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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2011</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                            | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                         |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>UNITED FAMILY CARE, INC. 401(K) SAVINGS PLAN</u>                                                                                                                                             | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>10/01/1999</u></td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                  | <b>1c</b> Effective date of plan<br><u>10/01/1999</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                  | <u>001</u>                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>10/01/1999</u>                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br><u>UNITED FAMILY CARE, INC.</u><br><br><u>8110 MANGO AVENUE</u><br><u>FONTANA, CA 92335-3603</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>33-0852508</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>909-357-1595</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>621111</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>33-0852508</u> | <b>2c</b> Sponsor's telephone number<br><u>909-357-1595</u> | <b>2d</b> Business code (see instructions)<br><u>621111</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>33-0852508</u>                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>909-357-1595</u>                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>621111</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.

|                  |                                                   |                   |                                                              |
|------------------|---------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | <u>08/24/2012</u> | <u>AYAD MAKAR</u>                                            |
|                  | Signature of plan administrator                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |                   |                                                              |
|                  | Signature of employer/plan sponsor                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |                   |                                                              |
|                  | 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

|                                                                                                                                                                        |                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>UNITED FAMILY CARE, INC.<br><br>8110 MANGO AVENUE<br>FONTANA, CA 92335-3603 | <b>3b</b> Administrator's EIN<br>33-0852508<br><br><b>3c</b> Administrator's telephone number<br>909-357-1595 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 100 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |    |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 79 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 0  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 9  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 88 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 0  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 88 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 66 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 0  |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2A 2E 2F 2G 2J 2K 2R 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:

|                                                                                |                                                                                |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                      | <b>9b</b> Plan benefit arrangement (check all that apply)                      |
| <b>(1)</b> <input type="checkbox"/> Insurance                                  | <b>(1)</b> <input type="checkbox"/> Insurance                                  |
| <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts | <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| <b>(3)</b> <input checked="" type="checkbox"/> Trust                           | <b>(3)</b> <input checked="" type="checkbox"/> Trust                           |
| <b>(4)</b> <input type="checkbox"/> General assets of the sponsor              | <b>(4)</b> <input type="checkbox"/> 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)

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

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

|                                                                                                  |                                                                    |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>UNITED FAMILY CARE, INC. 401(K) SAVINGS PLAN</u>                     | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>UNITED FAMILY CARE, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>33-0852508</u> |

**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

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

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**(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)

CITY NATIONAL BANK

95-1780067

| (b)<br>Service Code(s)                 | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 19 21 25<br>37 38 59 60<br>62 64 65 | RECORDKEEPER/<br>TRUSTEE                                                                          | 3462                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 6038                                                                                                                                                                            | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

NATIONAL FINANCIAL SERVICES LLC

04-3523567

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 33 59 62<br>63 71   | SUB-CONTRACTOR<br>TO CNB                                                                          | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 284                                                                                                                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

US BANK

41-0255900

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 62                  | SUB-CONTRACTOR<br>TO CNB                                                                          | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**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)

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

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

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

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

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

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| CITY NATIONAL BANK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 62                                      | 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>CITY NATIONAL BANK</p> <p>95-1780067</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>MAY EARN INTEREST (FLOAT) FROM THE USE OF PENDING AMOUNTS SUCH AS ITEMS PENDING SETTLEMENT. FLOAT EARNS WILL BE REALIZED AT RATES APPROX THE FEDERAL FUNDS TARGET RATES.</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>NATIONAL FINANCIAL SERVICES LLC</p> </div> <div style="width: 20%;"> <p>(b) Service Codes<br/>(see instructions)</p> <p style="text-align: center;">62</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>NATIONAL FINANCIAL SERVICES LLC</p> <p>04-3523567</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>INTEREST ON EXCESS BALANCES (I.E. FLOAT) HELD AT FED RESERVE BANKS ESTIMATED TO BE FED FUNDS TARGET RATE (0% TO 0.25%) REQUIRED TO BE PAID ON FUNDS.</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>US BANK</p> </div> <div style="width: 20%;"> <p>(b) Service Codes<br/>(see instructions)</p> <p style="text-align: center;">62</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>US BANK</p> <p>41-0255900</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>US BANK MAY RETAIN INCOME ON THE "FLOAT" AS COMP FOR CUSTODY SERVICES. THE FLOAT RATE IS GENERALLY NO MORE THAN THE FEDERAL FUNDS TARGET RATES OF INTEREST.</p> </div> </div>                         |                                         |                                           |

