

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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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:	☐ 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>CAREGIVERS HEALTH NETWORK INC 401(K) PROFIT SHARING PLAN & TRUST</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>01/01/2004</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2004</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2004</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>CAREGIVERS HEALTH NETWORK</u> <u>2135 DANA AVE STE 220</u> <u>CINCINNATI, OH 45207</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>20-0541884</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>513-662-3400</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621610</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-0541884</u>	2c Sponsor's telephone number <u>513-662-3400</u>	2d Business code (see instructions) <u>621610</u>	
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2d Business code (see instructions) <u>621610</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.	10/13/2011	THOMAS BRACKMANN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") CAREGIVERS HEALTH NETWORK 2135 DANA AVE STE 220 CINCINNATI, OH 45207	3b Administrator's EIN 20-0541884 3c Administrator's telephone number 513-662-3400
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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	139
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	141
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	2
d Subtotal. Add lines 6a , 6b , and 6c	6d	143
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	143
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	23
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:
2E 2G 2J 2K 2T 3D

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
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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) ☐ **0** **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
		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		
A Name of plan CAREGIVERS HEALTH NETWORK INC 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CAREGIVERS HEALTH NETWORK	D Employer Identification Number (EIN) 20-0541884	

Part I	Asset and Liability Statement
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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	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	108943	29359
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	1417	54
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	305975	469034
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	
(2) Employer real property	1d(2)	0	
e Buildings and other property used in plan operation	1e	0	
f Total assets (add all amounts in lines 1a through 1e)	1f	416335	498447

Liabilities

g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
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	416335	498447
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	46069	
(B) Participants	2a(1)(B)	102794	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		148863
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(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)	33	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		33
(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)	10611	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		10611
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		46404
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		205911

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	123679	
(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)		123679
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	120	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		120
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		123799

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		82112
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: VONLEHMAN & COMPANY, INC.

(2) EIN: 31-0905417

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		41634
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
		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

A Name of plan <u>CAREGIVERS HEALTH NETWORK INC 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CAREGIVERS HEALTH NETWORK</u>	D Employer Identification Number (EIN) <u>20-0541884</u>

Part I	Distributions
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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
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>16-1470238</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)
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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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

**CAREGIVERS HEALTH NETWORK INC. 401(k)
PROFIT SHARING PLAN**

December 31, 2010

*FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS'
REPORT INCLUDING SUPPLEMENTAL SCHEDULES*



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**CAREGIVERS HEALTH NETWORK INC.
401(k) PROFIT SHARING PLAN
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INDEPENDENT AUDITORS' REPORT

To the Trustees of
Caregivers Health Network Inc.
401(k) Profit Sharing Plan
Cincinnati, Ohio

We have audited the accompanying Statement of Net Assets Available for Benefits of Caregivers Health Network Inc. 401(k) Profit Sharing Plan as of December 31, 2010 and the related Statement of Changes in Net Assets Available for Benefits for the year then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Caregivers Health Network Inc. 401(k) Profit Sharing Plan as of December 31, 2010 and the changes in its net assets available for benefits for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules as listed in the table of contents for the year ended December 31, 2010 are presented for the purpose of additional analysis and are not a required part of the basic financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

We have compiled the accompanying Statement of Net Assets Available for Benefits of Caregivers Health Network Inc. 401(k) Profit Sharing Plan as of December 31, 2009 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 Statement of Net Assets Available for Benefits as of December 31, 2009 and, accordingly, do not express an opinion or any other form of assurance on it.

VonLehman & Company Inc.

Fort Mitchell, Kentucky
October 10, 2011

**CAREGIVERS HEALTH NETWORK INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

ASSETS

	December 31,	
	2010	2009
	(Audited)	(Compiled)
Investments at Fair Value		
Money Market Fund	\$ 29,359	\$ 108,943
Mutual Funds	<u>469,034</u>	<u>305,975</u>
Total Investments at Fair Value	498,393	414,918
Notes Receivable from Participants	<u>54</u>	<u>1,417</u>
Net Assets Available for Benefits	<u><u>\$ 498,447</u></u>	<u><u>\$ 416,335</u></u>

See accompanying notes.

