

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 section 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 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B This return/report is for:	☐ first return/report ☐ final return/report ☐ an amended return/report ☐ 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 <u>PROGRESSIVE QUALITY CARE MANAGEMENT CO. CASH BALANCE PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2003</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>002</u>	1c Effective date of plan <u>01/01/2003</u>	
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1c Effective date of plan <u>01/01/2003</u>					
2a Plan sponsor's name and address (employer, if for single-employer plan) <u>PROGRESSIVE QUALITY CARE, INC.</u> <u>5553 BROADVIEW ROAD</u> <u>PARMA, OH 44134-1604</u>	2b Employer Identification Number (EIN) <u>31-1793765</u>				
	2c Plan sponsor's telephone number <u>216-430-1197</u>				
	2d Business code (see instructions) <u>623000</u>				
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") <u>PROGRESSIVE QUALITY CARE</u> <div style="text-align: right;"><u>5553 BROADVIEW ROAD</u> <u>PARMA, OH 44134</u></div>	3b Administrator's EIN <u>31-1793765</u>				
	3c Administrator's telephone number <u>216-430-1197</u>				
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. Sponsor's name	4b EIN				
	4c PN				
5a Total number of participants at the beginning of the plan year	5a <u>50</u>				
b Total number of participants at the end of the plan year	5b <u>50</u>				
c Total 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 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.					

Part III	Financial Information																																										
7 Plan Assets and Liabilities	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="width:20%; text-align: center;">(a) Beginning of Year</th> <th style="width:20%; text-align: center;">(b) End of Year</th> </tr> <tr> <td>a Total plan assets</td> <td style="text-align: right;"><u>816882</u></td> <td style="text-align: right;"><u>965176</u></td> </tr> <tr> <td>b Total plan liabilities</td> <td></td> <td></td> </tr> <tr> <td>c Net plan assets (subtract line 7b from line 7a).....</td> <td style="text-align: right;"><u>816882</u></td> <td style="text-align: right;"><u>965176</u></td> </tr> </table>		(a) Beginning of Year	(b) End of Year	a Total plan assets	<u>816882</u>	<u>965176</u>	b Total plan liabilities			c Net plan assets (subtract line 7b from line 7a).....	<u>816882</u>	<u>965176</u>																														
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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 1C 1D 1G

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**

		Yes	No	Amount
10	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? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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			

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))..... ☒ Yes ☐ No**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 12a or 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 during the plan year or any prior year? ☐ Yes ☒ NoIf "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)

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.	09/23/2011	EITAN FLANK
	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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

A Name of plan <u>PROGRESSIVE QUALITY CARE MANAGEMENT CO. CASH BALANCE PLAN</u>	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 <u>PROGRESSIVE QUALITY CARE, INC.</u>	D Employer Identification Number (EIN) <u>31-1793765</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>12</u> Day <u>31</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>787759</u>
b	Actuarial value 2b <u>787759</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>0</u> <u>0</u>
b	For terminated vested participants 3b <u>0</u> <u>0</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>917754</u>
(3)	Total active 3c(3) <u>50</u> <u>917754</u>
d	Total 3d <u>50</u> <u>917754</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.53</u> %
6	Target normal cost 6 <u>104718</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>09/15/2011</u>
Signature of actuary	Date
<u>MICHAEL L. LIBMAN, ASA, FCA</u>	<u>11-02940</u>
Type or print name of actuary	Most recent enrollment number
<u>LIBMAN, KADAVY & COMPANY, INC.</u>	<u>216-398-3888</u>
Firm name	Telephone number (including area code)
<u>5755 GRANGER ROAD, SUITE 501</u> <u>INDEPENDENCE, OH 44131-1442</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) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	16
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	16
10 Interest on item 9 using prior year's actual return of <u>12.03</u> %	0	2
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		19
b Interest on (a) using prior year's effective rate of <u>6.40</u> %		1
c Total available at beginning of current plan year to add to prefunding balance		20
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	18

Part III Funding percentages		
14 Funding target attainment percentage.....	14	85.83 %
15 Adjusted funding target attainment percentage.....	15	90.18 %
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	85.57 %
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
04/15/2010	27138	0			
07/15/2010	27138	0			
10/15/2010	27138	0			
01/15/2011	27139	0			
09/14/2011	66447	0			
			Totals ►	18(b)	175000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	174445
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of Quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
		(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 3.61 %	2nd segment: 6.20 %	3rd segment: 6.53 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	104718
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	93304	16511
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	121229
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35).....	36	121229
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	174445
38 Interest-adjusted excess contributions for current year (see instructions).....	38	53216
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