**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.

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="font-size: 24pt; font-weight: bold;">2011</div><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                                                           |
| <b>A</b> Name of plan<br><u>UNITED FAMILY CARE, INC. 401(K) SAVINGS PLAN</u>                                                                                                                                                                                             | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <div style="border: 1px solid black; padding: 2px;">001</div>                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>UNITED FAMILY CARE, INC.</u>                                                                                                                                                                         | <b>D</b> Employer Identification Number (EIN)<br><br><u>33-0852508</u>                                                                                                                                                                                                       |                                                                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                                     |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                                   |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                                     |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                              | <b>1a</b>       | 0                     |                 |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                               |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 0                     |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 0                     |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 0                     |                 |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                              |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 469086                | 449779          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    | 0                     |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | 0                     |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> | 0                     |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | 0                     |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | 538996                | 409096          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 0                     | 16990           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    | 0                     |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    | 0                     |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 23007                 | 16231           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 1416774               | 1315347         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   | 0                     |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 0                     |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> | 0                     |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 2447863               | 2207443         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0 |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 2447863 | 2207443 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 85380      |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 146519     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 0          |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 231899    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 238        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 922        |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 44         |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 1204      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 7313       |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 36350      |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 43663     |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 3007771    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 3083090    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -75319    |

|                                                                                                          |                 | (a) Amount | (b) Total |
|----------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate.....              | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other .....                                                                                   | <b>2b(5)(B)</b> | -118914    |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | -118914   |
| <b>(6)</b> Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| <b>(7)</b> Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| <b>(8)</b> Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| <b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| <b>(10)</b> Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | -60283    |
| <b>c</b> Other income.....                                                                               | <b>2c</b>       |            | 880       |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....                  | <b>2d</b>       |            | 23130     |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| <b>(1)</b> Directly to participants or beneficiaries, including direct rollovers .....     | <b>2e(1)</b> | 259976 |        |
| <b>(2)</b> To insurance carriers for the provision of benefits .....                       | <b>2e(2)</b> | 0      |        |
| <b>(3)</b> Other .....                                                                     | <b>2e(3)</b> | 0      |        |
| <b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....         | <b>2e(4)</b> |        | 259976 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        | 0      |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        | 0      |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        | 0      |
| <b>i</b> Administrative expenses: <b>(1)</b> Professional fees .....                       | <b>2i(1)</b> | 3462   |        |
| <b>(2)</b> Contract administrator fees .....                                               | <b>2i(2)</b> | 0      |        |
| <b>(3)</b> Investment advisory and management fees .....                                   | <b>2i(3)</b> | 0      |        |
| <b>(4)</b> Other .....                                                                     | <b>2i(4)</b> | 112    |        |
| <b>(5)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....  | <b>2i(5)</b> |        | 3574   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 263550 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -240420 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| <b>(1)</b> To this plan.....                                                  | <b>2l(1)</b> |  |         |
| <b>(2)</b> From this plan .....                                               | <b>2l(2)</b> |  |         |