CAREGIVERS HEALTH NETWORK INC. 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2010

Additions to Net Assets Attributed To Investment Income

Interest and Dividends	\$ 10,611
Net Appreciation in Fair Value of Investments	<u>46,404</u>
Total Investment Income	<u>57,015</u>

Interest on Notes Receivable from Participants	<u>33</u>
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Contributions

Employee	102,794
Employer	<u>46,069</u>
Total Contributions	<u>148,863</u>

Total Additions	205,911
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Deductions from Net Assets Attributed to

Benefits Paid to Participants	<u>123,799</u>
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Net Increase	82,112
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Net Assets Available for Benefits

Beginning of Plan Year	<u>416,335</u>
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End of Plan Year	<u><u>\$ 498,447</u></u>
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See accompanying notes.

**CAREGIVERS HEALTH NETWORK INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS**

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Caregivers Health Network Inc. 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan document and the summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan with a cash or deferred arrangement covering all employees at the Company who are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to limits determined by the Internal Revenue Service, as defined in the Plan document. Participants may also contribute amounts representing distributions from certain other retirement plans as described in the Plan document. Participants direct the investment of their contributions in various investment options offered by the Plan.

The Plan has elected the safe harbor provisions thus the Company is required to make contributions equal to a participant's elective deferrals that do not exceed 3% of their compensation for the Plan year plus 50% of their elective deferrals that exceed 3% but do not exceed 5% of their compensation for the Plan year. The Company may also make a discretionary profit sharing contribution. For the year ended December 31, 2010, the Company made no profit sharing contribution.

Participants' Accounts

Each participant's account is credited with (a) employee elective 401(k) deferrals, (b) Plan earnings (including a charge for allocation of administrative expenses), and (c) employer contributions. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Notes Receivable from Participants

Participants may borrow from their accounts. The notes receivable typically range from \$1,000 to \$50,000 and are repayable through weekly payroll deductions. The notes are secured by the balance of the participant's account and bear interest at a reasonable rate.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

Vesting

Participants are immediately vested in their 401(k) elective deferrals, rollover contributions, and employer contributions plus actual earnings thereon.

Payment of Benefits

On termination of service, participants can receive their vested benefit in a lump sum payment or any other form of payment agreed upon by the Plan administrator and the participant as described in the Plan document. If the total value of the vested account balance is \$5,000 or less, the Company can force a distribution to the participant.

Administrative Expenses

A portion of the administrative expenses, which include audit fees, are paid by the Plan's sponsor.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES**Basis of Accounting**

The Plan prepares its financial statements in conformity with U.S. generally accepted accounting principles customary for retirement savings plans.

Method of Valuing Investments

Quoted market prices are used to value investments. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Use of Estimates

The process of preparing financial statements in conformity with U.S. generally accepted accounting principles requires the use of estimates and assumptions regarding certain types of assets, liabilities, revenues and expenses. Certain estimates relate to unsettled transactions and events as of the date of the financial statements. Other estimates relate to assumptions about the ongoing operations and may impact future periods. Accordingly, upon settlement, actual results may differ from estimated amounts.

Net Assets Available for Benefits

Net assets available for benefits at December 31, 2010 include \$-0- allocated to the accounts of persons who, prior to that date, had withdrawn from participating in the earnings and operations of the Plan.

NOTE 3 – INVESTMENTS

The following table presents the fair values of investments at December 31, 2010. Investments that represent 5% or more of the Plan's net assets are separately identified.

Investments at Fair Value

	2010	
	No. of Shares	Fair Value
Money Market Fund		
Fidelity Prime Daily Money Market Fund	29,358.750	\$ 29,359
Mutual Funds		
Fidelity Advisor Equity Growth Fund	503.558	27,071
Fidelity Advisor Balanced Fund	1,727.328	25,962
Fidelity Advisor Overseas Fund	1,919.757	35,804
Fidelity Advisor Strategic Income Fund	2,494.036	30,876
Fidelity Advisor Freedom 2010 Fund	5,380.741	61,932
Fidelity Advisor Freedom 2015 Fund	5,418.855	62,208
Fidelity Advisor Freedom 2020 Fund	10,683.811	128,206
Other Mutual Funds (Less than 5%)	Various	96,975
Total Mutual Funds		469,034
Total Investments at Fair Value		\$ 498,393

