

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2013</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>07/01/2013</u> and ending <u>06/30/2014</u>	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) ☐ a one-participant plan
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 Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan HOME HEALTH RESOURCE, INC., PENSION PLAN		1b Three-digit plan number (PN) ►	002
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) LEXINGTON TWO, INC. DBA HOME HEALTH RESOURCE, INC. 1216 PLEASANT VALLEY BLVD. ALTOONA, PA 16603		1c Effective date of plan 07/01/1998	
		2b Employer Identification Number (EIN) <u>25-1555689</u>	
		2c Sponsor's telephone number 814-941-1619	
		2d Business code (see instructions) 621610	
3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name		4b EIN 4c PN	
5a Total number of participants at the beginning of the plan year		5a	63
b Total number of participants at the end of the plan year		5b	59
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....		5c	
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).....		☒ Yes ☐ No	
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....		☒ Yes ☐ No	
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.			
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		☒ Yes ☐ No ☐ Not determined	

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2015	GREGG LAVERICK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2015	GREGG LAVERICK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1458904	2681016
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1458904	2681016
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	1017926	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	251033	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1268959
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	33921	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	10460	
g Other expenses	8g	2466	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		46847
i Net income (loss) (subtract line 8h from line 8c)	8i		1222112
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1I 3H

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

Part V Compliance Questions

10 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	X	
c Was the plan covered by a fidelity bond?	10c	X	2000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X	
f Has the plan failed to provide any benefit when due under the plan?	10f	X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	☒ Yes ☐ No
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11a 0
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..	☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
a 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 letter ruling granting the waiver. Month Day Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b

c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).....	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No
c 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.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
	13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN

<div>SCHEDULE SB (Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>		<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>		<div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection</div>	
For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014					
<div>Round off amounts to nearest dollar.</div> <div>Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.</div>					
A Name of plan HOME HEALTH RESOURCE, INC., PENSION PLAN			B Three-digit plan number (PN)		002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LEXINGTON TWO, INC. DBA HOME HEALTH RESOURCE, INC.			D Employer Identification Number (EIN) 25-1555689		
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B			F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		
Part I Basic Information					
1 Enter the valuation date: Month 07 Day 01 Year 2013					
2 Assets:					
a Market value				2a	1457126
b Actuarial value				2b	1467566
3 Funding target/participant count breakdown:					
				(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment				3a	11 259959
b For terminated vested participants				3b	8 110605
c For active participants:					
(1) Non-vested benefits				3c(1)	19735
(2) Vested benefits				3c(2)	1236932
(3) Total active				3c(3)	36 1256667
d Total				3d	55 1627231
4 If the plan is in at-risk status, check the box and complete lines (a) and (b):					
a Funding target disregarding prescribed at-risk assumptions				4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor				4b	
5 Effective interest rate				5	6.82 %
6 Target normal cost				6	140151
Statement by Enrolled Actuary					
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.					
SIGN HERE					
Signature of actuary		04/14/2015			
ALVIN K. WINTERS		Date			
Type or print name of actuary		14-06620			
CBIZ		Most recent enrollment number			
Firm name		301-777-1500			
44 BALTIMORE STREET CUMBERLAND, MD 21502		Telephone number (including area code)			
Address of the firm					
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2013 v. 130118					

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	450
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	450
10 Interest on line 9 using prior year's actual return of <u>8.98</u> %		40
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		110744
b Interest on (a) using prior year's effective interest rate of <u>7.15</u> % except as otherwise provided (see instructions)		7918
c Total available at beginning of current plan year to add to prefunding balance		118662
d Portion of (c) to be added to prefunding balance		118662
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	119152

Part III Funding Percentages		
14 Funding target attainment percentage	14	82.86 %
15 Adjusted funding target attainment percentage	15	82.86 %
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	120.41 %
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
03/13/2015	1017926				
			Totals ►	18(b)	1017926
				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 910010
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: 5.23%	2nd segment: 6.51%	3rd segment: 7.16 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
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	140151	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	278817	46926	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	187077	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	187077	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	910010	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	722933	
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		