**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: BUSTER DONELSON, CPA

**(2)** EIN: 33-0930449

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <b>a</b> 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.).....                 | <input checked="" type="checkbox"/> |                                     | 14668  |
| <b>b</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.)..... |                                     | <input checked="" type="checkbox"/> |        |
| <b>c</b> 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.) .....                                                                                                                            |                                     | <input checked="" type="checkbox"/> |        |
| <b>d</b> 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.).....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 300000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |                                     | <input checked="" type="checkbox"/> |        |
| <b>g</b> 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? .....                                                                                                                                      |                                     | <input checked="" type="checkbox"/> |        |
| <b>h</b> 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? .....                                                                                                                            |                                     | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |        |
| <b>j</b> 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.).....                                                                                    |                                     | <input checked="" type="checkbox"/> |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |        |
| <b>n</b> 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. ....                                                                                                                        |                                     |                                     |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                       |                                     |                                     |        |

- 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) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |
|              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                  |                                                                    |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>UNITED FAMILY CARE, INC. 401(K) SAVINGS PLAN</u>                     | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>UNITED FAMILY CARE, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>33-0852508</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>95-1780067</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....                                                                                                                                                                                                             | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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?.....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

**UNITED FAMILY CARE, INC.**

**401(k) Plan Savings Plan**

**FINANCIAL STATEMENTS**

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**18831 Mt. Morgan Circle**  
**Fountain Valley, California 92708**  
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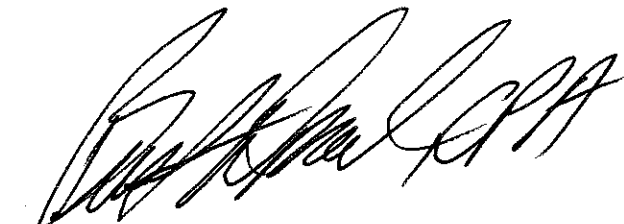
**Independent Auditor's Report**

To the Plan Administrator  
United Family Care, Inc.  
401 (K) Savings Plan

I was engaged to audit the financial statements of United Family Care, Inc. 401(k) Savings Plan as of December 31, 2011 and 2010 for the year ended December 31, 2011 and the supplementary information as listed in the accompanying table of contents. These financial statements and supplementary information are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by City National Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. I have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of and for the year ended December 31, 2011 that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that I did not audit, I am unable to, and do not, express an opinion on the accompanying financial statements and supplementary information taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustees, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my 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.



Buster Donelson, CPA  
August 10, 2012

**UNITED FAMILY CARE, INC.**  
**401 (k) SAVINGS PLAN**  
**Statements of Net Assets Available for Benefits**

| <b>ASSETS</b>                             | <b>2011</b>         | <b>2010</b>         |
|-------------------------------------------|---------------------|---------------------|
| <b>Investments, at fair value</b>         |                     |                     |
| Cash and cash equivalents                 | \$ 449,779          | \$ 469,086          |
| Mutual funds                              | 1,315,347           | 1,416,774           |
| Self-directed common stock                | 409,096             | 538,996             |
| Partnership interests                     | 16,990              | -                   |
|                                           | <u>2,191,212</u>    | <u>2,424,856</u>    |
| <b>Notes receivable from participants</b> | <u>16,231</u>       | <u>23,007</u>       |
| <b>TOTAL ASSETS</b>                       | <u>2,207,443</u>    | <u>2,447,863</u>    |
| <b>Net assets available for benefits</b>  | <u>\$ 2,207,443</u> | <u>\$ 2,447,863</u> |

See accompanying notes to financial statements

**UNITED FAMILY CARE, INC.**  
**401 (k) SAVINGS PLAN**  
**Statement of Changes in Net Assets Available for Benefits**  
**For the Year Ended December 31, 2011**

**ADDITIONS**

|                                               |                  |
|-----------------------------------------------|------------------|
| Net depreciation in fair value of investments | \$ (254,516)     |
| Dividends                                     | 43,663           |
| Interest                                      | 1,204            |
| Other Income                                  | 880              |
| Total net loss in investment income           | <u>(208,769)</u> |

**CONTRIBUTIONS**

|                     |                |
|---------------------|----------------|
| Employees           | 146,519        |
| Employer            | 85,380         |
| Total contributions | <u>231,899</u> |

|                 |               |
|-----------------|---------------|
| Total additions | <u>23,130</u> |
|-----------------|---------------|

