

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2012
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>07/01/2012</u> and ending <u>06/30/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

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

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>04/10/2014</u>	<u>NEIL CHESSIN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address 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		5 428
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	251
c Other retired or separated participants entitled to future benefits.....	6c	165
d Subtotal. Add lines 6a , 6b , and 6c	6d	416
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	416
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1G 1I		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 07/01/2012 and ending 06/30/2013

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

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

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

Part I	Basic Information
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2012</u>	
2 Assets:	
a Market value	2a <u>5925295</u>
b Actuarial value	2b <u>5822392</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>256</u> <u>4336780</u>
b For terminated vested participants.....	3b <u>172</u> <u>2576262</u>
c For active participants:	
(1) Non-vested benefits.....	3c(1) <u>0</u>
(2) Vested benefits.....	3c(2) <u>0</u>
(3) Total active	3c(3) <u>0</u>
d Total	3d <u>428</u> <u>6913042</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☒	
a Funding target disregarding prescribed at-risk assumptions	4a <u>6905826</u>
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b <u>6941908</u>
5 Effective interest rate	5 <u>6.94 %</u>
6 Target normal cost.....	6 <u>0</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>03/17/2014</u>
Signature of actuary		Date
<u>ROBERT CRNJARICH</u>		<u>11-05141</u>
Type or print name of actuary		Most recent enrollment number
<u>COWDEN ASSOCIATES, INC.</u>		<u>412-394-9951</u>
Firm name		Telephone number (including area code)
<u>444 LIBERTY AVENUE, SUITE 605</u> <u>PITTSBURGH, PA 15222-1222</u>		
Address of the firm		

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

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

Schedule SB (Form 5500) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>2.12</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b Interest on (a) using prior year's effective interest rate of <u>5.48</u> % except as otherwise provided (see instructions)		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	84.31 %
15	Adjusted funding target attainment percentage	15	84.31 %
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	65.58 %
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
10/15/2012	44509	0			
01/15/2013	44509	0			
04/15/2013	44509	0			
07/15/2013	44509	0			
03/14/2014	30850	0			
			Totals ►	18(b)	208886
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	197818
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
(4) 4th		0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1090650	197818	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	197818	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			
36 Additional cash requirement (line 34 minus line 35)	36	197818	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	197818	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☒ 2 plus 7 years	☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning **07/01/2012** and ending **06/30/2013**

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

Part I Service Provider Information (see instructions)

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	44014	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 07/01/2012 and ending 06/30/2013		
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)	159432	75359
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	5904	4946
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	48288	42275
(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)	2403565	2574664
(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)	3311180	3520223
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5928369	6217467

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	10438	10973
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10438	10973

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5917931	6206494
---	-----------	---------	---------

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)	208886	
(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)		208886
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)	174310	
(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)		174310
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2449571	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2393047	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		56524
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	254112	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		254112

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		165722
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		859554

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	526977	
(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)		526977
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)	44014	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		44014
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		570991

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		288563
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CARBIS WALKER, LLP

(2) EIN: 25-0988255

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 07/01/2012 and ending 06/30/2013

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

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

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

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial Report
June 30, 2013



Carbis Walker LLP

Certified Public Accountants & Consultants

Members: Carbis Walker Group ■ McGladrey Alliance ■ AICPA Alliance for CPA Firms

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INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Pension Plan for Employees of St. Francis Hospital of New Castle (Plan), which comprise the statements of net assets available for benefits as of June 30, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by PNC Bank, the Custodian of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the Custodian as of June 30, 2013 and 2012, and for the years then ended, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

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

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The McGladrey Alliance is a premier affiliation of independent accounting and consulting firms. The McGladrey Alliance member firms maintain their name, autonomy, and independence and are responsible for their own client fee arrangements, delivery of services and maintenance of client relations.

Other Matter

The supplemental schedules of assets held at end of year as of June 30, 2013, and reportable transactions for the year ended June 30, 2013, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.


Certified Public Accountants

New Castle, Pennsylvania
March 25, 2014

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

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
June 30, 2013 and 2012**

	2013	2012
ASSETS		
Investments at fair value:		
Mutual funds	\$ 3,520,223	\$ 3,311,180
Equity securities	2,574,664	2,403,565
Money market investment	42,275	48,288
	<hr/>	<hr/>
Total investments	6,137,162	5,763,033
	<hr/>	
Receivables:		
Employer contributions	75,359	159,432
Accrued income	4,946	5,904
	<hr/>	<hr/>
Total receivables	80,305	165,336
	<hr/>	
Total assets	6,217,467	5,928,369
LIABILITIES		
Accrued administrative expenses	10,973	10,438
	<hr/>	<hr/>
Net assets available for benefits	\$ 6,206,494	\$ 5,917,931
	<hr/>	<hr/>

See Notes to Financial Statements.

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

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended June 30, 2013 and 2012**

	2013	2012
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 476,358	\$ -
Interest and dividend income	174,310	177,969
Total investment income	650,668	177,969
Employer contributions	208,886	398,979
Total additions	859,554	576,948
Deductions from net assets attributed to:		
Net depreciation in fair value of investments	-	14,598
Benefits payments	526,977	508,300
Administrative expenses	44,014	41,198
Total deductions	570,991	564,096
Net increase	288,563	12,852
Net assets available for benefits:		
Beginning of year	5,917,931	5,905,079
End of year	\$ 6,206,494	\$ 5,917,931

See Notes to Financial Statements.

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

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

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

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

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

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

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

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

Note 2. Significant Accounting Policies

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

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

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

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

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

Payments of benefits: Benefits are recorded when paid.

NOTES TO FINANCIAL STATEMENTS

Note 2. Significant Accounting Policies (Continued)

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

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

Actuarial present value of accumulated Plan benefits: The actuarial present value of accumulated Plan benefits presented below is based upon actuarial valuation as of July 1, 2012 and 2011, prepared by the Plan's actuary, Cowden Associates, Inc.

