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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] 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.	04/03/2012	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

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**	448
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**	244
c	Other retired or separated participants entitled to future benefits	**6c**	189
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	433
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	3
f	Total. Add lines **6d** and **6e**	**6f**	436
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(e)(3) insurance contracts
(3)	X	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)	X	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)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)		0	**A** (Insurance Information)
(4)	X		**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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

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

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

A Name of plan
PENSION PLAN FOR EMPLOYEES OF ST. FRANCIS HOSPITAL OF NEW CASTLE

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
JAMESON HEALTH SYSTEM INC.

D Employer Identification Number (EIN)
25-1536036

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2010

2 Assets:

a	Market value	**2a**	4985419
b	Actuarial value	**2b**	5403218

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	251	4512341
b	For terminated vested participants	**3b**	197	3035720
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**	448	7548061

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**	6.36 %
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

Signature of actuary

03/23/2012
Date

ROBERT CRNJARICH
Type or print name of actuary

11-05141
Most recent enrollment number

COWDEN ASSOCIATES, INC.
Firm name

412-394-9951
Telephone number (including area code)

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 [ ]

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)	322	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	322	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 13.04 %	0	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 6.67 %		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)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	71.58 %
15	Adjusted funding target attainment percentage	15	71.58 %
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	70.55 %
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
10/15/2010	74720	0			
01/14/2011	71864	0			
04/15/2011	71864	0			
07/15/2011	71864	0			
03/15/2012	45141	0			
			Totals ► 18(b)	335453	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	319396

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.05 %	6.47 %	6.65 %	☐ 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	1842921		319396
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**	319396
	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement			0
36 Additional cash requirement (item 34 minus item 35)		**36**	319396
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)		**37**	319396
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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PNC BANK

25-1211909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 27	TRUSTEE AND INVST.ADVISO	40883	Yes [ ] No [X]	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 ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

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 Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	242875	117005
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6962	8414
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	27114	144227
(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)	2209757	2412196
(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)	2508347	3233683
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4995055	5915525
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	9144	10446
k	Total liabilities (add all amounts in lines 1g through1j)	1k	9144	10446
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4985911	5905079

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	335453	
	(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)		335453
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)	135282	
	(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)		135282
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1490477	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1220241	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		270236

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	427971	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		427971
(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)		312452
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1481394
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	521343	
(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)		521343
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)	40883	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		40883
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		562226
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		919168
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) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] 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.)	4a		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.)	4b		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.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

A Name of plan
PENSION PLAN FOR EMPLOYEES OF ST. FRANCIS HOSPITAL OF NEW CASTLE

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
JAMESON HEALTH SYSTEM INC.

D Employer Identification Number (EIN)
25-1536036

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 25-1211909

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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**

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):

---

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, 2011

Carbis Walker LLP
Certified Public Accountants & Consultants
Members: Carbis Walker Group ■ McGladrey Alliance ■ AICPA Alliance for CPA Firms
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Carbis Walker LLP
Certified Public Accountants & Consultants
Members: Carbis Walker Group ■ McGladrey Alliance ■ AICPA Alliance for CPA Firms

Meadville, PA
New Castle, PA
Pittsburgh, PA

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 of the Pension Plan for Employees of St. Francis Hospital of New Castle (Plan) as of June 30, 2011 and 2010, the related statements of changes in net assets available for benefits for the years ended June 30, 2011 and 2010, and supplemental schedule of assets held at end of year as of June 30, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR Section 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified 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 schedule. We have been informed by the Plan Administrator that the Custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the Custodian as of and for the years ended June 30, 2011 and 2010, 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 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, 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.