**DEDUCTIONS**

|                               |                |
|-------------------------------|----------------|
| Benefits paid to participants | 259,976        |
| Administration fees           | 3,574          |
| Total deductions              | <u>263,550</u> |

|              |           |
|--------------|-----------|
| Net decrease | (240,420) |
|--------------|-----------|

**NET ASSETS AVAILABLE FOR BENEFITS**

|                            |                            |
|----------------------------|----------------------------|
| Balance, beginning of year | <u>2,447,863</u>           |
| Balance, end of year       | <u><u>\$ 2,207,443</u></u> |

See accompanying notes to financial statements

**UNITED FAMILY CARE, INC.**  
**401 (k) SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2011**

**NOTE 1 - Description of the Plan**

The following description of the plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General**

The Plan is a defined contribution plan providing benefits to all employees of the Company who have completed one year of service and are age twenty-one or older. The Plan excludes non-resident aliens, leased employees and independent contractors. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All administrative costs are paid by forfeited accounts and Employer.

The Plan was established effective October 1, 1999, the date the Company acquired three medical clinics. All employees of the Company, on October 1, 1999, immediately became eligible to participate in the plan. Participants in the profit sharing plan of the clinics' former owner, who continued in the employ of the Company following the acquisition of the clinics, received service credit for vesting based on the service they provided to the former owner. In addition, pursuant to the terms of the Plan, the former owner permitted involuntary plan-to-plan transfers, whereby participant balances in the former owner's profit-sharing plan could be transferred directly to the Plan. Distributions of \$111,118, consisting of \$5,523 in cash and \$105,595 in loans, were transferred from the former owner's plan to the Plan during 2000. The Plan is considered a spin-off of the former owner's profit sharing plan. As a spin-off, pursuant to IRC Section 411(d)(6), the Plan includes all optional forms of benefits that were available in the former owner's plan.

**Contributions**

Under the provisions of the Plan, each active participant may contribute a maximum dollar amount as determined by the Federal Government. For 2011, the maximum dollar amount was \$16,500. Eligible participants who have attained age 50 prior to the close of a Plan year are also eligible to make a catch-up contribution not to exceed \$5,500. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company elected to make a safe harbor matching contribution equal to 100% of the first 3% of compensation deferred plus an additional 50% of the next 2% of compensation deferred. Each year, the Company may also contribute an amount to be determined solely at the discretion of the Company's Board of Directors. Total annual contribution are subject to certain limitations.

**Participant Accounts**

An account is maintained for each participant. The participant's account is credited with the participant's contribution, employer contributions and allocations of Plan earnings or losses. Any allocation of regular contributions are based on participant's eligible plan compensation. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**UNITED FAMILY CARE, INC.**  
**401 (k) SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2011**

**NOTE 1 - Description of the Plan (Continued)**

**Vesting**

Participants are immediately vested in their contributions and special discretionary contributions made to the plan by the Company plus earnings thereon. Vesting in the remainder of the account is based on years of service. A year of service is given for each Plan year in which a participant performs 1,000 or more hours of service. After two years of service, a participant becomes 25 percent vested. Each service year thereafter will increase the participant's vesting by 25 percent, with 100 percent vesting after five years.

**Investment Options**

Participants direct the investment of their contributions into various investment options offered by the Plan. Currently, the Plan offers a number of mutual funds and individually directed brokerage accounts as investment options for participants.

**Notes Receivable from Participant**

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account. Loan terms range from one to five years, or up to 15 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. Interest rates range from 4.25 to 9.25 percent. Generally, principal and interest is paid ratably through direct, after-tax payroll deductions.

**Payment of Benefits**

If a participant's employment ceases as a result of normal retirement at age 65, death or disability, the participant or the participant's beneficiaries, are entitled to receive the entire contents of the account (100% vested). If a participant terminates for any other reason, the participant is entitled to receive only the vested percentage of their account. Participants will receive benefits in a single lump sum distribution.

