

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</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>EXECUTIVE HEALTH RESOURCES, INC. 401(K) PROFIT SHARING PLAN</u>		1b Three-digit plan number (PN) ▶ <u>001</u>
			1c Effective date of plan <u>01/01/2001</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)	<u>EXECUTIVE HEALTH RESOURCES, INC.</u> <u>15 CAMPUS BLVD STE 200</u> <u>NEWTOWN SQUARE, PA 19073</u>		2b Employer Identification Number (EIN) <u>11-3669765</u>
			2c Sponsor's telephone number <u>610-446-6100</u>
			2d Business code (see instructions) <u>541990</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/27/2012</u>	<u>JAMES COPPENS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") EXECUTIVE HEALTH RESOURCES, INC. 15 CAMPUS BLVD STE 200 NEWTOWN SQUARE, PA 19073	3b Administrator's EIN 11-3669765 3c Administrator's telephone number 610-446-6100
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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
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5 Total number of participants at the beginning of the plan year	5	1263
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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	2123
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	23
d Subtotal. Add lines 6a , 6b , and 6c	6d	2146
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	2146
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	600
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 3D 3H

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☐ **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☐ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan EXECUTIVE HEALTH RESOURCES, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 EXECUTIVE HEALTH RESOURCES, INC.	D Employer Identification Number (EIN) 11-3669765

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN FUNDS DISTRIBUTORS, INC.

95-2769620

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
T. ROWE PRICE 100 EAST PRATT STREET
BALTIMORE, MD 21202

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

MARCHESE, MORGAN

HARBORSIDE, 34 EXCHANGE PLACE
PLAZA 2, 3RD FLOOR
JERSEY CITY, NJ 07302

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 63 61	ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	32649	Yes ☐ No ☒

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

ADP

22-1467904

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 64	RECORD KEEPER	875	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ADP BROKER-DEALER

22-3319984

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60 59 49 99	RECORD KEEPER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

DWS INVESTMENTS DISTRIBUTOR, INC.

36-3976708

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MARCHESE, MORGAN	63 61	32649
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DWS SCUDDER 222 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606	DISTRIBUTION (12B-1) FEES FINDERS FEES/PLACEMENT FEES	
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59 99	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS DISTRIBUTORS, INC. 95-2769620	ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS	
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DWS INVESTMENTS DISTRIBUTOR, INC.	63	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS DISTRIBUTORS, INC. 95-2769620	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DWS INVESTMENTS DISTRIBUTOR, INC.	63	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>DWS INVESTMENTS DISTRIBUTOR, INC.</p> <p>36-3976708</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> <p>ADP BROKER-DEALER</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> <p>60 59</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>DWS INVESTMENTS DISTRIBUTOR, INC.</p> <p>36-3976708</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> <p>ADP BROKER-DEALER</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> <p>60 59 99</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>T. ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS</p> </div> </div>		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DWS INVESTMENTS DISTRIBUTOR, INC.	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="font-size: 24pt; font-weight: bold;">2011</div> This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>EXECUTIVE HEALTH RESOURCES, INC. 401(K) PROFIT SHARING PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EXECUTIVE HEALTH RESOURCES, INC.</u>		D Employer Identification Number (EIN) <u>11-3669765</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		304242
	(2) Participant contributions	1b(2)		89153
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9807997	13598757
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9807997	13992152

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	351926	345517
k Total liabilities (add all amounts in lines 1g through 1j)	1k	351926	345517

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9456071	13646635
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	304242	
(B) Participants	2a(1)(B)	4642827	
(C) Others (including rollovers)	2a(1)(C)	491931	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5439000

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	344955	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		344955

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

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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-749684
c Other income.....	2c		60
d Total income. Add all income amounts in column (b) and enter total.....	2d		5034331

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	497375	
(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)		497375
f Corrective distributions (see instructions)	2f		345517
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	875	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		875
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		843767

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4190564
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: G3 OF PA, LLC (2) EIN: 45-3594400

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			
4n			

- 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 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>EXECUTIVE HEALTH RESOURCES, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EXECUTIVE HEALTH RESOURCES, INC.</u>	D Employer Identification Number (EIN) <u>11-3669765</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>57-1198022</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

***EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN***

FINANCIAL STATEMENTS

DECEMBER 31, 2011

EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2011

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Certified Public Accountants and Consultants

G3 of PA LLC

The Pavilion, Suite 900
261 Old York Road
Jenkintown, PA 19046

215.572.7790
215.572.8945 fax
www.g3cpaofpa.com

INDEPENDENT AUDITORS' REPORT

Plan Administrator
Executive Health Resources, Inc.
401(k) Profit Sharing Plan
Newtown Square, Pennsylvania

We were engaged to audit the accompanying statements of net assets available for benefits of the Executive Health Resources, Inc. 401(k) Profit Sharing Plan as of December 31, 2011 and 2010, and the related statement of changes in net assets for the year ended December 31, 2011, and the supplemental schedule as of December 31, 2011, as identified in the table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's administrator.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to investments, investment transactions and related income, which were certified by DWS Trust Company, the Plan trustee, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that DWS Trust Company holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we were unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Plan trustee, have been audited by us in accordance with U.S. generally accepted auditing standards and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

G3 of PA LLC

Jenkintown, Pennsylvania
July 26, 2012

EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31

ASSETS

	<u>2011</u>	<u>2010</u>
Investments, at fair value		
Mutual funds	\$ 13,598,757	\$ 9,807,997
Receivables		
Employer contributions	304,242	-
Participant contributions	<u>89,153</u>	<u>-</u>
TOTAL ASSETS	13,992,152	9,807,997

LIABILITIES

Accrued liabilities, refund of excess contributions	<u>345,517</u>	<u>351,926</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 13,646,635</u>	<u>\$ 9,456,071</u>

See notes to financial statements.

EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2011

Additions to net assets attributed to:		
Dividends		\$ 344,955
Contributions		
Employer	\$ 304,242	
Participants	4,642,827	
Rollover	<u>491,931</u>	
Total contributions		<u>5,439,000</u>
Total additions		5,783,955
Deductions to net assets attributed to:		
Net depreciation in fair value of investments	(749,624)	
Benefits paid to participants	(497,375)	
Corrective distributions	(345,517)	
Administrative expenses	<u>(875)</u>	
Total deductions		<u>(1,593,391)</u>
Net increase		4,190,564
Net assets available for benefits:		
Beginning		<u>9,456,071</u>
Ending		<u>\$ 13,646,635</u>

See notes to financial statements.

EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2011

Note 1: Description of the Plan

The following description of the Executive Health Resources, Inc. (the "Company") 401(k) Profit Sharing Plan (the "Plan") is provided for informational purposes only. Participants should refer to the Plan document for more complete information. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

General

The Plan was established on January 1, 2001 as a defined contribution plan under Section 401(a) of the Internal Revenue Code (the "Code"), that covers substantially all eligible employees. The Plan contains no age or service requirements for elective deferral with the exception of certain employee classifications such as part-time flex employees who are required to complete one year of service and 1,000 hours. Each employee becomes eligible to participate in the Plan as soon as administratively feasible after meeting eligibility requirements. Effective December 31, 2011, the Plan was frozen to new participation in the Plan.

Contributions

Plan contributions are made in the form of elective contributions. Participating employees contribute to the Plan through deferral of salary on pretax basis or post tax basis for Roth deferrals. Participants may defer from 1% to 100% of their eligible compensation. Contributions may not exceed the annual maximum dollar limitation as determined by government regulations and prescribed by the Code.

The Company may elect to make discretionary profit sharing contributions. No discretionary contributions were made during the 2011 and 2010 plan years.

The Company may make qualified non-elective contributions for certain non-highly compensated employees, as required. No contributions were made for the 2011 and 2010 plan years.

In order to comply with certain non-discrimination requirements, the Plan returned contributions to participants in the amount of \$332,738 and \$351,926 for the years ended December 31, 2011 and 2010, respectively.

Effective December 31, 2011, the Plan was frozen to all new contributions.

Participant accounts

Individual accounts are maintained by each Plan participant. Each participant's account is credited with the participant's contribution and allocation of Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEAR ENDED DECEMBER 31, 2011

Note 1: Description of the Plan (continued)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting of the Company's discretionary contributions, if any, is based on years of service. Participants are fully vested after six years of credited service. If a participant's employment terminates by reason of death or permanent disability, all amounts credited to the participant's account become 100% vested regardless of length of service.