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

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

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

	2012	2011
Actuarial present value of accumulated Plan benefits as of July 1:		
Vested benefits:		
Participants currently receiving payments	\$ 3,926,653	\$ 3,795,468
Other participants	2,212,558	2,454,220
Actuarial present value of accumulated Plan benefits	\$ 6,139,211	\$ 6,249,688

Nonvested benefits do not exist.

The changes in actuarial present value of accumulated Plan benefits during 2012 and 2011 are as follows:

	2012	2011
Actuarial present value of accumulated Plan benefits as of July 1:		
Beginning of year	\$ 6,249,688	\$ 6,349,544
Increase (decrease) during the year attributable to:		
Decrease in discount period	480,034	487,110
Benefits accumulated and Plan experience	(82,211)	(65,623)
Benefits paid	(508,300)	(521,343)
Actuarial present value of accumulated Plan benefits at end of year	\$ 6,139,211	\$ 6,249,688

NOTES TO FINANCIAL STATEMENTS

Note 2. Significant Accounting Policies (Continued)

The significant actuarial assumptions used in the valuation as of July 1, 2012 and 2011, were:

Mortality for Minimum and Maximum Funding: IRS 2012 Static Mortality Table for July 1, 2012, valuation
IRS 2011 Static Mortality Table for July 1, 2011, 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 2012 and 2011

	2012		2011
Minimum/Maximum Funding	Minimum*	Maximum	
First Segment Rate	5.54%	1.81%	2.18%
Second Segment Rate	6.85%	4.73%	5.36%
Third Segment Rate	7.52%	5.85%	6.33%
Lookback Month	July	July	July
Present Value of Accrued Benefits	8.00%	8.00%	8.00%

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

Retirement will occur at age 65.

No pre-retirement withdrawal or disability is assumed.

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

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

The mortality and segment rates have been updated to comply with IRS requirements for 2012, and MAP-21 legislation.

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

Subsequent events: In preparing these financial statements, the System evaluated events that occurred through March 25, 2014, the date the financial statements were available to be issued, for potential recognition or disclosure.

Recent accounting pronouncement: In May 2011, the Financial Accounting Standards Board (FASB) issued revised guidance related to fair value measurement and the related disclosures. This guidance changes the wording used to describe many of the requirements in accounting principles generally accepted in the United States for measuring fair value and for disclosing information about fair value measurements. The new guidance also establishes additional disclosures for assets and liabilities reported at fair value. For many requirements, the FASB does not intend for the amendments in this update to result in a change in the application of the requirements in Topic 820 of the Codification. This guidance was effective for all entities with fiscal years beginning after December 15, 2011. The Plan adopted this guidance during the year ended June 30, 2013. The adoption of this guidance did not have a material impact on the Plan's financial statements.

NOTES TO FINANCIAL STATEMENTS

Note 3. Information Certified and Provided by PNC Bank

The following is a summary of the investment information as of and for the years ended June 30, 2013 and 2012, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by PNC Bank, the Custodian, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Custodian that information provided to the Plan Administrator by the Custodian related to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following investments:

	2013	2012
Investments at fair value:		
Mutual funds	\$ 3,520,223	\$ 3,311,180
Equity securities	2,574,664	2,403,565
Money market investment	42,275	48,288
	<u>\$ 6,137,162</u>	<u>\$ 5,763,033</u>

PNC Bank also certified to the completeness and accuracy of \$ 476,358 of net appreciation and \$ (14,598) of net (depreciation) in fair value of investments, and \$ 174,310 and \$ 177,969 of interest and dividend income related to the aforementioned investments for the years ended June 30, 2013 and 2012, respectively.

During 2013 and 2012 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:

	2013	2012
Mutual funds	\$ 177,078	\$ (95,770)
Equity securities	299,280	81,172
	<u>\$ 476,358</u>	<u>\$ (14,598)</u>

Note 4. Investments and Fair Value Measurements

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

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

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

NOTES TO FINANCIAL STATEMENTS

Note 4. Investments and Fair Value Measurements (Continued)

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

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

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of June 30, 2013 or 2012.

Mutual funds: Valued based on quoted market prices.

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

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

NOTES TO FINANCIAL STATEMENTS

Note 4. Investments and Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2012. The table presents separately those assets that represent five percent or more of the Plan's net assets:

	June 30, 2012			
	Total	Level I	Level II	Level III
Mutual funds, fixed income:				
Domestic:				
Wells Fargo Advantage Total Return Bond Fund	\$ 472,686	\$ 472,686	\$ -	\$ -
Baird Aggregate Bond Fund	469,210	469,210	-	-
Other domestic mutual funds, fixed income	663,613	663,613	-	-
Mutual funds, equity:				
Domestic mutual funds, equity	975,545	975,545	-	-
International mutual funds, equity	730,126	730,126	-	-
Equity securities, domestic:				
Consumer discretionary	291,607	291,607	-	-
Consumer staples	237,913	210,493	-	27,420
Energy	198,255	198,255	-	-
Financial	289,923	289,923	-	-
Health care	252,648	252,648	-	-
Industrials	230,557	230,557	-	-
Information technology	502,013	502,013	-	-
Materials	105,292	105,292	-	-
Telecommunication services	28,671	28,671	-	-
Utilities	73,177	73,177	-	-
Equity securities, international:				
Consumer staples	34,250	34,250	-	-
Energy	38,214	38,214	-	-
Financial	30,962	30,962	-	-
Health care	59,085	59,085	-	-
Telecommunication services	30,998	30,998	-	-
Money market investment, domestic	48,288	48,288	-	-
Total assets at fair value	\$ 5,763,033	\$ 5,735,613	\$ -	\$ 27,420

The table below sets forth a summary of changes in the fair value of the Plan's Level III assets for the years ended June 30:

	Level III Assets Equity Securities	
	2013	2012
Balance, beginning of year	\$ 27,420	\$ -
Net appreciation in fair value and earnings	-	3,702
Net purchases, sales, and transfers	(27,420)	23,718
Balance, end of year	\$ -	\$ 27,420

NOTES TO FINANCIAL STATEMENTS

Note 5. Funding Policy

Contributions to provide benefits under the Plan are made solely by the System. The System's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The System's contributions for 2013 and 2012 exceeded or met the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

Note 6. Plan Termination

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are not guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those participants who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceiling is actuarially adjusted downward.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

Note 7. Tax Status

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

Authoritative guidance for accounting for uncertainty in income taxes requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Generally, tax returns for the years ended June 30, 2010, and thereafter remain subject to examination by the appropriate taxing authorities.

