Rates for Funding Target Liability in 2009
 - Minimum Funding
 - First Segment Rate 5.21%
 - Second Segment Rate 6.74%
 - Third Segment Rate 6.84%
 - Lookback Month July
 - Contribution Determination 6.67% *
- * Effective annual rate
3. Retirement will occur at age 65.
4. No pre-retirement withdrawal or disability is assumed.
5. 85% of all employees are assumed to be married, with males assumed to be 4 years older than their spouse.

The following assumptions have been changed to reflect requirements under Section 430:

- Mortality has been changed to the IRS 2009 Static Mortality Table.
- Discount rates used to value liabilities are July 2009 24-month segment rates of 5.21%, 6.74%, and 6.84%.

Pension Plan for Employees of St. Francis Hospital of New Castle
EIN: 25-1536036
PN: 003
2009 Schedule SB (Form 5500)
Page 1 of 8 – Attachments to 2009 Schedule SB (Form 5500)

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

The valuation results are based upon participant census and financial data provided by Jameson Health System, Inc. and PNC Bank respectively. The data and assets were tested for reasonableness and consistency with the prior valuation. We have no reason to doubt its accuracy.

The attached exhibits include the following:

1. Discounted employer contributions, as required under Line 19.
2. A summary of principal plan provisions, as required under Part V.
3. A statement of actuarial assumptions/methods, as required under Part V.
4. Change in method, as required under Line 25.
5. Schedule of amortization bases, as required under Line 32.

Schedule H, Line 4j
Schedule of Reportable Transactions

Name of Employer: ► JAMESON HEALTH SYSTEM, INC.

25-1536036

3

07012009/06302010

[illegible]

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SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

▶ 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) <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JAMESON HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 25-1536036
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	4,640,923	
b Actuarial value.....	2b	5,105,015	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target	
a For retired participants and beneficiaries receiving payment.....	3a	248	4,255,217
b For terminated vested participants.....	3b	207	2,980,350
c For active participants:			
(1) Non-vested benefits.....	3c(1)		0
(2) Vested benefits.....	3c(2)		0
(3) Total active.....	3c(3)	0	0
d Total.....	3d	455	7,235,567
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	6.67 %	
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	03/30/2011 Date 08-05141 Most recent enrollment number (412) 394-9951 Telephone number (including area code)
ROBERT CRNJARICH Type or print name of actuary COWDEN ASSOCIATES, INC. Firm name 444 LIBERTY AVENUE, SUITE 1900 PITTSBURGH PA 15222-1222 Address of the firm		

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

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

Schedule SB (Form 5500) 2009
v.092308.1

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 (Item 13 from prior year)	92,880	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	92,474	0
9	Amount remaining (Item 7 minus item 8)	406	0
10	Interest on item 9 using prior year's actual return of <u>(20.62)%</u>	(84)	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.16%</u>		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	322	0

Part III		Funding percentages	
14	Funding target attainment percentage	14	70.55 %
15	Adjusted funding target attainment percentage	15	70.55 %
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	83.31 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/15/2009	27,578				
01/15/2010	27,578				
04/15/2010	27,578				
07/15/2010	27,578				
03/15/2011	215,297				
Totals ▶			18(b)	325,609	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 contribution 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 298,557
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 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
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:	1st segment: 5.21 %	2nd segment: 6.74 %	3rd segment: 6.84 %
			☐ 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 eligible for (and is using) 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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1,696,740	298,879
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 (item 31 + item 32a + item 32b - item 33)	34	298,879
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	322	322
36 Additional cash requirement (item 34 minus item 35)	36	298,557
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	298,557
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

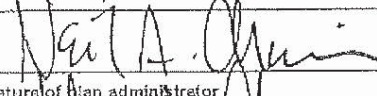
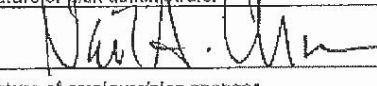
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e) and 6056(a) of the Internal Revenue Code (the Code). > Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1510-0110 1510-0039 2009 This Form Is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2009 or fiscal plan year beginning <u>07/01/2009</u> and ending <u>06/30/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information	
1a Name of plan Pension Plan for Employees of St. Francis Hospital of New Castle	1b Three-digit plan number (PN) <u>003</u> 1c Effective date of plan <u>07/01/1968</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) Jameson Health System Inc. 1211 Wilmington Avenue New Castle PA 16105-2516	2b Employer Identification Number (EIN) 25-1536036 2c 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		4/8/2011	NEIL CHESSIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		4/8/2011	NEIL CHESSIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") Jameson Health System Inc. 1211 Wilmington Avenue New Castle PA 16105-2516		3b Administrator's EIN 25-1536036 3c Administrator's telephone number 724-656-4117
---	--	---

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	455
---	----------	-----

6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
--	--	--

a Active participants	6a	0
------------------------------	-----------	---

b Retired or separated participants receiving benefits	6b	248
---	-----------	-----

c Other retired or separated participants entitled to future benefits	6c	197
--	-----------	-----

d Subtotal. Add lines 6a, 6b, and 6c	6d	445
---	-----------	-----

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	3
--	-----------	---

f Total. Add lines 6d and 6e	6f	448
-------------------------------------	-----------	-----

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 Characteristic Codes in the instructions: 1A 1G 1I

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(a)(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(a)(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)

BASIS OF VALUATION

Summary of Plan Provisions

Effective Date

July 1, 1968; most recently amended effective January 1, 2007.