Investment options

Subject to the investment rules or limitations applicable to the Plan, eligible participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers several mutual funds as investment options for participants, who may change their investment options at any time throughout the year via direct phone or internet access.

Payment of benefits

Benefit distributions are payable upon participants' retirement, death, permanent disability, or other termination of employment in the form of a lump sum or installment payment. Benefits payable to retired participants are based on the participant's account balance as of the valuation date coincident with or next following the retirement date and are distributed as soon as reasonably possible after that valuation date. Disabled participants and beneficiaries may receive benefits as soon as reasonably possible, or they may elect to delay distribution subject to certain of the Plan's provisions.

At its discretion, the Plan administrator may grant requests for hardship withdrawals, as permitted under the Plan and the Code.

Forfeitures

Forfeitures of any discretionary contributions made by the Company may be used to reduce future discretionary contributions or to reduce non-elective contributions. Forfeitures will occur in the year in which a termination of employment occurs, regardless of when a distribution occurs.

Plan administration

Plan administrative expenses may be paid by the Plan or the Company. During 2011 and 2010, the Company paid certain of the Plan's administrative expenses.

EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEAR ENDED DECEMBER 31, 2011

Note 1: Description of the Plan (continued)

Plan termination

Although the Company has not expressed any intention to do so, it has a right to terminate the Plan at any time, subject to the provisions of ERISA. Upon termination of the Plan, all interests of the participants would be distributed based upon each participant's vested interest in the Plan's assets.

Note 2: Summary of significant accounting policies

Basis of accounting

The financial statements are prepared on the accrual method of accounting.

New accounting standards

Accounting Standards Update (ASU) No. 2010-06, *Fair Value Measurements and Disclosures* — In January 2010, the FASB issued ASU No. 2010-06, which amends Accounting Standards Codification (ASC) 820 *Fair Value Measurements and Disclosure*, adding new disclosure requirements for Levels 1 and 2; separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements; and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The Plan prospectively adopted the new guidance in 2010, except for the Level 3 reconciliation disclosures, which are required in 2011. The adoption in 2010 did not materially affect the Plan's financial statements.

ASU No. 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans* — In September 2010, the FASB issued ASU No. 2010-25. The ASU requires that participant loans be classified as notes receivable rather than a plan investment and measured at unpaid principal balance, plus accrued but unpaid interest, rather than fair value. The Plan retrospectively adopted the new accounting in 2010. The adoption did not have a material effect on the Plan's financial statements.

EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEAR ENDED DECEMBER 31, 2011

Note 2: Summary of significant accounting policies (continued)

ASU No. 2011-04 — In May 2011, the FASB issued ASU No. 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs*, which amends ASC 820. ASU 2011-04 also requires the categorization by level for items that are only required to be disclosed at fair value and information about transfers between Level 1 and Level 2. In addition, the ASU provides guidance on measuring the fair value of financial instruments managed within a portfolio and the application of premiums and discounts on fair value measurements. The ASU requires additional disclosure for Level 3 measurements regarding the sensitivity of fair value to changes in unobservable inputs and any interrelationships between those inputs. The new guidance is effective for reporting periods beginning after December 15, 2011. The adoption will not have a material effect on the statement of net assets available for benefits and statement of changes in net assets available for benefits. Plan management has not determined the impact on the disclosures in the financial statements.

Use of estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires Plan management to make estimates and assumptions that affect the reported amounts of Plan assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment valuation and income recognition

The Plan's investments in shares of registered investment company funds (mutual funds) are reported at fair value based on quoted market prices, which represent the net asset values of shares held by the funds at year end.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

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 amounts reported in the statement of net assets available for benefits.

Payment of benefits

Benefits payments to participants are recorded upon distribution.

EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEAR ENDED DECEMBER 31, 2011

Note 3: Investments

The following presents investments that represent 5% or more of the Plan's net assets at December 31, 2011 and 2010:

	<u>2011</u>	<u>2010</u>
American Funds Mutual Funds:		
Growth Fund of America	\$1,154,705	\$ 938,344
Europacific Growth Fund	1,154,418	1,097,908
Small Cap World Fund	947,108	792,373
Washington Mutual Investors Fund	905,473	719,760
American Balanced Fund	767,789	538,158
Bond Fund of America	763,038	544,924
DWS Money Market Prime Series**	1,082,853	660,961
DWS Inflation Protected Plus Fund**	722,708	499,216
T. Rowe Price Retirement 2020 Fund	1,230,406	848,492
T. Rowe Price Retirement 2030 Fund	977,364	650,356
T. Rowe Price Retirement 2040 Fund	860,118	*

* Less than 5% of net assets

** A party-in-interest as defined by ERISA

Note 4: Fair value measurements

FASB ASC 820, *Fair Value Measurements and Disclosure*, 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices in active markets that are accessible to the Plan for identical assets. These generally provide the most reliable evidence and are used to measure fair value whenever available.
- Level 2: Inputs to the valuation methodology include significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets, quoted market prices in markets that are not active for identical or similar assets, and other observable inputs.
- Level 3: Inputs to the valuation methodology are unobservable inputs and significant to the fair value measurement.

EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEAR ENDED DECEMBER 31, 2011

Note 4: Fair value measurements (continued)

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, 2011 and 2010.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

The preceding methods described may produce 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 sets forth by level, within the fair value hierarchy, the Plan's investments at fair value at December 31:

	<u>2011</u>	<u>2010</u>
Level 1: Mutual funds	\$ 13,598,757	\$ 9,807,997

Note 5: Information prepared and certified by the trustee

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2011 and 2010. Accordingly, DWS Trust Company, the custodian of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying statements of net assets available for benefits as of December 31, 2011 and 2010 and the supplemental Schedule H, Line 4(i) – Schedule of Assets Held at End of Year as of December 31, 2011, and the related investment activity reported in the statement of changes in net assets available for benefits for the year ended December 31, 2011.

Note 6: Related party transactions

Certain plan investments are mutual funds managed by DWS Trust Company, the trustee of the Plan. These investments qualify as party-in-interest transactions. Fees paid by the Plan for investment management services amounted to \$875 for the 2011 plan year.

Certain administrative functions of the Plan are performed by officers or employees of Executive Health Resources, Inc. No such officer or employee receives compensation from the Plan.

EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEAR ENDED DECEMBER 31, 2011

Note 7: Tax status

The Plan, as part of a Master Prototype Plan, received an opinion letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed with the applicable requirements of the Code. The Company is aware of certain operational issues. The Company has estimated the contribution required to correct these issues is \$304,242. This is included as an employer contribution receivable on the statement of net assets available for benefits as of December 31, 2011. The Company will take all action necessary to correct these operational issues and believes the Plan will maintain its qualified status.

U.S. generally accepted accounting principles 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 by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011 there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

On April 2, 2012, the Plan was selected by the IRS for an examination of the 2010 Plan Year. To date the Plan has not received a closing letter with respect to the examination. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

On July 17, 2012, the IRS notified the plan's legal representative that a penalty would be assessed for failure to provide executed plan documents.

Note 8: Subsequent events

The Plan has evaluated events and transactions that occurred after December 31, 2011 through July 26, 2012, which is the date the financial statements were available to be issued.

***EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN***

SUPPLEMENTAL INFORMATION

DECEMBER 31, 2011

EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN
E.I.N. 11-3669765 (001)
SCHEDULE OF ASSETS HELD AT END OF YEAR
SCHEDULE H, LINE 4(i)
DECEMBER 31, 2011

<u>Description of Investment</u>	<u>Current Value</u>
American Funds Mutual Funds:	
Growth Fund of America	\$ 1,154,705
Europacific Growth Fund	1,154,418
Small Cap World Fund	947,108
Washington Mutual Investors Fund	905,473
American Balanced Fund	767,789
Bond Fund of America	763,038
Capital World Bond Fund	471,685
Investment Company of America	420,156
U.S. Government Securities Fund	382,029
Amcap Fund	345,882
High-Income Trust	216,149
DWS Scudder Mutual Funds: *	
DWS Money Market Prime Series	1,082,853
DWS Inflation Protected Plus Fund	722,708
DWS Gold & Precious Metals Fund	445,183
DWS Global Real Estate Fund	296,650
DWS Enhanced Commodity Strat. Fund	261,662
T. Rowe Price Mutual Funds:	
T. Rowe Price Retirement 2020 Fund	1,230,406
T. Rowe Price Retirement 2030 Fund	977,364
T. Rowe Price Retirement 2040 Fund	860,118
T. Rowe Price Retirement 2010 Fund	<u>193,381</u>
	<u>\$ 13,598,757</u>