NOTES TO FINANCIAL STATEMENTS

Note 8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported on the statements of net assets available for benefits. During 2013 and 2012, 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, 2013 and 2012, the Plan paid \$ 44,014 and \$ 41,198, respectively, in fees to PNC Bank for investment-related services. As a result, these transactions qualify as party-in-interest transactions. Certain administrative functions are performed by officers or employees of the System. No such officers or employees receive compensation from the Plan.

**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, 2013
See Independent Auditors' Report**

See Attached Schedules

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)
Year Ended June 30, 2013
See Independent Auditors' Report



JAMESON HEALTH SYSTEM CONS
DB TRUST STATEMENT
Account number 20-10-502-1044219
July 1, 2012 - June 28, 2013

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Portfolio

Interest bearing cash

Description	Value last statement	Current market value	% of total portfolio	Unrealized gain/loss	Total original value at PNC	Current yield	Estimated annual income	Accrued income
	Quantity	Current price per unit			Avg. original value at PNC per unit			
BLACKROCK LIQUIDITY FUNDS	\$6,985.53	\$6,985.53	0.12 %		\$6,985.53	0.05 %	\$3.15	\$2.17
TEMP FUND INSTITUTIONAL SHRS #24	6,985.530	\$1.0000			\$1.00			
20-10-002-1044219								
BLACKROCK LIQUIDITY FUNDS	35,289.73	35,289.73	0.58 %		35,289.73	0.05 %	15.92	1.37
TEMP FUND INSTITUTIONAL SHRS #24	35,289.730	1.0000			1.00			
20-10-880-1044219								
Total interest bearing cash	\$42,275.26	\$42,275.26	0.69 %		\$42,275.26	0.05 %	\$19.07	\$3.54

Corporate stock - common

Description (Symbol)	Value last statement	Current market value	% of total portfolio	Unrealized gain/loss	Total original value at PNC	Current yield	Estimated annual income	Accrued income
	Quantity	Current price per unit			Avg. original value at PNC per unit			
ACCENTURE PLC CLASS A (ACN)	\$24,649.96	\$25,905.60	0.43 %	\$1,255.64	\$24,649.96	2.26 %	\$583.20	
ISIN IE00B4BNMY34 SEDOL B4BNMY3	360	\$71.9600			\$68.47			
20-10-880-1044219								
ENSCO PLC CLASS A (ESV)	24,628.21	24,991.60	0.41 %	363.39	24,628.21	3.02 %	752.50	
SEDOL B4VLR19	430	58.1200			57.27			
ISIN GB00B4VLR192								
20-10-880-1044219								
INVESCO LTD (IVZ)	31,650.29	30,528.00	0.50 %	- 1,122.29	31,650.29	2.84 %	864.00	
ISIN BMG491BT1088 SEDOL B28XP76	960	31.8000			32.97			
20-10-880-1044219								
AETNA INC NEW (AET)	45,911.49	47,019.60	0.77 %	1,108.11	45,911.49	1.26 %	592.00	
20-10-880-1044219	740	63.5400			62.04			

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)

Year Ended June 30, 2013

See Independent Auditors' Report



JAMESON HEALTH SYSTEM CONS
DB TRUST STATEMENT

Account number 20-10-502-1044219

July 1, 2012 - June 28, 2013

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Detail

Corporate stock - common

Description (Symbol)	Value last statement	Current market value	% of total portfolio	Unrealized gain/loss	Total original value at PNC	Current yield	Estimated annual income	Accrued income
		Current price per unit						
ALLERGAN INC (AGN)	28,418.99	25,861.68	0.43 %	- 2,557.31	12,750.28	0.24 %	61.40	
20-10-880-1044219	307	84.2400			41.53			
ALTRIA GROUP INC (MO)	39,939.71	37,789.20	0.62 %	- 2,150.51	39,939.71	5.04 %	1,900.80	475.20
20-10-880-1044219	1,080	34.9900			36.98			
AMERICAN EXPRESS CO (AXP)	34,576.74	44,407.44	0.73 %	9,830.70	26,247.18	1.24 %	546.48	
20-10-880-1044219	594	74.7600			44.19			
APPLE INC (AAPL)	65,408.00	44,411.36	0.73 %	- 20,996.64	9,514.79	3.08 %	1,366.40	
20-10-880-1044219	112	396.5300			84.95			
AVNET INC (AVT)	26,050.70	24,528.00	0.40 %	- 1,522.70	26,050.70	0.90 %	219.00	
20-10-880-1044219	730	33.6000			35.69			
B/E AEROSPACE INC (BEAV)	27,794.43	27,755.20	0.46 %	- 39.23	27,794.43			
20-10-880-1044219	440	63.0800			63.17			
BECTON DICKINSON & CO (BDX)	25,400.95	27,672.40	0.46 %	2,271.45	25,400.95	2.01 %	554.40	
20-10-880-1044219	280	98.8300			90.72			
BOEING CO (BA)	24,854.35	34,829.60	0.57 %	9,975.25	24,854.35	1.90 %	659.60	
20-10-880-1044219	340	102.4400			73.10			
CBS CORP CLASS B WI (CBS)	29,763.42	28,833.30	0.47 %	- 930.12	29,763.42	0.99 %	283.20	70.80
20-10-880-1044219	590	48.8700			50.45			
CF INDUSTRIES HOLDINGS INC (CF)	21,311.40	18,865.00	0.31 %	- 2,446.40	18,087.71	0.94 %	176.00	
20-10-880-1044219	110	171.5000			164.43			
CVS CAREMARK CORPORATION (CVS)	35,773.82	39,454.20	0.65 %	3,680.38	35,773.82	1.58 %	621.00	
20-10-880-1044219	690	57.1800			51.85			
CHEVRON CORPORATION (CVX)	65,202.88	72,187.40	1.18 %	6,984.52	48,883.62	3.39 %	2,440.00	
20-10-880-1044219	610	118.3400			80.14			
CHUBB CORP (CB)	34,662.32	40,293.40	0.66 %	5,631.08	24,776.79	2.08 %	837.76	209.44
20-10-880-1044219	476	84.6500			52.05			
CISCO SYSTEMS INC (CSCO)	33,653.20	47,696.60	0.78 %	14,043.40	37,463.89	2.80 %	1,332.80	
20-10-880-1044219	1,960	24.3350			19.11			
CITIGROUP INC (C)	28,222.59	44,708.04	0.73 %	16,485.45	38,556.33	0.09 %	37.28	
20-10-880-1044219	932	47.9700			41.37			
COCA COLA CO (KO)	48,868.75	50,137.50	0.82 %	1,268.75	37,935.17	2.80 %	1,400.00	350.00
20-10-880-1044219	1,250	40.1100			30.35			