Eligibility

All employees are eligible to participate on the January 1 or July 1 coincident with or next following the attainment of age 21 and the completion of one year of service. Effective October 31, 2002, participation was frozen.

Normal Retirement

Normal retirement occurs at the first day of the month coincident with or next following age 65.

The monthly normal retirement benefit is equal to (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). Benefit accruals were frozen as of October 31, 2002.

Early Retirement

A participant may retire under the early retirement provisions of the Plan on the first day of any month providing they have attained age 60 and have completed 15 years of Service.

The monthly amount of the early retirement benefit is equal to the frozen accrued benefit reduced actuarially for each month prior to normal retirement.

Late Retirement

Late retirement occurs on the first day of the month coincident with or immediately following the date the participant terminates employment with the Hospital for any reason other than death, which is subsequent to the participant's Normal Retirement Date.

The late retirement benefit is equal to the frozen accrued benefit.

Vested Termination

A participant is fully vested in his accrued benefit after five (5) years of vesting service, or upon attainment of age 65.

The accrued benefit is equal to the frozen accrued benefit.

Pre-Retirement Death Benefits

For vested active or terminated vested participants who become deceased, 50% of the accrued benefit reduced for a 50% joint and survivor form of payment and early retirement, if applicable, will be payable to the surviving spouse. Payment may begin at the earliest date the participant would be eligible for retirement. Unmarried active employees who die beyond normal retirement date are eligible for death benefits payable for 60 months.

Payment Forms

Normal: Life Annuity with 60 monthly payments guaranteed. Pension benefits are automatically payable as a 50% Joint and Survivor Annuity to married participants, with the benefit the actuarial equivalent of the normal retirement benefit.

Optional: Optional forms of payment available to plan participants which are the actuarial equivalent of the Normal Form are as follows:

Life Annuity with 60 months guaranteed.
Automatic \$5,000 cashout.

Significant Events

To the best of our knowledge, no other significant events occurred since the date of the last report.

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

FORM 5500 SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS HELD AT END OF YEAR
As of June 30, 2010
See Independent Auditors' Report

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value, Shares			Cost	Current Value
Equity securities:					
Apple Inc.	362 shares	\$	30,753	\$	91,054
Exxon Mobil Corp.	1,052 shares		44,688		60,038
JPMorgan Chase & Co.	1,631 shares		62,377		59,711
Microsoft Corp.	2,390 shares		48,586		54,994
Proctor & Gamble Co.	867 shares		50,643		52,003
Google Inc.	108 shares		35,778		48,055
International Business Machines Corp.	367 shares		41,897		45,317
Pepsico Inc.	736 shares		45,832		44,859
Occidental Petroleum Corp.	557 shares		38,797		42,973
Apache Corporation	501 shares		43,899		42,179
Wells Fargo & Company	1,603 shares		44,112		41,037
Oracle Corp.	1,895 shares		26,893		40,667
General Mills Inc.	1,144 shares		38,796		40,635
The Hershey Company	830 shares		39,829		39,782
Wisconsin Energy Corp.	739 shares		29,534		37,497
Amerisourcebergen Corp.	1,175 shares		33,341		37,306
Dolby Laboratories Inc.	585 shares		19,256		36,674
3M Company	460 shares		32,607		36,335
Wal-Mart Stores Inc.	749 shares		34,829		36,004
Cummins Inc.	546 shares		28,795		35,561
Cisco Systems Inc.	1,660 shares		34,315		35,375
United Technologies Corp.	531 shares		21,693		34,467
Capital One Financial Corp.	847 shares		36,546		34,134
Citigroup Inc.	8,970 shares		38,164		33,727
Johnson Controls Inc.	1,252 shares		31,082		33,641
EMC Corp.	1,821 shares		31,081		33,324
Allergan Inc.	557 shares		23,133		32,451
Mattel Inc.	1,520 shares		32,913		32,163
Pfizer Inc.	2,227 shares		49,781		31,757
JM Smucker Co.	526 shares		32,849		31,676
Coach Inc.	859 shares		23,172		31,396
Rockwell Automation Inc.	635 shares		26,484		31,172

ST. FRANCIS HOSPITAL OF NEW CASTLE

FORM 5500 SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS HELD AT END OF YEAR (CONTINUED)

