

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</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>COMMUNITY HEALTH PROFESSIONALS 403(B) PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/31/2001</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/31/2001</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>12/31/2001</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>COMMUNITY HEALTH PROFESSIONALS</u> <u>1159 WESTWOOD DRIVE</u> <u>VAN WERT, OH 45891</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1559395</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>419-238-9223</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>623000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1559395</u>	2c Sponsor's telephone number <u>419-238-9223</u>	2d Business code (see instructions) <u>623000</u>	
2b Employer Identification Number (EIN) <u>34-1559395</u>					
2c Sponsor's telephone number <u>419-238-9223</u>					
2d Business code (see instructions) <u>623000</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	Filed with authorized/valid electronic signature.	10/14/2010	BRENT TOW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with incorrect/unrecognized electronic signature.	10/14/2010	LINDA BOGGS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") COMMUNITY HEALTH PROFESSIONALS 1159 WESTWOOD DRIVE VAN WERT, OH 45891	3b Administrator's EIN 34-1559395 3c Administrator's telephone number 419-238-9223
--	---

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	125
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	132
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	43
d Subtotal. Add lines 6a , 6b , and 6c	6d	175
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	175
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	173
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2L 2K 2F 2G

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan COMMUNITY HEALTH PROFESSIONALS 403(B) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY HEALTH PROFESSIONALS	D Employer Identification Number (EIN) 34-1559395	

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)	3247	0
(2) Participant contributions	1b(2)	7952	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(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)	2264059	2653754
(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	2275258	2653754

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2275258	2653754
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	86521	
(B) Participants	2a(1)(B)	179308	
(C) Others (including rollovers)	2a(1)(C)	38623	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		304452

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)		
(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)		0

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

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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(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)		414871
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		719323

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	340827	
(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)		340827
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		340827

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		378496
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: SCHULTZ HUBER & ASSOCIATES

(2) EIN: 34-1769212

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		100000
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.).....		X	
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)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>COMMUNITY HEALTH PROFESSIONALS 403(B) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMMUNITY HEALTH PROFESSIONALS</u>	D Employer Identification Number (EIN) <u>34-1559395</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>45-0140105</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	

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Community Health Professionals 403(b) Plan

Financial Statements

December 31, 2009

C O N T E N T S

	Page
Independent Auditor's Report	1
Financial Statements	
Statement of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4
Supplemental Schedules	Schedule
Schedule of Assets (Held at End of Year) - 2009	I 9



SHULTZ HUBER
AND ASSOCIATES, INC.

CERTIFIED PUBLIC ACCOUNTANTS
BUSINESS DEVELOPMENT SPECIALISTS

Independent Auditor's Report

To the Board of Trustees of
Community Health Professionals 403(b) Plan:

We were engaged to audit the financial statements of Community Health Professionals 403(b) Plan as of December 31, 2009, and for the year then ended as listed in the accompanying table of contents. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Alerus Financial, the trustee of the Plan, except for comparing the information with the related information included in the 2009 financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, 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.

We have compiled the accompanying statement of net assets available for benefits of Community Health Professionals 403(b) Plan as of December 31, 2008, in accordance with the Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying 2008 statement of net assets available for benefits and, accordingly, do not express an opinion or any other form of assurance on it.

Shultz Huber + Associates, Inc.

October 12, 2010
Van Wert, Ohio

595 Fox Road
Van Wert, Ohio 45891
Voice: 419 / 238-2000
Fax: 419 / 238-2976

Terry L. Melton, CPA ♦ James R. Schatz, CPA ♦ Timothy J. Yoder, CPA
Barbara L. Kohnen, CPA ♦ D.J. Muse, CPA, DABFA ♦ Anthony L. Gericke, CPA
Tyson L. Stuckey, CPA/CVA ♦ Richard R. Shultz, Retired

Community Health Professionals 403(b) Plan

Statement of Net Assets Available for Benefits

December 31, 2009 and 2008

	Audited 2009	Compiled 2008
ASSETS		
Investments, At Fair Value, (Note 4)		
Mutual Funds via Alerus Financial	\$ 2,451,719	\$ -
Mutual Funds via American Funds	<u>202,035</u>	<u>2,264,059</u>
Total Investments	<u>2,653,754</u>	<u>2,264,059</u>
Receivables		
Employer Contributions	-	3,247
Participant Contributions	<u>-</u>	<u>7,952</u>
Total Receivables	<u>-</u>	<u>11,199</u>
Total Assets	<u><u>\$ 2,653,754</u></u>	<u><u>\$ 2,275,258</u></u>
LIABILITIES		
Liabilities	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>
NET ASSETS AVAILABLE FOR BENEFITS		
Net Assets Available for Benefits	<u><u>\$ 2,653,754</u></u>	<u><u>\$ 2,275,258</u></u>

The accompanying notes are an integral part of the financial statements.