AGE, SALARY AND SERVICE DISTRIBUTION OF ACTIVE PARTICIPANTS

Attachment to Sch. SB

Line 26 – Schedule of Active Participant Data

Progressive Quality Care Management Co. Cash Balance Plan and Trust

EIN / PN: 31-1793765/ 002

Attained

Age at

12/31/2010

Years of Service

0-4

5-9

10-14

15-19

20-24

25-29

30+

Total

Under 25 13 0 0 0 0 0 0 0 13

25-29 7 0 0 0 0 0 0 0 7

30-34 6 0 0 0 0 0 0 0 6

35-39 4 3 0 0 0 0 0 0 7

40-44 4 0 0 0 0 0 0 0 4

45-49 4 0 0 0 0 0 0 0 4

50-54 5 0 0 0 0 0 0 0 5

55-59 3 0 0 0 0 0 0 0 3

60-64 0 1 0 0 0 0 0 0 1

Over 64 0 0 0 0 0 0 0 0 0

Total 46 4 0 0 0 0 0 0 50

Since there are fewer than 1,000 active participants, salary averages and cash balance account information are not required.

ACTUARIAL ASSUMPTIONS**Actuarial assumptions**Mortality

Active Employees

- ** Post-Retirement - For purpose of lump sum determination:
 Pursuant to plan actuarial equivalence: 1994 Group Annuity
 Reserving Table (Blended)
 Pursuant to IRC 417(e): 2010 Applicable Table (Blended)
 published in IRS Notice 2008-85

* Pre-Retirement - none

Retired Employees

Same as active employees

Rate of Retirement

100% at age 62

Weighted Average Retirement Age

Age 62

Rate of Disability

* None

Salary Scale

* None

Rate of Employee

* None

TurnoverCash Balance Interest Credit

4.19% per year

RateProvision for Expenses

None, as expenses are assumed to be paid directly by the
 Plan sponsor

Form of Benefit Payments

Lump Sum Distribution

Discount Rates

** Segment 1	3.61%
** Segment 2	6.20%
** Segment 3	6.53%
Applicable Month	10/1/2010
FAS 35	6.53%
Effective Rate	6.53%

* Given Plan provisions and the Actuarial Cost Method, these assumptions would have no material impact on either the Minimum Funding Requirement or on the present value of future benefits payable from the Plan.

** The discount segment rates and mortality assumptions are prescribed by the IRC and IRS Regulations.

ACTUARIAL ASSUMPTIONS (continued)**Actuarial Methods**Actuarial Cost Method

The actuarial cost method used to determine the actuarial target liability and target normal cost is the Unit Credit Actuarial Cost Method, as required under IRC Section 430. The actuarial valuation date is the last day of the plan year.

Asset Valuation Method

Market value of all Trust Investments, plus any accrued but unpaid contributions to the Trust discounted to the Valuation Date.

Other Facts Relevant To The Valuation Of This PlanEmployee Data

An employee census as of the Valuation Date was supplied by the Company and included all employees in the Eligible Class. We did not audit the census.

Asset Data

Asset data as of the Valuation Date and contribution amounts and dates were supplied by the Company. We did not audit the asset data.

Changes in Actuarial Assumption or Methods

The valuation interest rates are the rates required per IRC Section 430, and the cash balance interest credit rate is the 30-year treasury rate for the third full month immediately preceding the first month of the Plan Year. This year the credit rate is 4.19% compared to 4.17% last year.

The mortality assumptions used are those mandated by the Internal Revenue Service for this valuation, per IRC Section 430. Since this plan has fewer than 500 participants, we use the unisex assumptions.

Events and Trends Which Have Not Been Taken Into Account

To the best of our knowledge, there has been no event or trend which has not been taken into account and which may require a material change in plan costs or required contribution rates. In addition, no Plan amendments adopted and effective after the valuation date of December 31, 2010 were considered for this Valuation, nor do any exist of which we are aware except statutory CPI increases in maximum benefits and considered compensation.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2010**This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ Round off amounts to nearest dollar.