**Forfeited Accounts**

At December 31, 2011 and 2010, forfeited nonvested accounts totaled \$00 and \$2,645, respectively. These accounts will be used to pay administrative expenses or reduce future Employer Contributions to the Plan.

**UNITED FAMILY CARE, INC.**  
**401 (k) SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2011**

**NOTE 2 - SUMMARY OF ACCOUNTING POLICIES**

The preparation of these financial statements requires management to make estimates and assumptions. Those estimates and assumptions affect the reported amounts of net assets available for benefits, as well as disclosures of contingent assets and liabilities. Actual results could differ from those estimates. Management also determines the accounting principles to be used in the preparation of financial statements.

A description of the significant accounting policies employed in the preparation of these financial statements follows:

**Basis of Accounting**

The financial statements of the Plan are prepared under the cash basis of accounting.

**Investment Valuation and Income Recognition**

Investments consist of mutual funds and common stock. Investments are stated at fair value as determined by the trustee based on quoted market prices.

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

**Valuation of Investments**

The trustee of the plan for United Family Care 401k is in compliance with ASC820 and is not reporting any difference in fair value for the period ending December 31, 2011.

**Payment of Benefits**

Benefits are recorded when paid.

**Risks and Uncertainties**

The Plan invests in various investment securities. Investments securities are exposed to various risks such as interest rate, market, and credit. Due to the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the value 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.

**Subsequent Events**

The plan and administrator evaluated subsequent events through August 13, 2012, the these financial statements were available to be issued. Due to the increases in the stock market during 2012, the total net assets appreciated in fair value of investments by \$273,388. There were no other material subsequent events that required recognition or additional disclosure in these financial statements.

**UNITED FAMILY CARE, INC.**  
**401 (k) SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2011**

**NOTE 3 - FAIR MARKET MEASUREMENTS**

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The following provides a description of the three levels of inputs that may be used to measure fair value under ASC 820, the types of Plan investments that fall under each category, and the valuation methodologies used to measure these investments at fair value.

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.

*Common Stocks:*

Common stocks are valued at the closing price reported on the active market on which the individual securities are traded.

*Mutual Funds:*

These investments are public investment securities using the Net Assets Value (NAV) provided by the respective mutual companies. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and the divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified.

value hierarchy.

Level 2 - Inputs to the valuation methodology include:

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

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

**UNITED FAMILY CARE, INC.**  
**401 (k) SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2011**

**NOTE 3 - Fair Market Measurements (Continued)**

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of 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.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, while 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 summarizes the Plan's December 31, 2011 investments by classification and method of valuation in accordance with the requirements of ASC 820:

|                                        | <u>Level 1</u>     | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>        |
|----------------------------------------|--------------------|----------------|----------------|---------------------|
| <b>Cash Equivalents</b>                | <u>\$ 449,779</u>  | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 449,779</u>   |
| <b>Mutual Funds:</b>                   |                    |                |                |                     |
| Balanced                               | 79,884             | -              | -              | 79,884              |
| International Stock                    | 136,633            | -              | -              | 136,633             |
| Taxable Bond                           | 486,101            | -              | -              | 486,101             |
| U.S. Stock                             | 612,729            | -              | -              | 612,729             |
| Total Mutual Funds                     | <u>1,315,347</u>   | <u>-</u>       | <u>-</u>       | <u>1,315,347</u>    |
| <b>Common Stocks:</b>                  |                    |                |                |                     |
| Consumer Discretionary                 | 20,265             | -              | -              | 20,265              |
| Consumer Staples                       | 1,260              | -              | -              | 1,260               |
| Energy                                 | 39,835             | -              | -              | 39,835              |
| Financial                              | 80,349             | -              | -              | 80,349              |
| Healthcare                             | 44,709             | -              | -              | 44,709              |
| Industrial                             | 115,209            | -              | -              | 115,209             |
| Materials                              | 57,965             | -              | -              | 57,965              |
| Technology                             | 40,915             | 20             | -              | 40,935              |
| Telecommunication                      | 8,569              | -              | -              | 8,569               |
| Total Common Stock                     | <u>409,076</u>     | <u>20</u>      | <u>-</u>       | <u>409,096</u>      |
| <b>Partnership Interests</b>           | <u>16,990</u>      | <u>-</u>       | <u>-</u>       | <u>16,990</u>       |
| <b>Total investments at fair value</b> | <u>\$2,191,192</u> | <u>\$ 20</u>   | <u>\$ -</u>    | <u>\$ 2,191,212</u> |