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)
Year Ended June 30, 2013
See Independent Auditors' Report



JAMESON HEALTH SYSTEM CONS
DB TRUST STATEMENT
Account number 20-10-502-1044219
July 1, 2012 - June 28, 2013

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Detail

Corporate stock - common

Description (Symbol)	Value last statement	Current market value	% of total portfolio	Unrealized gain/loss	Total original value at PNC	Current yield	Estimated annual income	Accrued income
		Current price per unit			Avg. original value at PNC per unit			
COMCAST CORPORATION CL A (CMCSA)	41,561.00	54,275.00	0.89 %	12,714.00	30,790.88	1.87 %	1,014.00	
20-10-880-1044219	1,300	41.7500			23.69			
CONAGRA FOODS INC (CAG)	36,391.60	38,073.70	0.63 %	1,682.10	36,391.60	2.87 %	1,090.00	
20-10-880-1044219	1,090	34.9300			33.39			
COOPER COS INC (COO)	25,302.27	30,953.00	0.51 %	5,650.73	25,302.27	0.06 %	15.60	
NEW	260	119.0500			97.32			
20-10-880-1044219								
D R HORTON INC (DHI)	25,635.92	22,769.60	0.38 %	- 2,866.32	25,635.92	0.71 %	160.50	
20-10-880-1044219	1,070	21.2800			23.96			
DISNEY WALT CO (DIS)	23,765.00	30,943.50	0.51 %	7,178.50	21,848.41	1.19 %	367.50	
20-10-880-1044219	490	63.1500			44.59			
DISCOVER FINANCIAL W/I (DFS)	21,654.88	29,060.40	0.48 %	7,405.52	21,654.88	1.68 %	488.00	
20-10-880-1044219	610	47.6400			35.50			
EMC CORP (EMC)	27,962.33	25,769.42	0.42 %	- 2,192.91	19,578.96	1.70 %	436.40	109.10
20-10-880-1044219	1,091	23.6200			17.95			
EBAY INC (EBAY)	25,626.10	31,549.20	0.52 %	5,923.10	21,731.67			
20-10-880-1044219	610	51.7200			35.63			
EDISON INTL (EIX)	35,396.71	31,785.60	0.52 %	- 3,611.11	35,396.71	2.81 %	891.00	222.75
20-10-880-1044219	660	48.1600			53.63			
EXXON MOBIL CORP (XOM)	52,368.84	55,294.20	0.91 %	2,925.36	29,944.75	2.79 %	1,542.24	
20-10-880-1044219	612	90.3500			48.93			
FIFTH THIRD BANCORP (FITB)	28,682.92	35,919.50	0.59 %	7,236.58	28,682.92	2.66 %	955.20	238.80
20-10-880-1044219	1,990	18.0500			14.41			
FRANKLIN RESOURCES INC (BEN)	35,449.44	31,284.60	0.51 %	- 4,164.84	35,449.44	0.86 %	266.80	66.70
20-10-880-1044219	230	136.0200			154.13			
GENERAL ELECTRIC CO (GE)	64,696.35	69,338.10	1.13 %	4,641.75	58,421.03	3.28 %	2,272.40	568.10
20-10-880-1044219	2,990	23.1900			19.54			
GOLDMAN SACHS GROUP INC (GS)	32,316.62	33,275.00	0.55 %	958.38	32,316.62	1.33 %	440.00	
20-10-880-1044219	220	151.2500			146.89			
GOOGLE INC-CL A (GOOG)	22,042.66	33,454.06	0.55 %	11,411.40	12,588.44			
20-10-880-1044219	38	880.3700			331.27			

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)
Year Ended June 30, 2013
See Independent Auditors' Report



JAMESON HEALTH SYSTEM CONS
DB TRUST STATEMENT
Account number 20-10-502-1044219
July 1, 2012 - June 28, 2013