* A party-in-interest as defined by ERISA

Schedule C, Line 2(h) Formula Description

For those service providers listed on Line 2 for which Line 2(h) has been checked “yes”:

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.

***EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN***

FINANCIAL STATEMENTS

DECEMBER 31, 2011

EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2011

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Certified Public Accountants and Consultants

G3 of PA LLC

The Pavilion, Suite 900
261 Old York Road
Jenkintown, PA 19046

215.572.7790
215.572.8945 fax
www.g3cpaofpa.com

INDEPENDENT AUDITORS' REPORT

Plan Administrator
Executive Health Resources, Inc.
401(k) Profit Sharing Plan
Newtown Square, Pennsylvania

We were engaged to audit the accompanying statements of net assets available for benefits of the Executive Health Resources, Inc. 401(k) Profit Sharing Plan as of December 31, 2011 and 2010, and the related statement of changes in net assets for the year ended December 31, 2011, and the supplemental schedule as of December 31, 2011, as identified in the table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's administrator.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to investments, investment transactions and related income, which were certified by DWS Trust Company, the Plan trustee, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that DWS Trust Company holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we were unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Plan trustee, have been audited by us in accordance with U.S. generally accepted auditing standards and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

G3 of PA LLC

Jenkintown, Pennsylvania
July 26, 2012

EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31

ASSETS

	<u>2011</u>	<u>2010</u>
Investments, at fair value		
Mutual funds	\$ 13,598,757	\$ 9,807,997
Receivables		
Employer contributions	304,242	-
Participant contributions	<u>89,153</u>	<u>-</u>
TOTAL ASSETS	13,992,152	9,807,997

LIABILITIES

Accrued liabilities, refund of excess contributions	<u>345,517</u>	<u>351,926</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 13,646,635</u>	<u>\$ 9,456,071</u>

See notes to financial statements.

EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2011

Additions to net assets attributed to:		
Dividends		\$ 344,955
Contributions		
Employer	\$ 304,242	
Participants	4,642,827	
Rollover	<u>491,931</u>	
Total contributions		<u>5,439,000</u>
Total additions		5,783,955
Deductions to net assets attributed to:		
Net depreciation in fair value of investments	(749,624)	
Benefits paid to participants	(497,375)	
Corrective distributions	(345,517)	
Administrative expenses	<u>(875)</u>	
Total deductions		<u>(1,593,391)</u>
Net increase		4,190,564
Net assets available for benefits:		
Beginning		<u>9,456,071</u>
Ending		<u>\$ 13,646,635</u>

See notes to financial statements.

EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2011

Note 1: Description of the Plan

The following description of the Executive Health Resources, Inc. (the "Company") 401(k) Profit Sharing Plan (the "Plan") is provided for informational purposes only. Participants should refer to the Plan document for more complete information. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

General

The Plan was established on January 1, 2001 as a defined contribution plan under Section 401(a) of the Internal Revenue Code (the "Code"), that covers substantially all eligible employees. The Plan contains no age or service requirements for elective deferral with the exception of certain employee classifications such as part-time flex employees who are required to complete one year of service and 1,000 hours. Each employee becomes eligible to participate in the Plan as soon as administratively feasible after meeting eligibility requirements. Effective December 31, 2011, the Plan was frozen to new participation in the Plan.

Contributions

Plan contributions are made in the form of elective contributions. Participating employees contribute to the Plan through deferral of salary on pretax basis or post tax basis for Roth deferrals. Participants may defer from 1% to 100% of their eligible compensation. Contributions may not exceed the annual maximum dollar limitation as determined by government regulations and prescribed by the Code.

The Company may elect to make discretionary profit sharing contributions. No discretionary contributions were made during the 2011 and 2010 plan years.