**UNITED FAMILY CARE, INC.**  
**401 (k) SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2011**

**NOTE 4 - INVESTMENTS**

The following presents investments that represent 5 percent or more of the Plan's net assets at December 31, 2011.

|                               |            |
|-------------------------------|------------|
| CNI Charter Money Market Fund | \$ 449,779 |
| CNI Charter Gov't BD          | \$ 167,504 |
| Dreyfus S&P 500               | \$ 197,765 |
| Pimco Total Return            | \$ 182,515 |

There were four (4) single transaction exceeding 5% of value for the year ended December 31, 2011 totaling \$561,584.

The Plan's investments including gains and losses on investments bought, sold and held during the year ended December 31, 2011, decreased in value by \$(254,516).

**NOTE 5 - PLAN AMENDMENT**

Effective November 1, 2008, the Plan was amended with regard to the definition of eligibility. Under the amendment, employees became eligible to participate in the Plan after 1 year of service and attaining the age of twenty-one.

**NOTE 6 - TAX STATUS**

The Plan is qualified under the provisions of the Internal Revenue Code (IRC) and is not subject to Federal and state income taxes. Participating employees are not subject to Federal and state income taxes on employee and employer contributions, or on income accruing to their accounts, until they receive distributions from the Plan.

In 2003 the Company adopted a Prototype Non-Standardized 401(k) Profit Sharing Plan which received a favorable opinion letter from the Internal Revenue Service. The opinion letter stated that the Plan and related trust were designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Effective January 1, 2010 the plan was restated to comply with EGTRRA.

**UNITED FAMILY CARE, INC.**  
**401 (k) SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

**NOTE 7 - PLAN TERMINATION**

Although it has not expressed any intent to do so, the Employer 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 percent vested in their accounts.

**NOTE 8 - CERTIFICATION BY CITY NATIONAL BANK**

At December 31, 2011, all investments (including cash and cash equivalents) were held in trust by City National Bank. The investment balances and activity presented in these financial statements have been certified by City National Bank as being complete and accurate as of December 31, 2011 and for the year ended December 31, 2011 pursuant to 29 CFR 2520.103-5(5).

**NOTE 9 - RELATED PARTY TRANSACTIONS**

The Plan maintained cash equivalents of \$449,779 as of December 31, 2011 with CNI Charter Prime Money Market Fund. City National Bank is the trustee of the Plan and, therefore, these transactions qualify as exempt party-in interest of the Plan transactions.

## **SUPPLEMENTAL INFORMATION**

UNITED FAMILY CARE, INC.  
401 (k) SAVINGS PLAN  
EIN: 33-0852508 PN: 001  
Schedule of Assets Held at End of Year  
For the Year Ended December 31, 2011