Community Health Professionals 403(b) Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2009

	<u>2009</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Net Investment Income	
Net Appreciation in Fair Value of Investments	\$ 371,524
Interest and Dividends	<u>47,890</u>
Total Investment Income	<u>419,414</u>
Contributions	
Employer	86,521
Employees	179,308
Rollovers	<u>38,623</u>
Total Contributions	<u>304,452</u>
Total Additions	<u>723,866</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits Paid to Participants	340,827
Administrative Expenses	<u>4,543</u>
Total Deductions	<u>345,370</u>
Net Increase in Net Assets	378,496
Net Assets Available for Benefits , Beginning of Year	<u>2,275,258</u>
Net Assets Available for Benefits , End of Year	<u><u>\$ 2,653,754</u></u>

The accompanying notes are an integral part of the financial statements.

Community Health Professionals 403(b) Plan

Notes to Financial Statements

December 31, 2009

Note 1 - Description of Plan

The following description of the Community Health Professionals 403(b) Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan that provides benefits to eligible participants as determined according to the provision of the plan agreement. Employees of Community Health Professionals, Inc. (the "Organization") are eligible to participate in the Plan at the date of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - The Plan provides for employee salary 403(b) contributions subject to maximum tax-deferred limitations established by the Internal Revenue Code. The Plan accepts rollover contributions from other qualified plans.

Each year, participants can elect to receive an employer contribution once they have reached worked 83 hours in a one-month period. Upon electing to receive this employer contribution, participants receive a 2% of eligible compensation contribution to their account each pay period as long as they are employed by the Company.

The Organization may also contribute an additional discretionary employer contribution to the Plan. This contribution is then allocated to individuals based on each individual's eligible compensation compared to the eligible compensation of all individuals in total.

Participant Accounts - Each participant's account is credited with the participant's contributions and an allocation of the Organization's contributions and plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant's earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by the Plan.

Vesting - Participants are immediately vested 100 percent in their voluntary and rollover contributions plus actual earnings thereon. Additionally, all employees hired before March 1, 2009 are 100 percent vested. Vesting in the remainder of the accounts is based on years of continuous service as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 1	0%
1 but less than 2	20%
2 but less than 3	40%
3 but less than 4	60%
4 but less than 5	80%
Over 5 years	100%

Community Health Professionals 403(b) Plan

Notes to Financial Statements

December 31, 2009

Note 1 - Description of Plan (Continued)

Payment of Benefits - On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or annual installments.

Distribution Prior to Termination - In-service withdrawals are subject to varying rules depending on the source of the funds in the participant's account. Participants may withdraw all or part of their deferral contributions account and qualified non-elective contributions account provided they have attained age 59½. Participants may take hardship distributions from their vested account balances. These distributions would be subject to potential penalties and taxation. Participants are advised to consult a tax advisor for the most recent tax laws.

Death Benefits - Upon the death of a participant, the account becomes available for distribution to the participant's beneficiaries.

Forfeited Accounts - At December 31, 2009 and 2008, there were no forfeited non-vested accounts. Forfeited amounts are redistributed annually.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by Alerus Financial, the trustee of the Plan. Additionally, there are certain participant accounts still held at American Funds for terminated employees who have not moved their original 403(b) accounts out from under the Plan's old custodial account. Therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan.

Basis of Accounting - The Plan prepares its financial statements on the accrual basis. Unrealized gains and losses on the Plan's assets are reported even though no sales of such assets actually took place.

Use of Estimates - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation - Interests in the investments are valued based on the fair market values of the underlying assets. If available, quoted market prices are used to value investments.

Contributions - Contributions to the Plan are accrued, if necessary, to the year to which they apply.

Community Health Professionals 403(b) Plan

Notes to Financial Statements

December 31, 2009

Note 2 - Summary of Significant Accounting Policies (Continued)

Recently Adopted Accounting Pronouncements - In September 2006, the Financial Accounting Standards Board issued ASC 820 (formerly known as Statement of Financial Accounting Standards No. 157 ("SFAS 157")). *Fair Value Measurements*, which defines fair value, establishes guidelines for measuring fair value and expands disclosures regarding fair value measurements. ASC 820 does not require any new fair value measurements but rather eliminates inconsistencies in guidance found in various prior accounting pronouncements and is effective for fiscal years beginning after November 15, 2007. Effective January 1, 2008, the Plan adopted ASC 820 which did not have a material impact on the net assets of the Plan.