SB Actuary Signature

**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

2013

**This Form is Open to Public
Inspection**

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

▶ **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 Home Health Resource, Inc. Pension Plan	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Lexington Two, Inc. dba Home Health Resource, Inc.	D Employer Identification Number (EIN) 25-1555689
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>2013</u>			
2 Assets:			
a Market value	2a		1,457,126
b Actuarial value	2b		1,467,566
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	11	259,959
b For terminated vested participants.....	3b	8	110,605
c For active participants:			
(1) Non-vested benefits	3c(1)		19,735
(2) Vested benefits	3c(2)		1,236,932
(3) Total active.....	3c(3)	36	1,256,667
d Total.....	3d	55	1,627,231
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5		6.82 %
6 Target normal cost.....	6		140,151

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>04/14/2015</u> Date
	<u>Alvin K. Winters</u> Type or print name of actuary	<u>14-06620</u> Most recent enrollment number
	<u>CBIZ</u> Firm name	<u>(301) 777-1500</u> Telephone number (including area code)
	<u>44 Baltimore Street</u> Address of the firm	
	<u>Cumberland MD 21502</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) 2013
v. 130118**

SB Actuary Signature

Schedule SB (Form 5500) 2013 130118

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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	450
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	450
10 Interest on line 9 using prior year's actual return of <u>8.98</u> %		40
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		110,744
b Interest on (a) using prior year's effective interest rate of <u>7.15</u> % except as otherwise provided (see instructions)		7,918
c Total available at beginning of current plan year to add to prefunding balance		118,662
d Portion of (c) to be added to prefunding balance		118,662
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	119,152

Part III Funding Percentages

14 Funding target attainment percentage	14	82.86 %
15 Adjusted funding target attainment percentage	15	82.86 %
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	120.41 %
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
03/13/2015	1,017,926				
Totals ▶			18(b)	1,017,926	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	910,010

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

SB Actuary Signature

Schedule SB (Form 5500) 2013 130118

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

21	Discount rate:					
	a Segment rates:	1st segment: 5.23 %	2nd segment: 6.51 %	3rd segment: 7.16 %	☐ N/A, full yield curve used	
	b Applicable month (enter code).....				21b	4
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	140,151
	b Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
	a Net shortfall amortization installment.....	278,817	46,926
	b Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	187,077
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement.....	0	0
36	Additional cash requirement (line 34 minus line 35).....	36	187,077
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	910,010
38	Present value of excess contributions for current year (see instructions)		
	a Total (excess, if any, of line 37 over line 36)	38a	722,933
	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	

SB Actuary Signature

Schedule SB, line 22 - Description of Weighted Average Retirement Age

EIN: 25-1555689

PN: 002

Plan Name: Home Health Resource, Inc. Pension Plan

<u>Age</u>	<u>Retirement Rate</u>	<u>Retirement Probability</u>	<u>Weighted Age</u>
65	100.00%	1.0000	65.00
Total		1.0000	65.00

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

EIN/PN: 25-1555689 / 002

**Home Health Resource, Inc.
Pension Plan
Actuarial Report for the Plan Year Beginning July 1, 2013**

Summary of Principal Actuarial Assumptions

Funding Method: Traditional Unit Credit

Actuarial Assumptions:

Pre-retirement for Retirement and Spousal Benefits:

Investment Return - Segment rates (4 month lookahead) with HATFA stabilization

	<u>For IRC 404</u>	<u>For IRC 430 and 436</u>
First segment	1.54%	5.23%
Second segment	4.28%	6.51%
Third segment	5.32%	7.16%

Mortality: 2013 Combined Static Mortality

Turnover: None

Salary Scale: 5.00%

Retirement Rates: Normal retirement age or attained age, if later

Post-retirement for Retirement Benefits:

Investment Return - Segment rates (4 month lookahead) with HATFA stabilization

	<u>For IRC 404</u>	<u>For IRC 430 and 436</u>
First segment	1.54%	5.23%
Second segment	4.28%	6.51%
Third segment	5.32%	7.16%

Mortality: 2013 Combined Static Mortality

Actuarial Value of Assets: 24 month average limited by 90%/110% corridor

Assumed Form of Payment: Five-year certain and life annuity

Marital Assumptions: 85% of plan participants are married, and husbands are four years older than their wives.

Expenses: Expense of \$12,000 has been loaded in Target Normal Cost

Effective Rate of Interest: 6.82%

Schedule SB, Part V - Statement of Plan Provisions

EIN/PN: 25-1555689 / 002

Home Health Resource, Inc.