The Company may make qualified non-elective contributions for certain non-highly compensated employees, as required. No contributions were made for the 2011 and 2010 plan years.

In order to comply with certain non-discrimination requirements, the Plan returned contributions to participants in the amount of \$332,738 and \$351,926 for the years ended December 31, 2011 and 2010, respectively.

Effective December 31, 2011, the Plan was frozen to all new contributions.

Participant accounts

Individual accounts are maintained by each Plan participant. Each participant's account is credited with the participant's contribution and allocation of Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEAR ENDED DECEMBER 31, 2011

Note 1: Description of the Plan (continued)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting of the Company's discretionary contributions, if any, is based on years of service. Participants are fully vested after six years of credited service. If a participant's employment terminates by reason of death or permanent disability, all amounts credited to the participant's account become 100% vested regardless of length of service.

Investment options

Subject to the investment rules or limitations applicable to the Plan, eligible participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers several mutual funds as investment options for participants, who may change their investment options at any time throughout the year via direct phone or internet access.

Payment of benefits

Benefit distributions are payable upon participants' retirement, death, permanent disability, or other termination of employment in the form of a lump sum or installment payment. Benefits payable to retired participants are based on the participant's account balance as of the valuation date coincident with or next following the retirement date and are distributed as soon as reasonably possible after that valuation date. Disabled participants and beneficiaries may receive benefits as soon as reasonably possible, or they may elect to delay distribution subject to certain of the Plan's provisions.

At its discretion, the Plan administrator may grant requests for hardship withdrawals, as permitted under the Plan and the Code.

Forfeitures

Forfeitures of any discretionary contributions made by the Company may be used to reduce future discretionary contributions or to reduce non-elective contributions. Forfeitures will occur in the year in which a termination of employment occurs, regardless of when a distribution occurs.

Plan administration

Plan administrative expenses may be paid by the Plan or the Company. During 2011 and 2010, the Company paid certain of the Plan's administrative expenses.

EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEAR ENDED DECEMBER 31, 2011

Note 1: Description of the Plan (continued)

Plan termination

Although the Company has not expressed any intention to do so, it has a right to terminate the Plan at any time, subject to the provisions of ERISA. Upon termination of the Plan, all interests of the participants would be distributed based upon each participant's vested interest in the Plan's assets.

Note 2: Summary of significant accounting policies

Basis of accounting

The financial statements are prepared on the accrual method of accounting.

New accounting standards

Accounting Standards Update (ASU) No. 2010-06, *Fair Value Measurements and Disclosures* — In January 2010, the FASB issued ASU No. 2010-06, which amends Accounting Standards Codification (ASC) 820 *Fair Value Measurements and Disclosure*, adding new disclosure requirements for Levels 1 and 2; separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements; and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The Plan prospectively adopted the new guidance in 2010, except for the Level 3 reconciliation disclosures, which are required in 2011. The adoption in 2010 did not materially affect the Plan's financial statements.

ASU No. 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans* — In September 2010, the FASB issued ASU No. 2010-25. The ASU requires that participant loans be classified as notes receivable rather than a plan investment and measured at unpaid principal balance, plus accrued but unpaid interest, rather than fair value. The Plan retrospectively adopted the new accounting in 2010. The adoption did not have a material effect on the Plan's financial statements.

EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEAR ENDED DECEMBER 31, 2011

Note 2: Summary of significant accounting policies (continued)

ASU No. 2011-04 — In May 2011, the FASB issued ASU No. 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs*, which amends ASC 820. ASU 2011-04 also requires the categorization by level for items that are only required to be disclosed at fair value and information about transfers between Level 1 and Level 2. In addition, the ASU provides guidance on measuring the fair value of financial instruments managed within a portfolio and the application of premiums and discounts on fair value measurements. The ASU requires additional disclosure for Level 3 measurements regarding the sensitivity of fair value to changes in unobservable inputs and any interrelationships between those inputs. The new guidance is effective for reporting periods beginning after December 15, 2011. The adoption will not have a material effect on the statement of net assets available for benefits and statement of changes in net assets available for benefits. Plan management has not determined the impact on the disclosures in the financial statements.