Carbis Walker LLP
Certified Public Accountants

New Castle, Pennsylvania
March 8, 2012

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
June 30, 2011 and 2010

	2011	2010
ASSETS		
Investments at fair value:		
Mutual funds	**$ 3,233,683**	$ 2,508,347
Equity securities	**2,412,196**	2,209,757
Money market investment	**144,227**	27,114
Total investments	**5,790,106**	4,745,218
Receivables:		
Employer contributions	**117,005**	242,875
Accrued income	**8,414**	6,962
Total receivables	**125,419**	249,837
Total assets	**5,915,525**	4,995,055
LIABILITIES		
Accrued administrative expenses	**10,446**	9,144
Net assets available for benefits	**$ 5,905,079**	$ 4,985,911

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, 2011 and 2010

	2011	2010
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	**$ 1,010,659**	$ 445,106
Interest and dividend income	**135,282**	129,372
Total investment income	**1,145,941**	574,478
Employer contributions	**335,453**	325,609
Total additions	**1,481,394**	900,087
Deductions from net assets attributed to:		
Benefits payments	**521,343**	507,633
Administrative expenses	**40,883**	38,494
Total deductions	**562,226**	546,127
Net increase	**919,168**	353,960
Net assets available for benefits:		
Beginning of year	**4,985,911**	4,631,951
End of year	**$ 5,905,079**	$ 4,985,911

See 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)

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits, accumulated plan benefits, and disclosure of contingent assets and liabilities at the date of the financial statements and reported increases and decreases to the Plan's net assets available for benefits and changes in accumulated plan benefits during the reporting period. Actual results could differ from those estimates.

Actuarial present value of accumulated Plan benefits: The actuarial present value of accumulated Plan benefits presented below is based upon actuarial valuation as of July 1, 2010 and 2009, prepared by the Plan's actuary, Cowden Associates, Inc., using a 24-month smoothed value method.

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

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

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

	2010	2009
Actuarial present value of accumulated Plan benefits as of July 1:		
Vested benefits:		
Participants currently receiving payments	**$ 3,945,067**	$ 3,823,117
Other participants	**2,404,477**	2,442,817
Actuarial present value of accumulated Plan benefits	**$ 6,349,544**	$ 6,265,934

Nonvested benefits do not exist.

Note 2. Significant Accounting Policies (Continued)

Actuarial present value of accumulated Plan benefits (continued):

The changes in actuarial present value of accumulated Plan benefits during 2010 and 2009 are as follows:

	2010	2009
Actuarial present value of accumulated Plan benefits as of July 1:		
Beginning of year	**$ 6,265,934**	$ 6,230,700
Increase (decrease) during the year attributable to:		
Decrease in discount period	**480,969**	478,748
Benefits accumulated and Plan experience	**110,274**	49,178
Benefits paid	**(507,633)**	(492,692)
Actuarial present value of accumulated Plan benefits at end of year	**$ 6,349,544**	$ 6,265,934

The significant actuarial assumptions used in the valuation as of July 1, 2010 and 2009, were:

Mortality for Minimum and Maximum Funding: IRS 2010 Static Mortality Table for July 1, 2010, valuation
IRS 2009 Static Mortality Table for July 1, 2009, valuation

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

IRS Prescribed Interest Rates for Funding Target Liability in 2010 and 2009

	2010	2009
• Minimum/Maximum Funding		
First Segment Rate	4.05%	5.21%
Second Segment Rate	6.47%	6.74%
Third Segment Rate	6.65%	6.84%
Lookback Month	July	July
• Present Value of Accrued Benefits	8.00%	8.00%

Retirement will occur at age 65.

No pre-retirement withdrawal or disability is assumed.

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

The mortality and segment rates have been updated to comply with IRS requirements for 2010. The actuarial asset valuation method is the smoothed value method as described in IRS Notice 2009-22. The smoothing period is two years.

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.

Note 2. Significant Accounting Policies (Continued)

Subsequent events: In preparing these financial statements, the System evaluated events that occurred through March 8, 2012, the date the financial statements were available to be issued, for potential recognition or disclosure.

Recent accounting pronouncements: In April 2009, the Financial Accounting Standards Board (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 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 has adopted this new accounting standards update in the year ended 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 2010 financial statements in order to conform to the presentation used for 2011. Such reclassifications had no effect on the net assets available for benefits.

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, 2011 and 2010, included throughout the Plan's financial statements and supplemental schedule, 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 schedule related to the following investments:

	2011	2010
Investments at fair value:		
Mutual funds	**$ 3,233,683**	$ 2,508,347
Equity securities	**2,412,196**	2,209,757
Money market investment	**144,227**	27,114
	$ 5,790,106	$ 4,745,218

PNC Bank also certified to the completeness and accuracy of $ 1,010,659 and $ 445,106 of net appreciation in fair value of investments, and $ 135,282 and $ 129,372 of interest and dividends related to the aforementioned investments for the years ended June 30, 2011 and 2010, respectively.