NOTE 3 – INVESTMENTS (Continued)

During 2010, the Plan's investments, including investments bought, sold, as well as held during the years appreciated as follows:

Net Appreciation in Fair Value for the Year Ended December 31,	
	2010
Investments at Quoted Market Price Mutual Funds	\$ 46,404

NOTE 4 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 5 – TAX STATUS

The Plan is currently operating under a prototype plan document that has been accepted under Section 401 of the Internal Revenue Code for use by employers for the benefit of their employees. This prototype document received a favorable opinion letter from the Internal Revenue Service, dated March 31, 2008. The Plan has been amended since receiving this letter. Additionally, no determination letter has been received specific to the Caregivers Health Network 401(k) Profit Sharing Plan. However, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Tax years still open under federal statute of limitations remain subject to review and change.

NOTE 6 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

LEVEL 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

LEVEL 2 – Inputs for the valuation methodology include

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

NOTE 6 – FAIR VALUE MEASUREMENTS (Continued)

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

LEVEL 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010.

Mutual Funds – valued at the net asset value (NAV) of shares held by the Plan at year end.

The preceding methods described may provide a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2010:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds				
Equity/Index Funds	\$ 101,354	\$ -	\$ -	\$ 101,354
Balanced Funds	25,962	-	-	25,962
International Funds	35,804	-	-	35,804
Fixed Income/Bond Funds	52,204	-	-	52,204
Target Retirement Funds	<u>253,710</u>	<u>-</u>	<u>-</u>	<u>253,710</u>
Total Assets at Fair Value	<u>\$ 469,034</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 469,034</u>

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 – CONTINGENCY

During 2010, it was discovered that the amount required to be withheld from non-base compensation was not calculated properly for 2010 and potentially prior years. In addition, corresponding matching payments required of the Plan sponsor may also be incorrect. The Plan and the Plan sponsor are pursuing the matter to determine the extent of any additional required contributions and potential lost earnings on such contributions. The Plan sponsor intends to correct any deficiencies noted.

NOTE 9 – SUBSEQUENT EVENTS

The date to which events occurring after December 31, 2010, the date of the most recent Statement of Net Assets Available for Benefits, have been evaluated for possible adjustment to the financial statements or disclosure is October 10, 2011, which is the date on which the financial statements were available to be issued. During April, 2011, the Plan sponsor was acquired by another entity. As of the date of these financial statements, the Plan assets are in the process of being transferred over to the acquiring entity's plan or distributed in accordance with the participant's election.

SUPPLEMENTAL SCHEDULES

CAREGIVERS HEALTH NETWORK INC. 401(k) PROFIT SHARING PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2010
Form 5500, Schedule H, Part IV, 4, i.
EIN: 20-0541884
Plan No. 001

<u>Identity of Issue</u>	<u>Rate of Interest</u>	<u>Description of Investments</u>	<u>Cost</u>	<u>Current Value</u>
Money Market Fund				
Fidelity Prime Daily Money Market Fund		29,358.750 Shares \$	29,359 \$	<u>29,359</u>
Mutual Funds				
Fidelity Advisor Equity Growth Fund		503.558 Shares	(1)	27,071
Fidelity Advisor Dividend Growth Fund		944.051 Shares	(1)	11,820
Fidelity Advisor Small Cap Fund		576.013 Shares	(1)	14,037
Fidelity Advisor Growth Opportunity Fund		653.112 Shares	(1)	22,480
Fidelity Advisor Balanced Fund		1,727.328 Shares	(1)	25,962
Fidelity Advisor Mid Cap II Fund		902.134 Shares	(1)	16,049
Fidelity Advisor Equity Income Fund		426.390 Shares	(1)	9,897
Fidelity Advisor Intermediate Bond Fund		844.878 Shares	(1)	9,370
Fidelity Advisor Overseas Fund		1,919.757 Shares	(1)	35,804
Fidelity Advisor Strategic Income Fund		2,494.036 Shares	(1)	30,876
Fidelity Advisor Freedom 2010 Fund		5,380.741 Shares	(1)	61,932
Fidelity Advisor Freedom 2015 Fund		5,418.855 Shares	(1)	62,208
Fidelity Advisor Freedom 2020 Fund		10,683.811 Shares	(1)	128,206
Fidelity Advisor Freedom 2035 Fund		118.437 Shares	(1)	1,364
Fidelity Advisor Government Income Fund		1,145.404 Shares	(1)	<u>11,958</u>
Total Mutual Funds				<u>469,034</u>
Note Receivable from Participants	4.25%		-	<u>54</u>
Total Assets Held for Investment				<u>\$ 498,447</u>