Use of estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires Plan management to make estimates and assumptions that affect the reported amounts of Plan assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment valuation and income recognition

The Plan's investments in shares of registered investment company funds (mutual funds) are reported at fair value based on quoted market prices, which represent the net asset values of shares held by the funds at year end.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

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 amounts reported in the statement of net assets available for benefits.

Payment of benefits

Benefits payments to participants are recorded upon distribution.

EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEAR ENDED DECEMBER 31, 2011

Note 3: Investments

The following presents investments that represent 5% or more of the Plan's net assets at December 31, 2011 and 2010:

	<u>2011</u>	<u>2010</u>
American Funds Mutual Funds:		
Growth Fund of America	\$1,154,705	\$ 938,344
Europacific Growth Fund	1,154,418	1,097,908
Small Cap World Fund	947,108	792,373
Washington Mutual Investors Fund	905,473	719,760
American Balanced Fund	767,789	538,158
Bond Fund of America	763,038	544,924
DWS Money Market Prime Series**	1,082,853	660,961
DWS Inflation Protected Plus Fund**	722,708	499,216
T. Rowe Price Retirement 2020 Fund	1,230,406	848,492
T. Rowe Price Retirement 2030 Fund	977,364	650,356
T. Rowe Price Retirement 2040 Fund	860,118	*

* Less than 5% of net assets

** A party-in-interest as defined by ERISA

Note 4: Fair value measurements

FASB ASC 820, *Fair Value Measurements and Disclosure*, 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices in active markets that are accessible to the Plan for identical assets. These generally provide the most reliable evidence and are used to measure fair value whenever available.
- Level 2: Inputs to the valuation methodology include significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets, quoted market prices in markets that are not active for identical or similar assets, and other observable inputs.
- Level 3: Inputs to the valuation methodology are unobservable inputs and significant to the fair value measurement.

EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEAR ENDED DECEMBER 31, 2011

Note 4: Fair value measurements (continued)

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, 2011 and 2010.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

The preceding methods described may produce 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 sets forth by level, within the fair value hierarchy, the Plan's investments at fair value at December 31:

	<u>2011</u>	<u>2010</u>
Level 1: Mutual funds	\$ 13,598,757	\$ 9,807,997

Note 5: Information prepared and certified by the trustee

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2011 and 2010. Accordingly, DWS Trust Company, the custodian of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying statements of net assets available for benefits as of December 31, 2011 and 2010 and the supplemental Schedule H, Line 4(i) – Schedule of Assets Held at End of Year as of December 31, 2011, and the related investment activity reported in the statement of changes in net assets available for benefits for the year ended December 31, 2011.

Note 6: Related party transactions

Certain plan investments are mutual funds managed by DWS Trust Company, the trustee of the Plan. These investments qualify as party-in-interest transactions. Fees paid by the Plan for investment management services amounted to \$875 for the 2011 plan year.

Certain administrative functions of the Plan are performed by officers or employees of Executive Health Resources, Inc. No such officer or employee receives compensation from the Plan.

EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
YEAR ENDED DECEMBER 31, 2011

Note 7: Tax status

The Plan, as part of a Master Prototype Plan, received an opinion letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed with the applicable requirements of the Code. The Company is aware of certain operational issues. The Company has estimated the contribution required to correct these issues is \$304,242. This is included as an employer contribution receivable on the statement of net assets available for benefits as of December 31, 2011. The Company will take all action necessary to correct these operational issues and believes the Plan will maintain its qualified status.

U.S. generally accepted accounting principles 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 by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011 there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

On April 2, 2012, the Plan was selected by the IRS for an examination of the 2010 Plan Year. To date the Plan has not received a closing letter with respect to the examination. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

On July 17, 2012, the IRS notified the plan's legal representative that a penalty would be assessed for failure to provide executed plan documents.

Note 8: Subsequent events

The Plan has evaluated events and transactions that occurred after December 31, 2011 through July 26, 2012, which is the date the financial statements were available to be issued.

***EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN***

SUPPLEMENTAL INFORMATION

DECEMBER 31, 2011

EXECUTIVE HEALTH RESOURCES, INC.
401(k) PROFIT SHARING PLAN
E.I.N. 11-3669765 (001)
SCHEDULE OF ASSETS HELD AT END OF YEAR
SCHEDULE H, LINE 4(i)
DECEMBER 31, 2011

<u>Description of Investment</u>	<u>Current Value</u>
American Funds Mutual Funds:	
Growth Fund of America	\$ 1,154,705
Europacific Growth Fund	1,154,418
Small Cap World Fund	947,108
Washington Mutual Investors Fund	905,473
American Balanced Fund	767,789
Bond Fund of America	763,038
Capital World Bond Fund	471,685
Investment Company of America	420,156
U.S. Government Securities Fund	382,029
Amcap Fund	345,882
High-Income Trust	216,149
DWS Scudder Mutual Funds: *	
DWS Money Market Prime Series	1,082,853
DWS Inflation Protected Plus Fund	722,708
DWS Gold & Precious Metals Fund	445,183
DWS Global Real Estate Fund	296,650
DWS Enhanced Commodity Strat. Fund	261,662
T. Rowe Price Mutual Funds:	
T. Rowe Price Retirement 2020 Fund	1,230,406
T. Rowe Price Retirement 2030 Fund	977,364
T. Rowe Price Retirement 2040 Fund	860,118
T. Rowe Price Retirement 2010 Fund	<u>193,381</u>
	<u>\$ 13,598,757</u>

* A party-in-interest as defined by ERISA

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name EXECUTIVE HEALTH RESOURCES, INC. 401(K) PROFIT SHARING PLAN **ANN:** 11-3669765
Plan Sponsor's Name EXECUTIVE HEALTH RESOURCES, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	DWS ENHANCED COMMODITY STRAT A	REGISTERED INVESTMENT COMPANY		261,662
	AM FNDS U.S. GOVT SEC FND - R3	REGISTERED INVESTMENT COMPANY		382,029
	AM FNDS EUROPACIFIC GROWTH -R3	REGISTERED INVESTMENT COMPANY		1,154,418
	AMERICAN FUNDS AMCAP FUND - R3	REGISTERED INVESTMENT COMPANY		345,882
	AMERICAN FUNDS SMCAP WLRD -R3	REGISTERED INVESTMENT COMPANY		947,108
	AM FND THE BND FND OF AM - R3	REGISTERED INVESTMENT COMPANY		763,038
	AM FNDS WASH MUTUAL INV - R3	REGISTERED INVESTMENT COMPANY		905,473

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name EXECUTIVE HEALTH RESOURCES, INC. 401(K) PROFIT SHARING PLAN **ANN:** 11-3669765
Plan Sponsor's Name EXECUTIVE HEALTH RESOURCES, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN FUNDS INV CO OF AMER	REGISTERED INVESTMENT COMPANY		420,156
	AMERICAN FUNDS HIGH INCOME-R3	REGISTERED INVESTMENT COMPANY		216,149
	T.ROWE PRICE RETIREMENT 2010-R	REGISTERED INVESTMENT COMPANY		193,381
	T.ROWE PRICE RETIREMENT 2020-R	REGISTERED INVESTMENT COMPANY		1,230,406
	T.ROWE PRICE RETIREMENT 2030-R	REGISTERED INVESTMENT COMPANY		977,364
	T.ROWE PRICE RETIREMENT 2040-R	REGISTERED INVESTMENT COMPANY		860,118
	AMER FUNDS CAP WRLD BOND - R3	REGISTERED INVESTMENT COMPANY		471,685

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name EXECUTIVE HEALTH RESOURCES, INC. 401(K) PROFIT SHARING PLAN **ANN:** 11-3669765
Plan Sponsor's Name EXECUTIVE HEALTH RESOURCES, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN FUNDS AMER BAL FD- R3	REGISTERED INVESTMENT COMPANY		767,789
	AM FND THE GROWTH FND OF AM-R3	REGISTERED INVESTMENT COMPANY		1,154,705
	DWS GOLD & PRECIOUS METALS-A	REGISTERED INVESTMENT COMPANY		445,183
	DWS GLOBAL REAL ESTATE - A	REGISTERED INVESTMENT COMPANY		296,650
	DWS MM PRIME SERIES - DWS MM	REGISTERED INVESTMENT COMPANY		1,082,853
	DWS GLOBAL INFLATION A	REGISTERED INVESTMENT COMPANY		722,708