Note 3. Information Certified and Provided by PNC Bank (Continued)

During 2011 and 2010 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:

	2011	2010
Equity securities	**$ 699,565**	$ 262,598
Mutual funds	**311,094**	182,508
	$ 1,010,659	$ 445,106

Note 4. Investments and Fair Value Measurements

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

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

Level II — Inputs to the valuation methodology include:

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

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

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

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

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of June 30, 2011 and 2010.

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.

Note 4. Investments and Fair Value Measurements (Continued)

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, 2011. 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, 2011			
	Total	**Level I**	**Level II**	**Level III**
Mutual funds:				
Domestic:				
BlackRock Total Return Portfolio	**$ 1,369,861**	**$ 1,369,861**	**$ -**	**$ -**
Other domestic mutual funds	**1,105,601**	**1,105,601**	**-**	**-**
International:				
Harbor International Fund	**339,797**	**339,797**	**-**	**-**
Artisan Funds Inc. International	**339,068**	**339,068**	**-**	**-**
Other international mutual fund	**79,356**	**79,356**	**-**	**-**
Equity securities:				
Domestic	**2,310,348**	**2,310,348**	**-**	**-**
International	**101,848**	**101,848**	**-**	**-**
Money market investment	**144,227**	**144,227**	**-**	**-**
Total assets at fair value	**$ 5,790,106**	**$ 5,790,106**	**$ -**	**$ -**

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, 2010. 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, 2010			
	Total	Level I	Level II	Level III
Mutual funds:				
Domestic:				
BlackRock Total Return Portfolio	$ 1,319,209	$ 1,319,209	$ -	$ -
Other domestic mutual funds	582,531	582,531	-	-
International:				
Harbor International Fund	274,768	274,768	-	-
Artisan Funds Inc. International	271,852	271,852	-	-
Other international mutual fund	59,987	59,987	-	-
Equity securities:				
Domestic	2,062,308	2,062,308	-	-
International	147,449	147,449	-	-
Money market investment	27,114	27,114	-	-
Total assets at fair value	$ 4,745,218	$ 4,745,218	$ -	$ -

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 $ 335,453 and $ 325,609 during the years ended June 30, 2011 and 2010, 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.

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 2011 and 2010, the credit and liquidity environment in the United States and throughout the global financial system resulted in substantial volatility in financial markets and the banking system.

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

Note 9. Party-in-Interest Transactions

PNC Bank is the Plan's Custodian. The Plan has investments in various BlackRock mutual funds, which is affiliated with PNC Bank. For the years ended June 30, 2011 and 2010, the Plan paid $ 40,883 and $ 38,494, 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, 2011
See Independent Auditors' Report

	Identity of Issuer, Borrower, Lessor, or Similar Party	Shares	Cost	Current Value
	Mutual funds:			
*	BlackRock Total Return Portfolio	147,297 shares	$ 1,410,487	$ 1,369,861
	Artisan Funds Inc. International	14,723 shares	285,479	339,797
	Harbor International Fund	5,225 shares	339,449	339,068
*	Blackrock Fund Equity Div. Institl	13,316 shares	250,205	249,412
	Baron Asset Fund	3,530 shares	197,533	210,512
	T Rowe Price Mid Cap Value	8,274 shares	159,098	207,506
	Vanguard Total Bond Market	17,093 shares	173,528	182,729
	Ishares Tr Russell 2000 Index Fund	1,632 shares	68,664	135,129
	RS Emerging Markets Fund	4,656 shares	105,000	120,313
*	BlackRock Funds Intl Opportunities	2,174 shares	74,290	79,356
	Total mutual funds		3,063,733	3,233,683
	Equity securities:			
	Apple Inc.	302 shares	25,656	101,372
	Exxon Mobil Corp.	1,032 shares	50,495	83,984
	Chevron Corporation	720 shares	53,427	74,045
	National Oilwell Varco, Inc.	740 shares	31,178	57,875
	JPMorgan Chase & Co.	1,341 shares	51,286	54,900
	Johnson & Johnson	796 shares	47,389	52,950
	International Business Machines Corp.	307 shares	35,047	52,666
	Microsoft Corp.	1,970 shares	40,048	51,220
	Oracle Corp.	1,555 shares	22,068	51,175
	Google Inc.	98 shares	32,465	49,625
	Proctor & Gamble Co.	707 shares	41,297	44,944
	Unitedhealth Group Inc.	865 shares	23,947	44,617
	Celanese Corp.	822 shares	17,759	43,821
	Pfizer Inc.	2,107 shares	43,424	43,404
	Qualcomm Inc.	740 shares	40,020	42,025
	EMC Corp.	1,501 shares	25,619	41,353
	Limited Brands Inc.	1,070 shares	26,751	41,141
	Cooper Industries Plc	672 shares	29,646	40,098
	Covidien Plc	753 shares	35,373	40,082
	Amerisourcebergen Corp.	955 shares	27,098	39,537
	Dover Corp.	580 shares	28,829	39,324
	Tiffany & Co. New	500 shares	29,215	39,260