(1) Historical Cost Information is not readily available

CAREGIVERS HEALTH NETWORK INC. 401(k) PROFIT SHARING PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2010
Form 5500, Schedule H, Part IV, 4, j.
EIN: 20-0541884
Plan No. 001

Transactions or Series of Transactions in Excess of Five Percent of Plan Assets at Beginning of Year

Description of Party Involved and Asset	Purchase Price	Selling Price	Current Expenses Incurred With Transaction	Cost of Asset	Plan Value of Asset on Transaction Date	Net Gain
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- NONE -

**CAREGIVERS HEALTH NETWORK INC. 401(k)
PROFIT SHARING PLAN**

December 31, 2010

*FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS'
REPORT INCLUDING SUPPLEMENTAL SCHEDULES*



VonLehman & Company Inc. vlcpa.com
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**CAREGIVERS HEALTH NETWORK INC.
401(k) PROFIT SHARING PLAN
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INDEPENDENT AUDITORS' REPORT

To the Trustees of
Caregivers Health Network Inc.
401(k) Profit Sharing Plan
Cincinnati, Ohio

We have audited the accompanying Statement of Net Assets Available for Benefits of Caregivers Health Network Inc. 401(k) Profit Sharing Plan as of December 31, 2010 and the related Statement of Changes in Net Assets Available for Benefits for the year then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Caregivers Health Network Inc. 401(k) Profit Sharing Plan as of December 31, 2010 and the changes in its net assets available for benefits for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules as listed in the table of contents for the year ended December 31, 2010 are presented for the purpose of additional analysis and are not a required part of the basic financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

We have compiled the accompanying Statement of Net Assets Available for Benefits of Caregivers Health Network Inc. 401(k) Profit Sharing Plan as of December 31, 2009 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 Statement of Net Assets Available for Benefits as of December 31, 2009 and, accordingly, do not express an opinion or any other form of assurance on it.

VonLehman & Company Inc.

Fort Mitchell, Kentucky
October 10, 2011

CAREGIVERS HEALTH NETWORK INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS

	December 31,	
	2010	2009
	(Audited)	(Compiled)
Investments at Fair Value		
Money Market Fund	\$ 29,359	\$ 108,943
Mutual Funds	<u>469,034</u>	<u>305,975</u>
Total Investments at Fair Value	498,393	414,918
Notes Receivable from Participants	<u>54</u>	<u>1,417</u>
Net Assets Available for Benefits	<u><u>\$ 498,447</u></u>	<u><u>\$ 416,335</u></u>

See accompanying notes.

CAREGIVERS HEALTH NETWORK INC. 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2010

Additions to Net Assets Attributed To Investment Income

Interest and Dividends	\$ 10,611
Net Appreciation in Fair Value of Investments	<u>46,404</u>

Total Investment Income	<u>57,015</u>
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Interest on Notes Receivable from Participants	<u>33</u>
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Contributions

Employee	102,794
Employer	<u>46,069</u>

Total Contributions	<u>148,863</u>
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Total Additions	205,911
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Deductions from Net Assets Attributed to

Benefits Paid to Participants	<u>123,799</u>
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Net Increase	82,112
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Net Assets Available for Benefits

Beginning of Plan Year	<u>416,335</u>
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End of Plan Year	<u><u>\$ 498,447</u></u>
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See accompanying notes.

**CAREGIVERS HEALTH NETWORK INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS**

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Caregivers Health Network Inc. 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan document and the summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan with a cash or deferred arrangement covering all employees at the Company who are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to limits determined by the Internal Revenue Service, as defined in the Plan document. Participants may also contribute amounts representing distributions from certain other retirement plans as described in the Plan document. Participants direct the investment of their contributions in various investment options offered by the Plan.