| Identity of Issuer               | Description of Investment | Current Value | Cost Value |
|----------------------------------|---------------------------|---------------|------------|
| CNI Charter                      | Money Funds Cash          | \$449,779     | \$449,779  |
| Total                            | Cash and equivalents      | 449,779       | 449,779    |
| Mutual Funds                     |                           |               |            |
| American                         | Balanced                  | 35,451        | 34,775     |
| American                         | Cap. World GR&Inc B       | 18,509        | 18,521     |
| American                         | Cap. World GR&Inc B       | 18,758        | 18,568     |
| American                         | Europacific Growth        | 78,673        | 88,897     |
| American                         | Small Cap                 | 46,337        | 45,025     |
| American                         | New World                 | 20,693        | 21,840     |
| Calamos                          | Growth & Income           | 8,865         | 7,908      |
| Calamos                          | Growth FD CL              | 70,575        | 79,599     |
| CNI Charter                      | LG Cap Value Equity       | 69,607        | 71,683     |
| CNI Charter                      | Gov't BD                  | 169,740       | 167,504    |
| Columbia                         | Acorn Fund                | 38,775        | 37,583     |
| Columbia                         | MIDCAP Value              | 32,777        | 33,598     |
| Dreyfus                          | MIDCAP Value              | 1,807         | 1,695      |
| Dreyfus                          | S&P 500                   | 189,956       | 197,765    |
| Dreyfus                          | Small Cap                 | 9,957         | 9,227      |
| Eagle                            | Small Cap                 | 89,527        | 89,982     |
| Fidelity                         | ADV High Inc              | 92,152        | 91,019     |
| Fidelity                         | ADV Tech                  | 50,071        | 43,109     |
| Franklin Temp.                   | Global Bond               | 40,087        | 39,142     |
| Hartford                         | Cap Appreciation          | 10,081        | 11,442     |
| Hartford                         | Cap Appreciation          | 3,259         | 3,766      |
| Pimco                            | Total Return              | 184,122       | 182,515    |
| TA Index                         | Consrv Portf              | 23,689        | 23,258     |
| TA Index                         | Moderate FD               | 11,879        | 11,430     |
| Sub total                        | Mutual Funds              | 1,315,347     | 1,329,851  |
| Common stock                     | Self directed             | 409,096       | 602,194    |
| Partnership                      | Kinder Morgan Engy P      | 16,990        | 14,788     |
| Total Assets Held for Investment |                           | 2,191,212     | 2,396,612  |

**Notes Receivable from Participants**

|                                    |        |        |
|------------------------------------|--------|--------|
| Notes Receivable from Participants | 16,231 | 16,231 |
|------------------------------------|--------|--------|

**Total Assets Held in Plan**

**\$2,207,443      \$2,412,843**

**Recap of F 5500:**

|                                    |                    |
|------------------------------------|--------------------|
| Cash - money market                | \$449,779          |
| Common stock                       | 409,096            |
| Mutual fund                        | 1,315,347          |
| Partnerships                       | 16,990             |
| Notes receivable from participants | 16,231             |
| <b>Total plan assets</b>           | <b>\$2,207,443</b> |

Difference between Schedule H Form 5500 and City National Bank asset summary as of December 31, 2011 is due to a deem loan to a participant from June 25, 2005. A deemed distribution is a distribution for income tax purposes only and does not reduced the balance in the participant's account nor does it relieve the participant from the obligation to repay the loan. Deemed loans does not count toward assets of the plan for Schedule H purpose until payments toward the loan resumed.