As of June 30, 2010

See Independent Auditors' Report

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value, Shares			Current Value
		Cost		
Equity securities (Continued):				
General Electric Co.	2,140 shares	\$ 36,257	\$ 30,859	
Union Pacific Corp.	440 shares	32,744	30,584	
Johnson & Johnson	516 shares	27,440	30,475	
AT&T Inc.	1,254 shares	37,681	30,334	
Unitedhealth Group Inc.	1,045 shares	28,930	29,678	
Bank of America Corp.	2,040 shares	33,703	29,315	
Covidien Plc	723 shares	34,851	29,050	
Limited Brands Inc.	1,300 shares	32,502	28,691	
Dollar Tree Inc.	678 shares	17,342	28,225	
American Electric Power Inc.	859 shares	28,692	27,746	
Viacom Inc. Class B WI	879 shares	20,630	27,574	
Broadcom Corp.	835 shares	22,279	27,530	
Ross Stores Inc.	510 shares	19,231	27,178	
Hewlett-Packard Co.	610 shares	29,102	26,401	
Cooper Industries Plc	592 shares	24,872	26,048	
Intel Corp.	1,332 shares	18,474	25,907	
Chubb Corp.	516 shares	26,248	25,805	
Centurylink Inc.	750 shares	25,433	24,982	
Celanese Corp.	992 shares	21,432	24,711	
Shire Plc	400 shares	26,690	24,552	
Starbucks Corp.	1,000 shares	27,754	24,300	
Amazon.com Inc.	210 shares	25,010	22,945	
Ameriprise Financial Inc.	625 shares	24,058	22,581	
PPG Industries Inc.	370 shares	23,529	22,352	
Emerson Electric Co.	510 shares	24,489	22,282	
Price T Rowe Group Inc.	501 shares	19,384	22,239	
Parker Hannifin Corp.	400 shares	23,453	22,184	
Core Laboratories	150 shares	20,363	22,141	
Merck & Co. Inc.	608 shares	22,806	21,262	
Equity Residential	500 shares	22,639	20,820	
American Express Co.	524 shares	21,726	20,803	
Ford Motor Company	1,946 shares	23,063	19,616	

ST. FRANCIS HOSPITAL OF NEW CASTLE

FORM 5500 SCHEDULE H, PART IV, LINE 4i
 SCHEDULE OF ASSETS HELD AT END OF YEAR (CONTINUED)
 As of June 30, 2010
 See Independent Auditors' Report

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value, Shares	Cost	Current Value
Equity securities (Continued):			
Metlife Inc.	508 shares	\$ 17,876	\$ 19,182
Hess Corporation	370 shares	22,993	18,626
Schlumberger Ltd.	324 shares	13,584	17,930
Amgen Inc.	321 shares	20,009	16,885
Total corporate equity securities		<u>2,049,724</u>	<u>2,209,757</u>
Mutual funds:			
* BlackRock Total Return Portfolio	140,641 shares	1,350,733	1,319,209
Harbor International Fund	5,675 shares	369,130	274,768
Artisan Funds Inc. International	15,402 shares	297,918	271,852
Vanguard Total Bond Market	15,091 shares	152,174	161,627
T Rowe Price Mid Cap Value	6,936 shares	124,495	137,464
Baron Asset Fund	2,939 shares	164,668	131,727
Ishares Tr Russell 2000 Index Fund	1,627 shares	68,355	99,434
* BlackRock Funds Intl Opportunities	2,152 shares	73,574	59,987
RS Emerging Markets Fund	2,425 shares	50,000	52,279
Total mutual funds		<u>2,651,047</u>	<u>2,508,347</u>
Money market investment:			
* BlackRock Liquidity Temp Funds	27,114 shares	27,114	27,114
Total investments		<u>\$ 4,727,885</u>	<u>\$ 4,745,218</u>

* Denotes Party-in-interest

Pension Plan for Employees of St. Francis Hospital of New Castle
 EIN: 25-1536036
 PN: 003
 2009 Schedule SB (Form 5500)
 Page 8 of 8 – Line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installments	Date Established	Years Remaining	Amortization Installment
2008 shortfall base	579,180	7/1/2008	6	110,311
2009 shortfall base	1,117,560	7/1/2009	7	188,568

Pension Plan for Employees of St. Francis Hospital of New Castle
 EIN: 25-1536036
 PN: 003
 2009 Schedule SB (Form 5500)
 Page 2 of 8 – Line 19 - Discounted employer contributions

Employer contributions

Date Paid	Amount	Plan Year	Effective Interest rate	Interest- adjusted Amount
10/15/2009	27,578	2009	6.67%	27,066
1/15/2010	27,578	2009	6.67%	26,629
4/15/2010	27,578	2009	6.67%	26,208
7/15/2010	27,578	2009	6.67%	25,790
3/15/2011	215,297	2009	6.67%	192,864
Total	325,609			298,557

Pension Plan for Employees of St. Francis Hospital of New Castle
EIN: 25-1536036
PN: 003
2009 Schedule SB (Form 5500)
Page 7 of 8 - Schedule SB, Line No. 25 – Change in Method

Approval is granted in IRS Notice 2009-22 for a change in the actuarial value of assets method from the market value method in the prior year to the 24-month average method measured at one-year intervals.