The Plan has elected the safe harbor provisions thus the Company is required to make contributions equal to a participant's elective deferrals that do not exceed 3% of their compensation for the Plan year plus 50% of their elective deferrals that exceed 3% but do not exceed 5% of their compensation for the Plan year. The Company may also make a discretionary profit sharing contribution. For the year ended December 31, 2010, the Company made no profit sharing contribution.

Participants' Accounts

Each participant's account is credited with (a) employee elective 401(k) deferrals, (b) Plan earnings (including a charge for allocation of administrative expenses), and (c) employer contributions. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Notes Receivable from Participants

Participants may borrow from their accounts. The notes receivable typically range from \$1,000 to \$50,000 and are repayable through weekly payroll deductions. The notes are secured by the balance of the participant's account and bear interest at a reasonable rate.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

Vesting

Participants are immediately vested in their 401(k) elective deferrals, rollover contributions, and employer contributions plus actual earnings thereon.

Payment of Benefits

On termination of service, participants can receive their vested benefit in a lump sum payment or any other form of payment agreed upon by the Plan administrator and the participant as described in the Plan document. If the total value of the vested account balance is \$5,000 or less, the Company can force a distribution to the participant.

Administrative Expenses

A portion of the administrative expenses, which include audit fees, are paid by the Plan's sponsor.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES**Basis of Accounting**

The Plan prepares its financial statements in conformity with U.S. generally accepted accounting principles customary for retirement savings plans.

Method of Valuing Investments

Quoted market prices are used to value investments. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Use of Estimates

The process of preparing financial statements in conformity with U.S. generally accepted accounting principles requires the use of estimates and assumptions regarding certain types of assets, liabilities, revenues and expenses. Certain estimates relate to unsettled transactions and events as of the date of the financial statements. Other estimates relate to assumptions about the ongoing operations and may impact future periods. Accordingly, upon settlement, actual results may differ from estimated amounts.

Net Assets Available for Benefits

Net assets available for benefits at December 31, 2010 include \$-0- allocated to the accounts of persons who, prior to that date, had withdrawn from participating in the earnings and operations of the Plan.

NOTE 3 – INVESTMENTS

The following table presents the fair values of investments at December 31, 2010. Investments that represent 5% or more of the Plan's net assets are separately identified.

Investments at Fair Value

	2010	
	No. of Shares	Fair Value
Money Market Fund		
Fidelity Prime Daily Money Market Fund	29,358.750	\$ 29,359
Mutual Funds		
Fidelity Advisor Equity Growth Fund	503.558	27,071
Fidelity Advisor Balanced Fund	1,727.328	25,962
Fidelity Advisor Overseas Fund	1,919.757	35,804
Fidelity Advisor Strategic Income Fund	2,494.036	30,876
Fidelity Advisor Freedom 2010 Fund	5,380.741	61,932
Fidelity Advisor Freedom 2015 Fund	5,418.855	62,208
Fidelity Advisor Freedom 2020 Fund	10,683.811	128,206
Other Mutual Funds (Less than 5%)	Various	96,975
Total Mutual Funds		469,034
Total Investments at Fair Value		\$ 498,393

NOTE 3 – INVESTMENTS (Continued)

During 2010, the Plan's investments, including investments bought, sold, as well as held during the years appreciated as follows:

<u>Net Appreciation in Fair Value for the Year Ended December 31,</u>	
	<u>2010</u>
Investments at Quoted Market Price Mutual Funds	\$ <u>46,404</u>

NOTE 4 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 5 – TAX STATUS

The Plan is currently operating under a prototype plan document that has been accepted under Section 401 of the Internal Revenue Code for use by employers for the benefit of their employees. This prototype document received a favorable opinion letter from the Internal Revenue Service, dated March 31, 2008. The Plan has been amended since receiving this letter. Additionally, no determination letter has been received specific to the Caregivers Health Network 401(k) Profit Sharing Plan. However, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Tax years still open under federal statute of limitations remain subject to review and change.

NOTE 6 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

LEVEL 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

LEVEL 2 – Inputs for the valuation methodology include

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

NOTE 6 – FAIR VALUE MEASUREMENTS (Continued)

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

LEVEL 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010.