Investment Valuation and Income Recognition - The Plan's 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 fashion between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Net appreciation in fair value of investments is reflected in the statement of changes in net assets available for benefits and includes realized gains and losses on investments bought and sold and the change in appreciation from one period to the next. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Information Certified by Trustee - The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator has obtained certification from Alerus Financial that all information relating to the Plan's investments and related investment income is complete and accurate. Information as to the value of the investments in the trust fund managed by the trustee, investment income (loss), and all information in the supplemental schedule is presented in reliance solely upon those certifications.

Note 3 - Plan Termination

Although it has not expressed any intention to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions set forth in ERISA.

Note 4 - Investment Contract with Insurance Organization (Unaudited)

The Plan has an investment contract with Alerus Financial. The accounts are credited with actual earnings on the underlying investments and charged for participant withdrawals and administration expenses. The fair value of the investment contracts at December 31, 2009 and 2008 was \$2,653,754 and \$2,264,059, respectively. The following table represents the fair value of investments at Alerus Financial, the Plan's custodian.

Community Health Professionals 403(b) Plan

Notes to Financial Statements

December 31, 2009

Note 4 - Investment Contract with Insurance Organization (Unaudited) (Continued)

Investments that represent five percent or more of the Plan's net assets are separately identified.

	<u>December 31, 2009</u>	<u>December 31, 2008</u>
Investments at Fair Value as Determined by Quoted Market Price		
Delaware Pooled Diversified Income Fund	\$ 376,043	\$ -
AllianceBernstein Small Mid Cap	177,434	-
Baron Asset Growth Fund	160,952	-
Columbia Marsico 21st	362,566	-
Davis Real Estate A	154,280	-
Goldman Sachs Large Value	330,116	-
Oppenheimer Main St Sm Cap N	174,410	-
Thornburg Core Growth R3	164,905	-
AFS Europacific Growth #2316	287,694	-
Washington Mutual	-	453,836
Investment Co. of America	-	325,398
American Funds Growth Fund	-	176,886
American Funds Income Fund	-	222,155
New Perspective	42,584	490,520
Fundamental Investors	8,882	120,893
New Economy	28,820	170,741
Other Investment s	385,068	303,630
Total Investments at Fair Value	<u>\$ 2,653,754</u>	<u>\$ 2,264,059</u>

Note 5 - Fair Value Measurements

Financial Accounting Standards Board ASC 820 (formerly known as SFAS No. 157, *Fair Value Measurements*), establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels. Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. All investments of the Plan were measured using Level 1 inputs.

Level 1 Fair Value Measurements

The fair values of mutual funds holding cash, cash equivalents, common stock, corporate bonds, and U.S. government securities are based on quoted market prices, when available.

Community Health Professionals 403(b) Plan

Notes to Financial Statements

December 31, 2009

Note 5 - 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 December 31, 2009 and 2008:

	<u>Fair Value Measurement Using:</u>		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Other Inputs (Level 2 and 3)	Fair Value Total
December 31, 2009:			
Mutual Funds	<u>\$ 2,653,754</u>	<u>\$ -</u>	<u>\$ 2,653,754</u>
December 31, 2008:			
Mutual Funds	<u>\$ 2,264,059</u>	<u>\$ -</u>	<u>\$ 2,264,059</u>

Note 6 - Income Tax Status

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 7 - 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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 8 - Subsequent Events

Management has evaluated subsequent events through October 12, 2010, the date on which the financial statements were available to be issued. There are no subsequent events to disclose.

Supplementary Information

Community Health Professionals 403(b) Plan
Schedule H, line 4i-Schedule of Assets (Held at End of Year)
December 31, 2009