Pension Plan

Actuarial Report for the Plan Year Beginning July 1, 2013

Summary of Principal Plan Provisions

Effective Date:	July 1, 1998
Plan Year:	July 1 through June 30
Eligibility:	
Minimum Age:	None
Entry Date*:	Immediate entry at date of hire
* Participation was frozen effective July 1, 2010	
Normal Retirement Age:	65
Normal Retirement Date:	The first day of the month coinciding with or next following the participant's 65th birthday.
Early Retirement Date:	The first day of the month coinciding with or next following the participant's attainment of age 55 with five years of vesting service.
Accrued Benefit:	A benefit commencing at Normal Retirement Date equal to: 1.50% of average monthly compensation times years of accrual service. Benefits were frozen as of December 31, 2013.
Disability Benefit:	Actuarial equivalent of vested accrued benefit payable at Normal Retirement Date.
Year of Service:	A year of accrual and vesting service is credited for each plan year in which an employee completes at least 1,000 hours of service. A year of accrual service is credited for the plan year ending June 30, 2014 if an employee completes at least 500 hours of service during the period July 1, 2013 through December 31, 2013. Years of service prior to January 1, 1998 are excluded for benefit accrual purposes. Years of Service for benefit accrual were frozen as of December 31, 2013.
Normal Form of Benefit:	Five year certain and life annuity or actuarial equivalent joint and 50% spouse survivor annuity.
Compensation:	Total compensation, including overtime, flex benefit elections, bonuses and commissions. Final benefits are based on the average of the 60 highest consecutive months within the last 120 months preceding the date of determination. Benefits were frozen as of December 31, 2013.

Schedule SB, Part V - Statement of Plan Provisions

EIN/PN: 25-1555689 / 002

Home Health Resource, Inc.

Pension Plan

Actuarial Report for the Plan Year Beginning July 1, 2013

Summary of Principal Plan Provisions

Vesting: The plan provides for no vesting until the completion of five years of service at which time the participant becomes 100% vested. Also, full vesting is provided upon the attainment of age 65.

Other Benefits: Benefits are payable to or on behalf of married vested participants who die prior to retirement, who become disabled and qualify for total disability benefits under the Plan and who retire early upon meeting the Plan's requirements for early retirement. Participants who continue with the company after reaching their Normal Retirement Age will generally accrue additional benefits.

SB Actuary Signature

Schedule SB, line 25 - Change in Method

EIN: 25-1555689

PN: 002

Plan Name: Home Health Resource, Inc. Pension Plan

The attribution method for determining active liabilities was changed from linear proration to benefit eligibility to accrual rate proration.

Schedule SB, line 26 - Schedule of Active Participant Data
 EIN/PN: 25-1555689 / 002

**Home Health Resource, Inc.
 Pension Plan**

Actuarial Report for the Plan Year Beginning July 1, 2013

Schedule of Active Participant Data

Years of Service

Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	1	0	4	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	1	0	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	2	0	3	0	1	0	3	0	0	0	0	0	0	0	0	0	0	0
55 to 59	0	0	1	0	1	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	1	0	1	0	4	0	2	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SB Actuary Signature

SB Actuary Signature

Schedule SB, line 32 - Schedule of Amortization Bases

EIN: 25-1555689

PN: 002

Plan Name: Home Health Resource, Inc. Pension Plan

	Present Value of Remaining <u>Installment</u>	Valuation Date that Base was <u>Established</u>	Amortization Years <u>Remaining</u>	Amortization <u>Installment</u>
<u>Type of Base</u>				
Shortfall	278,817	7/1/2013	7	\$46,926
TOTAL	<u>\$278,817</u>			<u>\$46,926</u>

Schedule SB, line 22 - Description of Weighted Average Retirement Age

EIN: 25-1555689
PN: 002
Plan Name: Home Health Resource, Inc. Pension Plan

<u>Age</u>	<u>Retirement Rate</u>	<u>Retirement Probability</u>	<u>Weighted Age</u>
65	100.00%	1.0000	65.00
Total		1.0000	65.00

Schedule SB, line 26 - Schedule of Active Participant Data
 EIN/PN: 25-1555689 / 002