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Detail

Corporate stock - common

Description (Symbol)	Value last statement	Current market value	% of total portfolio	Unrealized gain/loss	Total original value at PNC	Current yield	Estimated annual income	Accrued income
	Quantity	Current price per unit			Avg. original value at PNC per unit			
HALLIBURTON CO (HAL)	28,202.20	27,952.40	0.46 %	- 249.80	28,202.20	1.20 %	335.00	
20-10-880-1044219	670	41.7200			42.09			
HELMERICH & PAYNE INC (HP)	28,960.17	28,102.50	0.46 %	- 857.67	28,960.17	3.21 %	900.00	
20-10-880-1044219	450	62.4500			64.36			
THE HERSHEY COMPANY (HSY)	45,378.90	56,246.40	0.92 %	10,867.50	30,231.61	1.89 %	1,058.40	
20-10-880-1044219	630	89.2800			47.99			
HERTZ GLOBAL HOLDINGS INC (HTZ)	25,939.09	27,776.00	0.46 %	1,836.91	25,939.09			
20-10-880-1044219	1,120	24.8000			23.16			
HOME DEPOT INC (HD)	34,973.40	51,130.20	0.84 %	16,156.80	29,201.05	2.02 %	1,029.60	
20-10-880-1044219	660	77.4700			44.24			
INTEL CORP (INTC)	29,101.80	26,459.16	0.44 %	- 2,642.64	17,605.35	3.72 %	982.80	
20-10-880-1044219	1,092	24.2300			16.12			
INTERNATIONAL BUSINESS MACHS (IBM)	36,573.46	35,737.57	0.59 %	- 835.89	21,347.83	1.99 %	710.60	
20-10-880-1044219	187	191.1100			114.16			
INTERNATIONAL PAPER CO (IP)	25,057.61	24,370.50	0.40 %	- 687.11	25,057.61	2.71 %	660.00	
20-10-880-1044219	550	44.3100			45.56			
JPMORGAN CHASE & CO (JPM)	46,484.73	68,679.79	1.12 %	22,195.06	50,085.03	2.88 %	1,977.52	
20-10-880-1044219	1,301	52.7900			38.50			
JACOBS ENGINEERING GROUP INC (JEC)	27,409.68	30,321.50	0.50 %	2,911.82	27,409.68			
20-10-880-1044219	550	55.1300			49.84			
JOHNSON & JOHNSON (JNJ)	45,670.56	58,041.36	0.95 %	12,370.80	40,460.33	3.08 %	1,784.64	
20-10-880-1044219	676	85.8600			59.85			
MACY'S INC (M)	32,289.00	45,120.00	0.74 %	12,831.00	26,485.34	2.09 %	940.00	235.00
20-10-880-1044219	940	48.0000			28.18			
MICROSOFT CORP (MSFT)	27,225.10	30,745.05	0.51 %	3,519.95	18,092.73	2.67 %	818.80	
20-10-880-1044219	890	34.5450			20.33			
MONSANTO CO (MON)	25,699.19	24,700.00	0.41 %	- 999.19	25,699.19	1.52 %	375.00	
20-10-880-1044219	250	98.8000			102.80			
NIKE INC (NKE)	25,683.15	29,929.60	0.49 %	4,246.45	25,683.15	1.32 %	394.80	98.70
20-10-880-1044219	470	63.6800			54.65			

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)
Year Ended June 30, 2013
See Independent Auditors' Report



JAMESON HEALTH SYSTEM CONS
DB TRUST STATEMENT
Account number 20-10-502-1044219
July 1, 2012 - June 28, 2013

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Detail

Corporate stock - common

Description (Symbol)	Value last statement	Current market value	% of total portfolio	Unrealized gain/loss	Total original value at PNC	Current yield	Estimated annual income	Accrued income
Quantity	price per unit				at PNC per unit			
ORACLE CORP (ORCL)	42,883.22	41,612.05	0.68 %	- 1,271.17	30,669.21	1.57 %	650.40	
20-10-880-1044219	1,355	30.7100			22.63			
PVH CORP (PVH)	25,467.45	32,513.00	0.53 %	7,045.55	25,467.45	0.12 %	39.00	
20-10-880-1044219	260	125.0500			97.95			
PFIZER INC (PFE)	44,551.00	54,255.37	0.89 %	9,704.37	39,920.51	3.43 %	1,859.52	
20-10-880-1044219	1,937	28.0100			20.61			
POLARIS INDS INC (PII)	20,729.20	27,550.00	0.45 %	6,820.80	23,924.01	1.77 %	487.20	
20-10-880-1044219	290	95.0000			82.50			
PROCTER & GAMBLE CO (PG)	65,477.01	75,219.23	1.23 %	9,742.22	64,142.35	3.13 %	2,350.66	
20-10-880-1044219	977	76.9900			65.65			
QUALCOMM (QCOM)	40,810.93	43,984.80	0.72 %	3,173.87	40,368.19	2.30 %	1,008.00	
20-10-880-1044219	720	61.0900			56.07			
RESMED INC (RMD)	21,216.00	30,688.40	0.51 %	9,472.40	21,559.21	1.51 %	462.40	
20-10-880-1044219	680	45.1300			31.70			
ROCK-TENN CO (RKT)	31,721.64	31,961.60	0.53 %	239.96	31,721.64	1.21 %	384.00	
CL A	320	99.8800			99.13			
20-10-880-1044219								
SHIRE PLC (SHPG)	23,971.60	26,630.80	0.44 %	2,659.20	20,029.91	0.55 %	145.60	
SPONSORED ADR	280	95.1100			71.54			
20-10-880-1044219								
STATE STR CORP (STT)	23,190.92	26,736.10	0.44 %	3,545.18	23,190.92	1.60 %	426.40	106.60
20-10-880-1044219	410	65.2100			56.56			
UNION PACIFIC CORP (UNP)	38,179.20	49,369.60	0.81 %	11,190.40	23,813.52	1.79 %	883.20	220.80
20-10-880-1044219	320	154.2800			74.42			
UNITED TECHNOLOGIES CORP (UTX)	28,776.93	35,410.14	0.58 %	6,633.21	15,564.78	2.31 %	815.34	
20-10-880-1044219	381	92.9400			40.85			
VALERO ENERGY CORP (VLO)	28,856.94	21,905.10	0.36 %	- 6,951.84	26,358.91	2.31 %	504.00	
20-10-880-1044219	630	34.7700			41.84			
VERIZON COMMUNICATIONS INC (VZ)	57,752.89	54,367.20	0.89 %	- 3,385.69	57,752.89	4.10 %	2,224.80	
20-10-880-1044219	1,080	50.3400			53.47			

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)
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Corporate stock - common

Description (Symbol)	Value last statement	Current market value	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
		Current price per unit						
VISA INC (V)	23,634.48	27,412.50	0.45 %	3,778.02	23,634.48	0.73 %	198.00	
CLASS A SHARES 20-10-880-1044219	150	182.7500			157.56			
WELLS FARGO & COMPANY (WFC)	50,929.12	62,854.21	1.03 %	11,925.09	42,961.78	2.91 %	1,827.60	
20-10-880-1044219	1,523	41.2700			28.21			
WISCONSIN ENERGY CORP (WEC)	45,030.66	46,646.62	0.77 %	1,615.96	23,387.67	3.32 %	1,547.68	
20-10-880-1044219	1,138	40.9900			20.55			
WYNDHAM WORLDWIDE CORP (WYN)	31,264.04	28,615.00	0.47 %	- 2,649.04	31,264.04	2.03 %	580.00	
20-10-880-1044219	500	57.2300			62.53			
Total corporate stock - common	\$2,324,686.11	\$2,574,663.75	41.95 %	\$249,977.64	\$2,012,559.42	2.08 %	\$53,528.42	\$2,971.99