Mutual Funds – valued at the net asset value (NAV) of shares held by the Plan at year end.

The preceding methods described may provide a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2010:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds				
Equity/Index Funds	\$ 101,354	\$ -	\$ -	\$ 101,354
Balanced Funds	25,962	-	-	25,962
International Funds	35,804	-	-	35,804
Fixed Income/Bond Funds	52,204	-	-	52,204
Target Retirement Funds	<u>253,710</u>	<u>-</u>	<u>-</u>	<u>253,710</u>
Total Assets at Fair Value	<u>\$ 469,034</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 469,034</u>

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 – CONTINGENCY

During 2010, it was discovered that the amount required to be withheld from non-base compensation was not calculated properly for 2010 and potentially prior years. In addition, corresponding matching payments required of the Plan sponsor may also be incorrect. The Plan and the Plan sponsor are pursuing the matter to determine the extent of any additional required contributions and potential lost earnings on such contributions. The Plan sponsor intends to correct any deficiencies noted.

NOTE 9 – SUBSEQUENT EVENTS

The date to which events occurring after December 31, 2010, the date of the most recent Statement of Net Assets Available for Benefits, have been evaluated for possible adjustment to the financial statements or disclosure is October 10, 2011, which is the date on which the financial statements were available to be issued. During April, 2011, the Plan sponsor was acquired by another entity. As of the date of these financial statements, the Plan assets are in the process of being transferred over to the acquiring entity's plan or distributed in accordance with the participant's election.

SUPPLEMENTAL SCHEDULES

CAREGIVERS HEALTH NETWORK INC. 401(k) PROFIT SHARING PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2010
Form 5500, Schedule H, Part IV, 4, i.
EIN: 20-0541884
Plan No. 001

<u>Identity of Issue</u>	<u>Rate of Interest</u>	<u>Description of Investments</u>	<u>Cost</u>	<u>Current Value</u>
Money Market Fund				
Fidelity Prime Daily Money Market Fund		29,358.750 Shares \$	29,359 \$	<u>29,359</u>
Mutual Funds				
Fidelity Advisor Equity Growth Fund		503.558 Shares	(1)	27,071
Fidelity Advisor Dividend Growth Fund		944.051 Shares	(1)	11,820
Fidelity Advisor Small Cap Fund		576.013 Shares	(1)	14,037
Fidelity Advisor Growth Opportunity Fund		653.112 Shares	(1)	22,480
Fidelity Advisor Balanced Fund		1,727.328 Shares	(1)	25,962
Fidelity Advisor Mid Cap II Fund		902.134 Shares	(1)	16,049
Fidelity Advisor Equity Income Fund		426.390 Shares	(1)	9,897
Fidelity Advisor Intermediate Bond Fund		844.878 Shares	(1)	9,370
Fidelity Advisor Overseas Fund		1,919.757 Shares	(1)	35,804
Fidelity Advisor Strategic Income Fund		2,494.036 Shares	(1)	30,876
Fidelity Advisor Freedom 2010 Fund		5,380.741 Shares	(1)	61,932
Fidelity Advisor Freedom 2015 Fund		5,418.855 Shares	(1)	62,208
Fidelity Advisor Freedom 2020 Fund		10,683.811 Shares	(1)	128,206
Fidelity Advisor Freedom 2035 Fund		118.437 Shares	(1)	1,364
Fidelity Advisor Government Income Fund		1,145.404 Shares	(1)	<u>11,958</u>
Total Mutual Funds				<u>469,034</u>
Note Receivable from Participants	4.25%		-	<u>54</u>
Total Assets Held for Investment				<u>\$ 498,447</u>

(1) Historical Cost Information is not readily available

CAREGIVERS HEALTH NETWORK INC. 401(k) PROFIT SHARING PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2010
Form 5500, Schedule H, Part IV, 4, j.
EIN: 20-0541884
Plan No. 001

Transactions or Series of Transactions in Excess of Five Percent of Plan Assets at Beginning of Year

Description of Party Involved and Asset	Purchase Price	Selling Price	Current Expenses Incurred With Transaction	Cost of Asset	Plan Value of Asset on Transaction Date	Net Gain
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- NONE -