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, 2011
See Independent Auditors' Report

Identity of Issuer, Borrower, Lessor, or Similar Party	Shares	Cost	Current Value
Equity securities (Continued):			
Lauder Estee Cos Inc.	370 shares	$ 35,243	$ 38,920
The Hershey Company	680 shares	32,631	38,658
Macy's Inc.	1,320 shares	37,192	38,597
United Technologies Corp.	431 shares	17,607	38,148
Allergan Inc.	457 shares	18,980	38,045
Wisconsin Energy Corp.	1,208 shares	24,139	37,871
Union Pacific Corp.	360 shares	26,790	37,584
Dollar Tree Inc.	558 Shares	14,273	37,174
Wells Fargo & Company	1,323 shares	36,407	37,123
Viacom Inc. Class B WI	719 shares	16,875	36,669
Ameriprise Financial Inc.	625 shares	25,571	36,050
Capital One Financial Corp.	697 shares	30,074	36,014
Mattel Inc.	1,250 Shares	27,066	34,363
Disney Walt Co.	870 Shares	36,517	33,965
Intel Corp.	1,532 shares	24,699	33,949
General Electric Co.	1,760 shares	29,818	33,194
DuPontE I De Nemours & Co.	610 shares	26,815	32,970
Chubb Corp.	526 shares	27,379	32,933
Wal-Mart Stores Inc.	619 shares	28,784	32,894
JM Smucker Co.	426 shares	26,604	32,563
Coca Cola	480 shares	27,502	32,299
Eaton Corp.	610 shares	30,761	31,385
Baker Highs Inc.	430 shares	29,837	31,201
Citigroup Inc.	742 shares	31,570	30,897
Borg Warren Inc.	380 shares	29,106	30,700
American Express Co.	584 shares	25,410	30,193
Deere Co.	360 shares	29,475	29,682
PPG Industries Inc.	300 shares	19,078	27,237
WalGreen Co.	640 shares	27,202	27,174
AT&T Inc.	834 shares	25,061	26,196
Cummins Inc.	246 shares	12,974	25,459
Centurylink Inc.	620 shares	21,025	25,067
Ebay Inc.	760 shares	26,152	24,525
Equity Residential	400 shares	18,111	24,000
Northeast Utilities Advantage Portfolio	670 shares	21,655	23,564
Moody's Corp.	610 shares	24,033	23,394

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, 2011
See Independent Auditors' Report

	Identity of Issuer, Borrower, Lessor, or Similar Party	Shares	Cost	Current Value
	Equity securities (Continued):			
	Texas Instruments Inc.	680 shares	$ 24,441	$ 22,324
	Shire Plc	230 shares	15,646	21,668
	Apache Corporation	171 shares	14,984	21,100
	Hess Corporation	280 shares	22,264	20,933
	Bank of America Corp.	1,690 shares	27,921	18,522
	Merck & Co. Inc.	498 shares	18,680	17,574
	Total equity securities		1,824,389	2,412,196
	Money market investment:			
*	BlackRock Liquidity Temp Funds	144,227 shares	144,227	144,227
	Total investments		$ 5,032,349	$ 5,790,106

* Denotes Party-in-Interest

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.