Registered investment companies

Description (Symbol)	Value last statement	Current market value	% of total portfolio	Unrealized gain/loss	Total original value at PNC Avg. original value at PNC per unit	Current yield	Estimated annual income	Accrued income
		Current price per unit						
ARTISAN FDS INC (ARTIX)	\$293,712.18	\$349,663.75	5.70 %	\$55,951.57	\$260,176.07	1.06 %	\$3,689.85	
INTERNATIONAL FUND #661 INV CLASS 20-10-002-1044219	13,417.642	\$26.0600			\$19.39			
BAIRD AGGREGATE BOND FUND (BAGIX) FD #72 20-10-002-1044219	392,367.06	379,398.36	6.19 %	- 12,968.70	391,308.45	3.66 %	13,875.14	
	36,133.177	10.5000			10.83			
BLACKROCK (BFMCX) CORE BOND PORTFOLIO FUND 332 INSTITUTIONAL CLASS 20-10-002-1044219	247,083.70	243,415.40	3.97 %	- 3,668.30	246,712.53	3.17 %	7,701.71	570.86
	25,758.243	9.4500			9.58			

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)
Year Ended June 30, 2013
See Independent Auditors' Report



JAMESON HEALTH SYSTEM CONS
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Registered investment companies

Description [Symbol]	Value last statement Quantity	Current market value	% of total portfolio	Unrealized gain/loss	Total original value at PNC	Current yield	Estimated annual income	Accrued income
		Current price per unit			Avg. original value at PNC per unit			
BLACKROCK FUNDS (MADVX)	261,956.88	295,566.04	4.82 %	33,609.16	254,673.55	2.16 %	6,377.08	
EQUITY DIVIDEND INSTITUTIONAL CLASS FUND 383 20-10-002-1044219	13,539.443	21.8300			18.81			
FIDELITY ADVISOR FLOATING HIGH (FFRIX)	247,818.47	246,780.25	4.03 %	- 1,038.22	247,818.47	3.13 %	7,710.32	555.69
INCOME FUND I FUND #279 20-10-002-1044219	24,952.503	9.8900			9.93			
HARBOR INTERNATIONAL FUND (HAINX)	276,935.40	309,322.65	5.05 %	32,387.25	320,157.42	2.02 %	6,231.10	
CLASS INS FD # 2011 20-10-002-1044219	4,961.069	62.3500			64.53			
HARDING LOEVNER (HLEMX)	90,000.00	83,626.54	1.37 %	- 6,373.46	90,000.00	0.80 %	661.22	
EMERGING MARKETS PORTOFLIO FUND ADVISOR CLASS 20-10-002-1044219	1,836.735	45.5300			49.00			
ISHARES RUSSELL MIDCAP GROWTH (IWP)	176,537.20	210,729.75	3.44 %	34,192.55	176,537.20	1.17 %	2,452.40	
INDEX FUND ETF 20-10-002-1044219	2,937	71.7500			60.11			
ISHARES TR RUSSELL 2000 INDEX FD (IWM)	131,520.00	160,341.00	2.62 %	28,821.00	70,274.51	1.76 %	2,808.45	
ETF 20-10-002-1044219	1,653	97.0000			42.51			
T ROWE PRICE MID CAP VALUE (TRMCX)	183,855.63	216,772.72	3.54 %	32,917.09	155,594.39	1.18 %	2,544.65	
FD #115 20-10-002-1044219	7,952.044	27.2600			19.57			
T ROWE PRICE REAL ESTATE FUND (TRREX)	125,108.74	130,453.88	2.13 %	5,345.14	120,649.06	2.07 %	2,687.92	
FD #122 20-10-002-1044219	5,973.163	21.8400			20.20			
TEMPLETON GLOBAL BOND FUND AD (TGBAX)	231,287.31	232,795.39	3.80 %	1,508.08	237,574.33	5.80 %	13,488.07	
FUND #616 20-10-002-1044219	18,032.176	12.9100			13.18			

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)
Year Ended June 30, 2013
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JAMESON HEALTH SYSTEM CONS
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Registered investment companies

Description (Symbol)	Value last statement	Current market value	% of total portfolio	Unrealized gain/loss	Total original value at PNC	Current yield	Estimated annual income	Accrued income
		Current price per unit			Avg. original value at PNC per unit			
VANGUARD TOTAL BOND MARKET (VBTSX)	202,896.90	195,041.48	3.18 %	- 7,855.42	186,605.99	2.54 %	4,935.45	363.23
INDEX FUND CL SIG FD #1351 20-10-002-1044219	18,279.426	10.6700			10.21			
VIRTUS EMERGING MARKETS (HIEMX)	90,234.56	85,117.79	1.39 %	- 5,116.77	90,234.56	0.43 %	365.91	
OPPORTUNITY FUND CL I 20-10-002-1044219	8,712.159	9.7700			10.36			
WELLS FARGO ADVANTAGE CORE BOND (MBFIX)	403,185.80	381,196.61	6.22 %	- 21,989.19	392,872.19	1.79 %	6,808.18	481.07
FUND CLASS I 20-10-002-1044219	30,667.467	12.4300			12.81			
Total registered investment companies	\$3,354,499.83	\$3,520,221.61	57.36 %	\$165,721.78	\$3,241,188.72	2.34 %	\$82,337.45	\$1,970.85
Total portfolio	\$5,721,461.20	\$6,137,160.62	100.00 %	\$415,699.42	\$5,296,023.40	2.21 %	\$135,884.94	\$4,946.38

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

EIN 25-1536036, Plan No. 003

**FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended June 30, 2013
See Independent Auditors' Report**

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price
Category (ii), Series of Transactions in Excess of 5% of Plan Assets			
BlackRock Liquidity Funds	Mutual Fund	\$ -	\$ 215,631
BlackRock Liquidity Funds	Mutual Fund	209,618	-