Schedule I

EIN 34-1559395

PLAN 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessee, or similar party	Description of Investment (Maturity Date, Rate of Interest, Collateral, par or Maturity Value)	Cost***	Current Value
	American Funds Money Mkt CL R3	Mutual Fund		\$ 924
	American Funds Balanced	Mutual Fund		5,053
	Franklin Income	Mutual Fund		8,576
	Goldman Sachs Balanced Strategy	Mutual Fund		46,016
	Delaware Pooled TR Div. Inc.	Mutual Fund		437,286
	Goldman Sachs High Yield	Mutual Fund		113,004
	AllianceBernstein Small Mid Cap	Mutual Fund		177,434
	Baron Asset Growth	Mutual Fund		160,952
	American Funds Cap. Wld. Growth	Mutual Fund		4,053
	Columbia Marico 21st	Mutual Fund		362,566
	Davis Real Estate A	Mutual Fund		154,280
	AFS Fundamental Investors R-3	Mutual Fund		3,544
	Goldman Sachs Large Value	Mutual Fund		330,116
	AFS Growth Fd Amer Funds #2305	Mutual Fund		7,771
	Keeley Small Cap Value Fund A	Mutual Fund		2,804
	Oppenheimer Main St. Sm Cap N	Mutual Fund		174,410
	American Funds R-3	Mutual Fund		941
	Thornburg Core Growth R3	Mutual Fund		164,905
	AllianceBernstein Intl Value	Mutual Fund		9,390
	AFS Europacific Growth #2316	Mutual Fund		287,694
	American Funds Wash. Mutual	Mutual Fund		27,618
	American Funds AMCAP	Mutual Fund		2,746
	American Funds American Mutual	Mutual Fund		2,937
	American Funds Inv. Co. of Amer.	Mutual Fund		33,967
	American Funds Growth Fund	Mutual Fund		23,870
	American Funds Income Fund	Mutual Fund		7,061
	American Funds New Perspective	Mutual Fund		42,584
	American Funds Bond Fund	Mutual Fund		1,281
	American Funds Fundamental Inv.	Mutual Fund		8,882
	American Funds American Balanced	Mutual Fund		267
	American Funds Capital Income	Mutual Fund		14,908
	American Funds New Economy	Mutual Fund		28,820
	American Funds Europacific	Mutual Fund		2,088
	American Funds Cap. Wld. G&I	Mutual Fund		3,788
	American Funds Smallcap World	Mutual Fund		267
	American Funds New World Fund	Mutual Fund		904
	American Funds Money Mkt Fund	Mutual Fund		47
				<u>\$ 2,653,754</u>

*** Plan administrator does not track

Community Health Professionals 403(b) Plan
Schedule H, line 4i-Schedule of Assets (Held at End of Year)
December 31, 2009

Schedule I

EIN 34-1559395

PLAN 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessee, or similar party	Description of Investment (Maturity Date, Rate of Interest, Collateral, par or Maturity Value)	Cost***	Current Value
	American Funds Money Mkt CL R3	Mutual Fund		\$ 924
	American Funds Balanced	Mutual Fund		5,053
	Franklin Income	Mutual Fund		8,576
	Goldman Sachs Balanced Strategy	Mutual Fund		46,016
	Delaware Pooled TR Div. Inc.	Mutual Fund		437,286
	Goldman Sachs High Yield	Mutual Fund		113,004
	AllianceBernstein Small Mid Cap	Mutual Fund		177,434
	Baron Asset Growth	Mutual Fund		160,952
	American Funds Cap. Wld. Growth	Mutual Fund		4,053
	Columbia Marico 21st	Mutual Fund		362,566
	Davis Real Estate A	Mutual Fund		154,280
	AFS Fundamental Investors R-3	Mutual Fund		3,544
	Goldman Sachs Large Value	Mutual Fund		330,116
	AFS Growth Fd Amer Funds #2305	Mutual Fund		7,771
	Keeley Small Cap Value Fund A	Mutual Fund		2,804
	Oppenheimer Main St. Sm Cap N	Mutual Fund		174,410
	American Funds R-3	Mutual Fund		941
	Thornburg Core Growth R3	Mutual Fund		164,905
	AllianceBernstein Intl Value	Mutual Fund		9,390
	AFS Europacific Growth #2316	Mutual Fund		287,694
	American Funds Wash. Mutual	Mutual Fund		27,618
	American Funds AMCAP	Mutual Fund		2,746
	American Funds American Mutual	Mutual Fund		2,937
	American Funds Inv. Co. of Amer.	Mutual Fund		33,967
	American Funds Growth Fund	Mutual Fund		23,870
	American Funds Income Fund	Mutual Fund		7,061
	American Funds New Perspective	Mutual Fund		42,584
	American Funds Bond Fund	Mutual Fund		1,281
	American Funds Fundamental Inv.	Mutual Fund		8,882
	American Funds American Balanced	Mutual Fund		267
	American Funds Capital Income	Mutual Fund		14,908
	American Funds New Economy	Mutual Fund		28,820
	American Funds Europacific	Mutual Fund		2,088
	American Funds Cap. Wld. G&I	Mutual Fund		3,788
	American Funds Smallcap World	Mutual Fund		267
	American Funds New World Fund	Mutual Fund		904
	American Funds Money Mkt Fund	Mutual Fund		47
				<u>\$ 2,653,754</u>

*** Plan administrator does not track