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 2010 Static Mortality Table.

2. IRS Prescribed Interest Rates for Funding Target Liability in 2010

- Minimum Funding

First Segment Rate	4.05%
Second Segment Rate	6.47%
Third Segment Rate	6.65%
Lookback Month	July

- Contribution Determination 6.36% *

* 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 prescribed requirements under Section 430:

- Mortality has been changed to the IRS 2010 Static Mortality Table.
- Discount rates used to value liabilities are July 2010 24-month segment rates of 4.05%, 6.47%, and 6.65%.

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

▶ Round off amounts to nearest dollar.

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

A Name of plan

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

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

JAMESON HEALTH SYSTEM, INC.

D Employer Identification Number (EIN)

25-1536036

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 7 Day 1 Year 2010

2	Assets:			
	a Market value	2a		4,985,419
	b Actuarial value	2b		5,403,218
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	251	4,512,341
	b For terminated vested participants	3b	197	3,035,720
	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	448	7,548,061
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		6.36 %
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 RC

Signature of actuary

03/23/2012

Date

ROBERT CRNJARICH

Type or print name of actuary

11-05141

Most recent enrollment number

COWDEN ASSOCIATES, INC.

Firm name

(412)394-9951

Telephone number (including area code)

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 [ ]

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)	322	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	322	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 13.04 %		
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 6.67 %		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)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	71.58 %
15	Adjusted funding target attainment percentage	15	71.58 %
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	70.55 %
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
10/15/2010	74,720				
01/14/2011	71,864				
04/15/2011	71,864				
07/15/2011	71,864				
03/15/2012	45,141				
			Totals ► 18(b)	335,453	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	319,396

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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	(4) 4th
0	0	0	0

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.05 %	6.47 %	6.65 %	☐ 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	1,842,921	319,396
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	319,396

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	36	319,396
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	319,396
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

BASIS OF VALUATION

Summary of Plan Provisions

Effective Date

July 1, 1968; most recently amended effective July 1, 2008.

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 5 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.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

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

Employer Identification Number: ► 25-1536036

For plan year (beginning/ending): ► 070110/063011 Plan number: ► 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	PNC Bank	BlackRock Total Return Portfolio	1,410,487	1,369,861
	PNC Bank	Artisan Funds, Inc. International	285,479	339,797
	PNC Bank	Harbor International Fund	339,449	339,068
*	PNC Bank	BlackRock Fund Equity Div. Institl	250,205	249,412
	PNC Bank	Baron Asset Fund	197,533	210,512
	PNC Bank	T Rowe Price Mid Cap Value	159,098	207,506
	PNC Bank	Vanguard Total Bond Market	173,528	182,729
	PNC Bank	Ishares Tr Russell 2000 Index Fund	68,664	135,129
	PNC Bank	RS Emerging Markets Fund	105,000	120,313
*	PNC Bank	BlackRock Funds Intl Opportunities	74,290	79,356
	PNC Bank	Apple Inc.	25,656	101,372
	PNC Bank	Exxon Mobil Corp.	50,495	83,984
	PNC Bank	Chevron Corporation	53,427	74,045
	PNC Bank	National Oilwell Varco, Inc.	31,178	57,875
	PNC Bank	JPMorgan Chase & Co.	51,286	54,900
	PNC Bank	Johnson & Johnson	47,389	52,950
	PNC Bank	International Business Machines Corp.	35,047	52,666
	PNC Bank	Miscrosoft Corp.	40,048	51,220
	PNC Bank	Oracle Corp.	22,068	51,175
	PNC Bank	Google, Inc.	32,465	49,625
	PNC Bank	Proctor & Gamble Co.	41,297	44,944
	PNC Bank	Unitedhealth Group, Inc.	23,947	44,617
	PNC Bank	Celanese Corp.	17,759	43,821
	PNC Bank	Pfizer Inc.	43,424	43,404
	PNC Bank	Qualcomm Inc.	40,020	42,025
	PNC Bank	EMC Corp.	25,619	41,353
	PNC Bank	Limited Brands Inc.	26,751	41,141
	PNC Bank	Cooper Industries Plc	29,646	40,098
	PNC Bank	Coviden Plc	35,373	40,082
	PNC Bank	Amerisourceberger Corp.	27,098	39,537
	PNC Bank	Dover Corp.	28,829	39,324
	PNC Bank	Tiffany & Co.New	29,215	39,260
	PNC Bank	Lauder Estee Cos Inc.	35,243	38,920
	PNC Bank	The Hershey Company	32,631	38,658
	PNC Bank	Macy's Inc.	37,192	38,597
	PNC Bank	United Technologies Corp.	17,607	38,148
	PNC Bank	Allergan Inc.	18,980	38,045
	PNC Bank	Wisconsin Energy Corp.	24,139	37,871
	PNC Bank	Union Pacific Corp.	26,790	37,584
	PNC Bank	Dollar Tree Inc.	14,273	37,174