Cost of Asset		Current Value of Asset on Transaction Date		Net Gain (Loss)	
\$	215,631	\$	215,631	\$	-
	209,618		209,618		-

Pension Plan for Employees of St. Francis Hospital of New Castle
EIN: 25-1536036 / PN: 003
2012 Schedule SB (Form 5500)
Part V - Statement of Actuarial Assumptions/Methods

Actuarial Methods and Assumptions

As of July 1, 2012

Mortality for Minimum and Maximum Funding: IRS 2012 Static Mortality Table

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 2012 and 2011

	Current Year		Prior Year
	<u>Minimum*</u>	<u>Maximum</u>	
• Minimum/Maximum Funding			
First Segment Rate	5.54%	1.81%	2.18%
Second Segment Rate	6.85%	4.73%	5.36%
Third Segment Rate	7.52%	5.85%	6.33%
Lookback Month	July	July	July
• Present Value of Accrued Benefits	8.00%		8.00%

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

Retirement will occur at age 65. At-risk liabilities have been calculated with accelerated retirement assumptions and most valuable payment forms as described in IRC Section 430(i)(1)(b). For vested participants where service is not available, service requirements are assumed to be met when determining eligibility for early retirement. For the calculation of the funding shortfall, the phase-in percentage of 20% is used, as described in IRC Section 430(i)(5)(B).

No pre-retirement withdrawal or disability is assumed.

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

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

Actuarial Cost Method: Unit Credit. A method under which the projected benefits of each individual included in an actuarial valuation are allocated by a consistent formula to valuation years. The actuarial present value of benefits allocated to a valuation year is the normal cost. The actuarial present value of benefits allocated to all periods prior to a valuation year is called actuarial accrued liability. Under this method, the Actuarial Gains (losses), as they occur, generally reduce (increase) the Actuarial Accrued Liability.

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

Changes since prior valuation: The mortality and segment rates have been updated to comply with IRS requirements for 2012, and MAP-21 legislation.

Schedule H, Line 4j
Schedule of Reportable Transactions

Name of Plan:▶	Pension Plan for Employees of St. Francis Hospital of New Castle
Employer Identification Number (EIN):▶	25-1536036
For the plan year beginning/ending: ▶	070112/063013

Three-digit plan number: ►003

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information <small>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).</small> ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 07/01/2012 and ending 06/30/2013

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

Part I Basic Information			
1 Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2012</u>			
2 Assets:			
a Market value	2a	5,925,295	
b Actuarial value	2b	5,822,392	
3 Funding target/participant count breakdown:			
	(1) Number of participants	(2) Funding Target	
a For retired participants and beneficiaries receiving payment.....	3a	256	4,336,780
b For terminated vested participants.....	3b	172	2,576,262
c For active participants:			
(1) Non-vested benefits	3c(1)	0	0
(2) Vested benefits	3c(2)	0	0
(3) Total active.....	3c(3)	0	0
d Total.....	3d	428	6,913,042
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☒			
a Funding target disregarding prescribed at-risk assumptions	4a	6,905,826	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	6,941,908	
5 Effective interest rate	5	6.94 %	
6 Target normal cost.....	6	0	

Statement by Enrolled Actuary

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

<div style="display: flex; align-items: center;"> <div style="width: 100px; height: 40px; background-color: black; margin-right: 10px;"></div> <div> Robert Crnjarich Signature of actuary </div> </div> <div style="margin-top: 10px;"> ROBERT CRNJARICH Type or print name of actuary COWDEN ASSOCIATES, INC. Firm name 444 LIBERTY AVENUE, SUITE 605 PITTSBURGH Address of the firm PA 15222-1222 </div>	<div style="margin-bottom: 10px;"> 03/17/2014 Date </div> <div style="margin-bottom: 10px;"> 11-05141 Most recent enrollment number </div> <div style="margin-bottom: 10px;"> (412) 394-9951 Telephone number (including area code) </div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2012
v. 120126

Part II		Beginning of Year Carryover Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>2.12</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b	Interest on (a) using prior year's effective interest rate of <u>5.48</u> % except as otherwise provided (see instructions)		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	84.31 %
15	Adjusted funding target attainment percentage	15	84.31 %
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	65.58 %
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
10/15/2012	44,509				
01/15/2013	44,509				
04/15/2013	44,509				
07/15/2013	44,509				
03/14/2014	30,850				
			Totals ►	18(b)	18(c)
				208,886	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	197,818

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:			
a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	0
b Excess assets, if applicable, but not greater than line 31a		31b	
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		1,090,650	197,818
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..		34	197,818
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....	36		197,818
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37		197,818
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☒ 2 plus 7 years	☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008	☐ 2009 ☒ 2010 ☒ 2011
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Pension Plan for Employees of St. Francis Hospital of New Castle
EIN: 25-1536036 / PN: 003
2012 Schedule SB (Form 5500)
Line 19 - Discounted Employer Contributions

Employer Contributions

Date Paid	Amount	Plan Year	Effective Interest Rate	Interest- adjusted Amount
10/15/2012	44,509	2012	6.94%	43,650
1/15/2013	44,509	2012	6.94%	42,918
4/15/2013	44,509	2012	6.94%	42,214
7/15/2013	44,509	2012	6.94%	41,514
3/14/2014	30,850	2012	6.94%	27,522
Total	208,886			197,818

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

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Line 4 - Additional Information for Plans in At-Risk Status

At-risk liabilities have been calculated with accelerated retirement assumptions and most valuable payment forms as described in IRC Section 430(i)(1)(b). For vested participants where service is not available, service requirements are assumed to be met when determining eligibility for early retirement. For the calculation of the funding shortfall, the phase-in percentage of 20% is used, as described in IRC Section 430(i)(5)(B).

Plan Provisions

The following is a summary of the major provisions of the plan as of July 1, 2012. Please refer to the plan document for a more complete description of the most recent plan provisions.