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

A Name of plan PROGRESSIVE QUALITY CARE MANAGEMENT CO. CASH BALANCE PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PROGRESSIVE QUALITY CARE, INC.		D Employer Identification Number (EIN) 31-1793765
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>12</u> Day <u>31</u> Year <u>2010</u>			
2 Assets:			
a Market value	2a	787759	
b Actuarial value	2b	787759	
3 Funding target/participant count breakdown			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	0	0
b For terminated vested participants	3b	0	0
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		917754
(3) Total active	3c(3)	50	917754
d Total	3d	50	917754
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.53%	
6 Target normal cost	6	104718	

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>9-15-11</u>
Signature of actuary		Date
MICHAEL L. LIBMAN, ASA, FCA		1102940
Type or print name of actuary		Most recent enrollment number
LIBMAN, KADAVY & COMPANY, INC.		216-398-3888
Firm name		Telephone number (including area code)
5755 GRANGER ROAD, SUITE 501		
INDEPENDENCE OH 44131-1442		
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) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	16
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	0	16
10 Interest on item 9 using prior year's actual return of <u>12.03%</u>	0	2
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		19
b Interest on (a) using prior year's effective rate of <u>6.40%</u>		1
c Total available at beginning of current plan year to add to prefunding balance		20
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	18

Part III Funding percentages

14 Funding target attainment percentage	14	85.83%
15 Adjusted funding target attainment percentage	15	90.18%
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	85.57%
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
04/15/2010	27138	0			
07/15/2010	27138	0			
10/15/2010	27138	0			
01/15/2011	27139	0			
09/14/2011	66447	0			
		Totals ►	18(b)	175000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 174445
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21	Discount rate:				
a	Segment rates:	1st segment: 3.61%	2nd segment: 6.20%	3rd segment: 6.53%	☐ N/A, full yield curve used
b	Applicable month (enter code)				21b 2
22	Weighted average retirement age				22 62
23	Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31	Target normal cost, adjusted, if applicable (see instructions)	31	104718
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	93304	16511
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	0
34	Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	34	121229
35	Balances used to offset funding requirement	Carryover balance	Prefunding balance
36	Additional cash requirement (item 34 minus item 35)	Total balance	
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	0	
38	Interest-adjusted excess contributions for current year (see instructions)	36	121229
39	Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	37	174445
40	Unpaid minimum required contribution for all years	38	53216
		39	0
		40	0

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 section 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**2010****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2010 or fiscal plan year beginning		01/01/2010	and ending	12/31/2010
A This return/report is for:	☒ single-employer plan	☐ multiple-employer plan (not multiemployer)	☐ one-participant plan	
B This return/report is for:	☐ first return/report	☐ final return/report		
	☐ an amended return/report	☐ 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 PROGRESSIVE QUALITY CARE MANAGEMENT CO. CASH BALANCE PLAN	1b Three-digit plan number (PN) ►	002
	1c Effective date of plan	01/01/2003
2a Plan sponsor's name and address (employer, if for single-employer plan) PROGRESSIVE QUALITY CARE, INC. 5553 BROADVIEW ROAD PARMA OH 44134-1604	2b Employer Identification Number (EIN) 31-1793765	
	2c Plan sponsor's telephone number	
	2d Business code (see instructions) 623000	
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") PROGRESSIVE QUALITY CARE 5553 BROADVIEW ROAD PARMA OH 44134	3b Administrator's EIN 31-1793765	
	3c Administrator's telephone number 216-430-1197	
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. Sponsor's name	4b EIN	
	4c PN	
5a Total number of participants at the beginning of the plan year	5a	50
b Total number of participants at the end of the plan year	5b	50
c Total 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 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.		

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	816882	965176
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	816882	965176
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	175000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	-25298	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		149702
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	1408	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1408
i Net income (loss) (subtract line 8h from line 8c)	8i		148294
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 1C 1D 1G
- 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

		Yes	No	Amount
10 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? (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		500000
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)) ☒ Yes ☐ No

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 12a or 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 during the plan year or any prior 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)

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	9/21/11	EITAN FLANK
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	9/21/11	EITAN FLANK
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Progressive Quality Care Management Co. Cash Balance Plan and Trust