	PNC Bank	Wells Fargo & Company	36,407	37,123
	PNC Bank	Viacom Inc. Class B WI	16,875	36,669
	PNC Bank	Amerprise Financial Inc.	25,571	36,050
	PNC Bank	Capital One Financial Corp.	30,074	36,014
	PNC Bank	Mattell Inc.	27,066	34,363
	PNC Bank	Disney Walt Co.	36,517	33,965
	PNC Bank	Intel Corp.	24,699	33,949
	PNC Bank	General Electric Co.	29,818	33,194
	PNC Bank	DuPontE I De Nemours & Co.	26,815	32,970
	PNC Bank	Chubb Corp.	27,379	32,933
	PNC Bank	Wal-Mart Stores, Inc.	28,784	32,894
	PNC Bank	JM Smucker Co.	26,604	32,563
	PNC Bank	Coca Cola	27,502	32,299
	PNC Bank	Eaton Corp.	30,761	31,385
	PNC Bank	Baker Highs Inc.	29,837	31,201
	PNC Bank	Citigroup Inc.	31,570	30,897
	PNC Bank	Borg Warren Inc.	29,106	30,700
	PNC Bank	American Express Co.	25,410	30,193
	PNC Bank	Deere Co.	29,475	29,682
	PNC Bank	PPG Industries Inc.	19,078	27,237
	PNC Bank	WalGreen Co.	27,202	27,174
	PNC Bank	AT&T Inc.	25,061	26,196
	PNC Bank	Cummins Inc.	12,974	25,459
	PNC Bank	Centurylink Inc.	21,025	25,067
	PNC Bank	Ebay Inc.	26,152	24,525
	PNC Bank	Equity Residential	18,111	24,000
	PNC Bank	Northeast Utilities Advantage Portfolio	21,655	23,564
	PNC Bank	Moody's Corp.	24,033	23,394
	PNC Bank	Texas Instruments Inc.	24,441	22,324
	PNC Bank	Shire Plc	15,646	21,668
	PNC Bank	Apache Corporation	14,984	21,100
	PNC Bank	Hess Corporation	22,264	20,933
	PNC Bank	Bank of America Corp.	27,921	18,522
	PNC Bank	Merck & Co. Inc.	18,680	17,574
*	PNC Bank	BlackRock Liquidity Temp Funds	144,227	144,227

Type of Base	Present Value of Installments	Date Established	Years Remaining	Amortization Installment
2008 shortfall base	510,257	7/1/2008	5	110,311
2009 shortfall base	1,010,070	7/1/2009	6	188,568
2010 shortfall base	322,594	7/1/2010	9	20,517 / 52,952*

* $20,517 is paid for the first two years of the 2010 base, and $52,952 is paid for the next seven years. This schedule reflects the plan sponsor's election of the 2+7 Pension Relief Act method described in IRS Notice 2011-3 for the 2010 shortfall base.

Employer contributions

Date Paid	Amount	Plan Year	Effective Interest rate	Interest-adjusted Amount
10/15/2010	74,720	2010	6.36%	73,394
1/14/2011	71,864	2010	6.36%	69,512
4/15/2011	71,864	2010	6.36%	68,451
7/15/2011	71,864	2010	6.36%	67,407
3/15/2012	45,141	2010	6.36%	40,632
Total	**335,453**			**319,396**