General Information

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

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

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

Benefit Provisions

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

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): ► 070112/063013

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 Liquidity Funds Temp Funds	42,275	42,275
	PNC Bank	Accenture PLC Class A	24,650	25,906
	PNC Bank	Ensco PLC Class A	24,628	24,992
	PNC Bank	Invesco LTD	31,650	30,528
	PNC Bank	Aetna, Inc. New	45,911	47,020
	PNC Bank	Allegran, Inc.	12,750	25,862
	PNC Bank	Altria Group, Inc	39,940	37,789
	PNC Bank	American Express Co	26,247	44,407
	PNC Bank	Apple, Inc.	9,515	44,411
	PNC Bank	Avnet Inc.	26,051	24,528
	PNC Bank	B/E Aerospace Inc	27,794	27,755
	PNC Bank	Becton Dickinson & Co.	25,401	27,672
	PNC Bank	Boeing Co.	24,854	34,830
	PNC Bank	CBS Corp Class B WI	29,763	28,833
	PNC Bank	CF Industries Holdings Inc.	18,088	18,865
	PNC Bank	CVS Caremark Corporation	35,774	39,454
	PNC Bank	Chevron Corporation	48,884	72,187
	PNC Bank	Chubb Corp	24,777	40,293
	PNC Bank	Cisco Systems Inc	37,464	47,697
	PNC Bank	Citigroup Inc	38,556	44,708
	PNC Bank	Coca Cola Co	37,935	50,138
	PNC Bank	Comcast Corporation CL A	30,791	54,275
	PNC Bank	Conagra Foods Inc	36,392	38,074
	PNC Bank	Cooper Cos Inc	25,302	30,953
	PNC Bank	D R Horton Inc	25,636	22,770
	PNC Bank	Disney Walt Co	21,848	30,944
	PNC Bank	Discover Financial W/I	21,655	29,060
	PNC Bank	EMC Corp	19,579	25,769
	PNC Bank	Ebay Inc	21,732	31,549
	PNC Bank	Edison Intl	35,397	31,786
	PNC Bank	Exxon Mobil Corp	29,945	55,294
	PNC Bank	Fifth Third Bancorp	28,683	35,920
	PNC Bank	Franklin Resources Inc	35,449	31,285
	PNC Bank	General Electric Co	58,421	69,338
	PNC Bank	Goldman Sachs Group Inc	32,317	33,275
	PNC Bank	Google Inc-CL A	12,588	33,454
	PNC Bank	Halliburton Co	28,202	27,952
	PNC Bank	Helmerich & Payne Inc	28,960	28,103
	PNC Bank	The Hershey Company	30,232	56,246
	PNC Bank	Hertz Global Holdings, Inc.	25,939	27,776

PNC Bank	Home Depot Inc	29,201	51,130
PNC Bank	Intel Corp	17,605	26,459
PNC Bank	International Business Machs Corp	21,348	35,738
PNC Bank	International Paper Co	25,058	24,371
PNC Bank	JPMorgan Chase & Co	50,085	68,680
PNC Bank	Jacobs Engineering Group Inc	27,410	30,322
PNC Bank	Johnson & Johnson	40,460	58,041
PNC Bank	Macy's Inc	26,485	45,120
PNC Bank	Microsoft Corp	18,093	30,745
PNC Bank	Monsanto Co	25,699	24,700
PNC Bank	Nike Inc	25,683	29,930
PNC Bank	Oracle Corp	30,669	41,612
PNC Bank	PVH Corp	25,467	32,513
PNC Bank	Pfizer Inc	39,921	54,255
PNC Bank	Polaris Inds Inc	23,924	27,550
PNC Bank	Procter & Gamble Co	64,142	75,219
PNC Bank	Qualcomm	40,368	43,985
PNC Bank	Resmed Inc	21,559	30,688
PNC Bank	Rock-Tenn Co	31,722	31,962
PNC Bank	Shire PLC	20,030	26,631
PNC Bank	State Str Corp	23,191	26,736
PNC Bank	Union Pacific Corp	23,814	49,370
PNC Bank	United Technologies Corp	15,565	35,410
PNC Bank	Valero Energy Corp	26,359	21,905
PNC Bank	Verizon Communications Inc	57,753	54,367
PNC Bank	Visa Inc	23,634	27,413
PNC Bank	Wells Fargo & Company	42,962	62,854
PNC Bank	Wisconsin Energy Corp	23,388	46,647
PNC Bank	Wyndham Worldwide Corp	31,264	28,615
PNC Bank	Artisan FDS Inc	260,176	349,664
PNC Bank	Baird Aggregate Bond Fund	391,308	379,398
PNC Bank	Blackrock Core Bond Portfolio	246,713	243,415
PNC Bank	Blackrock Funds	254,674	295,566
PNC Bank	Fidelity Advisor Floating	247,818	246,780
PNC Bank	Harbor International Fund	320,157	309,323
PNC Bank	Harding Loevner	90,000	83,627
PNC Bank	Ishares Russell MidCap Growth	176,537	210,730
PNC Bank	Ishares TR Russell 2000 Index	70,275	160,341
PNC Bank	T Rowe Price Mid Cap Value	155,594	216,773
PNC Bank	T Rowe Price Real Estate Fund	120,649	130,454
PNC Bank	Templeton Global Bond Fund	237,574	232,795
PNC Bank	Vanguard Total Bond Market	186,606	195,041
PNC Bank	Virtus Emerging Markets	90,235	85,118
PNC Bank	Wells Fargo Advantage Core Bond	392,872	381,198

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

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Line 32 - Schedule of Amortization Bases

	Type of Base		Present Value of Remaining Installments		Valuation Date Base was Established		Number of Years Remaining in the Amortization Period		Amortization Installment
1.	2008 shortfall base		313,866		7/1/2008		3		110,311
2.	2009 shortfall base		696,933		7/1/2009		4		188,568
3.	2010 shortfall base		311,988		7/1/2010		7		52,952
4.	2011 shortfall base		1,038,308		7/1/2011		8		First year: 61,613 Final seven years: 176,912
5.	2012 shortfall base		(1,270,445)		7/1/2012		7		(215,626)