EIN / PN: 31-1793765/ 002

SUMMARY OF PRINCIPAL PLAN PROVISIONS

<u>Effective Date</u>	January 1, 2003	
<u>Employees Covered</u>	The President of the Employer, Vice Presidents of the Employer and Members of the Lowest Paid Group. The Lowest Paid Group is the lesser of (a) 40% of the total number of Employees or (b) 50 Employees who receive the Lowest Compensation for the Plan Year.	
<u>Normal Retirement Eligibility</u>	Age 62	
<u>Accrued Benefit</u>	Account Balance for members of the Executive Management Team. Account Balance offset by Vested Profit Sharing Account Balance for other Participants.	
<u>Annual Allocation</u>	For the President and Vice Presidents, the lesser of 10 times Special Bonuses or the maximum under IRC Section 415. For other Participants, 2% of Compensation.	
<u>Pre-retirement Death Benefit</u>	The Participant's Vested Account Balance	
<u>Termination of Employment Benefit</u>	The Participant's Vested Account Balance	
	A Participant's Vesting Percentage is determined according to the following schedule:	
	Employed Before 1/1/08 <u>Vesting Pctg.</u>	Employed After 1/31/07 <u>Vesting Pctg.</u>
<u>Service</u>		
0-1 Years	0%	0%
2 Years	20%	0%
3 Years	100%	100%

SUMMARY OF PRINCIPAL PLAN PROVISIONS (continued)Contributions

The Company pays the actuarially determined cost of the Plan.

Plan Amendments

Most Recent Signed

Effective Date

N/A

various

There was no IRC 412(d)(2) election for this year.

Note

This plan is a statutory hybrid plan per the IRC Section 411(a)(13) and the IRS Regulations thereunder.

Progressive Quality Care Management Co. Cash Balance Plan and Trust

EIN / PN: 31-1793765/ 002

EXHIBIT II**SHORTFALL AMORTIZATION BASE AS OF DECEMBER 31, 2010**

Target Funding Liability	\$	917,754
Assets	\$	787,759
Prefunding Balance	\$	19
Adjusted Assets	\$	787,740
Shortfall Percentage		85.83%
Carryover Balance	\$	0
2010 Funding Target Shortfall (96% of Target Liability)	\$	93,304
2008 Amortization Base	\$	-
2009 Amortization Base	\$	57,584
2010 Amortization Base	\$	35,720

The Shortfall Percentage is less than 96%, therefore a Shortfall Amortization base is required.

<u>Date Established</u>	<u>Payment</u>	<u>Annuity Factor</u>	<u>Years Remaining</u>	<u>Balance</u>
12/31/2010	\$ 5,855	6.1008	7	\$ 35,720
1/1/2009	\$ 10,656	5.4038	6	\$ 57,584
1/1/2008	\$ -	4.6635	5	\$ -
Totals	\$ 16,511			\$ 93,304

Progressive Quality Care Management Co. Cash Balance Plan and Trust
EIN / PN: 31-1793765 / 002

<u>Date</u>	<u>Amount of Contribution</u>	<u>Plan Year Applied</u>	<u>Effective Interest Rate</u>	<u>Interest Adjusted Amount as of 12/31/10</u>
04/15/10	\$27,138.25	2010	6.53%	\$28,386.86
07/15/10	\$27,138.25	2010	6.53%	\$27,941.48
10/15/10	\$27,138.25	2010	6.53%	\$27,503.09
01/15/11	\$27,138.25	2010	6.53%	\$27,066.82
09/14/11	\$66,447.00	2010	6.53%	\$63,546.61
Totals	\$175,000.00			\$174,444.86

Progressive Quality Care Management Co. Cash Balance Plan and Trust
EIN / PN: 31-1793765 / 002

The Valuation Date was changed from the first day of the Plan Year to the last day of the Plan Year per IRS Regulation 1.430(g)-1(b)(2). As this change was made in a manner that is consistent with the requirements of IRC Section 430 and proposed regulations thereunder, this is an automatic change and no approval is needed from the IRS.

Pursuant to IRS Regulation 1.430(g)-1(f)(3), as this change is made for a plan year beginning in 2010, it is treated as having been approved by the Commissioner and does not require the Commissioner's specific prior approval.

The plan sponsor's agreement to this change in method is indicated by filing this attachment with the Schedule SB for the plan year.

Progressive Quality Care Management Co. Cash Balance Plan and Trust
EIN / PN: 31-1793765/ 002

Each participant is assumed to retire at his/her Normal Retirement Age as shown on the Schedule SB, Line 22. Any participant who has already reached Normal Retirement Age is assumed to retire at the end of the plan year.