**Home Health Resource, Inc.
 Pension Plan**

Actuarial Report for the Plan Year Beginning July 1, 2013

Schedule of Active Participant Data

Years of Service

Age	Under 1	1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
		No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	1	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	2	0	1	0	3	0	0	0	0	0	0	0	0	0	0	0
55 to 59	0	0	0	1	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	1	0	4	0	2	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Home Health Resource, Inc.
Pension Plan
Actuarial Report for the Plan Year Beginning July 1, 2013

Summary of Principal Actuarial Assumptions

Funding Method: Traditional Unit Credit

Actuarial Assumptions:

Pre-retirement for Retirement and Spousal Benefits:

Investment Return - Segment rates (4 month lookback) with HATFA stabilization

	<u>For IRC 404</u>	<u>For IRC 430 and 436</u>
First segment	1.54%	5.23%
Second segment	4.28%	6.51%
Third segment	5.32%	7.16%

Mortality: 2013 Combined Static Mortality

Turnover: None

Salary Scale: 5.00%

Retirement Rates: Normal retirement age or attained age, if later

Post-retirement for Retirement Benefits:

Investment Return - Segment rates (4 month lookback) with HATFA stabilization

	<u>For IRC 404</u>	<u>For IRC 430 and 436</u>
First segment	1.54%	5.23%
Second segment	4.28%	6.51%
Third segment	5.32%	7.16%

Mortality: 2013 Combined Static Mortality

Actuarial Value of Assets: 24 month average limited by 90%/110% corridor

Assumed Form of Payment: Five-year certain and life annuity

Marital Assumptions: 85% of plan participants are married, and husbands are four years older than their wives.

Expenses: Expense of \$12,000 has been loaded in Target Normal Cost

Effective Rate of Interest: 6.82%

Schedule SB, Part V - Statement of Plan Provisions

EIN/PN: 25-1555689 / 002

Home Health Resource, Inc.

Pension Plan

Actuarial Report for the Plan Year Beginning July 1, 2013

Summary of Principal Plan Provisions

Effective Date: July 1, 1998

Plan Year: July 1 through June 30

Eligibility:

Minimum Age: None

Entry Date*: Immediate entry at date of hire

* Participation was frozen effective July 1, 2010

Normal Retirement Age: 65

Normal Retirement Date: The first day of the month coinciding with or next following the participant's 65th birthday.

Early Retirement Date: The first day of the month coinciding with or next following the participant's attainment of age 55 with five years of vesting service.

Accrued Benefit: A benefit commencing at Normal Retirement Date equal to: 1.50% of average monthly compensation times years of accrual service. Benefits were frozen as of December 31, 2013.

Disability Benefit: Actuarial equivalent of vested accrued benefit payable at Normal Retirement Date.

Year of Service: A year of accrual and vesting service is credited for each plan year in which an employee completes at least 1,000 hours of service. A year of accrual service is credited for the plan year ending June 30, 2014 if an employee completes at least 500 hours of service during the period July 1, 2013 through December 31, 2013.

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Schedule SB, Part V - Statement of Plan Provisions

EIN/PN: 25-1555689 / 002

Home Health Resource, Inc.

Pension Plan

Actuarial Report for the Plan Year Beginning July 1, 2013

Summary of Principal Plan Provisions

Vesting:

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Other Benefits:

Benefits are payable to or on behalf of married vested participants who die prior to retirement, who become disabled and qualify for total disability benefits under the Plan and who retire early upon meeting the Plan's requirements for early retirement. Participants who continue with the company after reaching their Normal Retirement Age will generally accrue additional benefits.

Schedule SB, line 25 - Change in Method

EIN: 25-1555689

PN: 002

Plan Name: Home Health Resource, Inc. Pension Plan

The attribution method for determining active liabilities was changed from linear proration to benefit eligibility to accrual rate proration.

Schedule SB, line 32 - Schedule of Amortization Bases

EIN: 25-1555689

PN: 002

Plan Name: Home Health Resource, Inc. Pension Plan

<u>Type of Base</u>	<u>Present Value of Remaining Installment</u>	<u>Valuation Date that Base was Established</u>	<u>Amortization Years Remaining</u>	<u>Amortization Installment</u>
Shortfall	278,817	7/1/2013	7	\$46,926
TOTAL	<u>\$278,817</u>			<u>\$46,926</u>