**UNITED FAMILY CARE, INC. 401(k) SAVINGS PLAN**

**EIN: 33-0852508 PN: 001**

**ATTACHMENT TO 2011 FORM 5500**

**SCHEDULE H PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2011**

| (a) (b) IDENTITY OF ISSUE, BORROWER,<br>LESSOR, OR SIMILAR PARTY | SHARES     | (c) DESCRIPTION OF INVESTMENT        | (d) COST | (e) CURRENT<br>VALUE |
|------------------------------------------------------------------|------------|--------------------------------------|----------|----------------------|
| <b>CASH EQUIVALENTS</b>                                          |            |                                      |          |                      |
| * CNI CHARTER PRIME MN                                           | 152.15     | CNI CHARTER PRIME MNY MK INST FUND   | ^        | 152.15               |
| * CNI CHARTER PRIME MN                                           | 10,126.66  | CNI CHARTER PRIME MNY MK INST FUND   | ^        | 10,126.66            |
| * CNI CHARTER PRIME MN                                           | 134,311.52 | CNI CHARTER PRIME MNY MK INST FUND   | ^        | 134,311.52           |
| * CNI CHARTER PRIME MN                                           | 305,188.66 | CNI CHARTER PRIME MNY MKT INST #240  | ^        | 305,188.66           |
|                                                                  | 449,778.99 | <b>TOTAL CASH EQUIVALENTS</b>        |          | <b>449,778.99</b>    |
| <b>COMMON STOCKS</b>                                             |            |                                      |          |                      |
| BANCO BRADESCO S A S                                             | 1,210.00   | BANCO BRADESCO S A SPONS ADR         | ^        | 20,182.80            |
| BANCOLOMBIA S A SPON                                             | 500.00     | BANCOLOMBIA S A SPONS ADR            | ^        | 29,780.00            |
| BOEING COMPANY COM                                               | 100.00     | BOEING COMPANY COM                   | ^        | 7,335.00             |
| BP PLC SPONS ADR                                                 | 403.00     | BP PLC SPONS ADR                     | ^        | 17,224.22            |
| CENTURYLINK, INC                                                 | 100.00     | CENTURYLINK, INC                     | ^        | 3,720.00             |
| CHINA MOBILE LTD SPO                                             | 100.00     | CHINA MOBILE LTD SPONS ADR           | ^        | 4,849.00             |
| CISCO SYSTEMS INC CO                                             | 250.00     | CISCO SYSTEMS INC COM                | ^        | 4,520.00             |
| CORNING INC COM                                                  | 1,500.00   | CORNING INC COM                      | ^        | 19,470.00            |
| DELL INC COM                                                     | 500.00     | DELL INC COM                         | ^        | 7,315.00             |
| FORD MOTOR CO DEL CO                                             | 250.00     | FORD MOTOR CO DEL COM NEW            | ^        | 2,690.00             |
| FREEPORT MCMORAN COP                                             | 500.00     | FREEPORT MCMORAN COPPER & GLD INC    | ^        | 18,395.00            |
| GENERAL ELECTRIC CO                                              | 1,000.00   | GENERAL ELECTRIC CO COM              | ^        | 17,910.00            |
| GOLDMAN SACHS GROUP                                              | 200.00     | GOLDMAN SACHS GROUP INC COM          | ^        | 18,086.00            |
| J C PENNEY INC COM                                               | 500.00     | J C PENNEY INC COM                   | ^        | 17,575.00            |
| JINKOSOLAR HLDG CO L                                             | 11,900.00  | JINKOSOLAR HLDG CO LTD SPON ADR      | ^        | 59,500.00            |
| JOY GLOBAL INC COM                                               | 100.00     | JOY GLOBAL INC COM                   | ^        | 7,497.00             |
| LSI CORPORATION COM                                              | 558.00     | LSI CORPORATION COM                  | ^        | 3,320.10             |
| MICRON TECHNOLOGY IN                                             | 1,000.00   | MICRON TECHNOLOGY INC COM            | ^        | 6,290.00             |
| NEKTAR THERAPEUTICS                                              | 3,893.00   | NEKTAR THERAPEUTICS COM              | ^        | 21,781.34            |
| NUCOR CORP COM                                                   | 1,000.00   | NUCOR CORP COM                       | ^        | 39,570.00            |
| PATRIOT COAL CORP CO                                             | 250.00     | PATRIOT COAL CORP COM                | ^        | 2,117.50             |
| PFIZER INC COM                                                   | 500.00     | PFIZER INC COM                       | ^        | 10,820.00            |
| PRINCIPAL FINANCIAL                                              | 500.00     | PRINCIPAL FINANCIAL GROUP INC COM    | ^        | 12,300.00            |
| RITE AID CORP COM                                                | 1,000.00   | RITE AID CORP COM                    | ^        | 1,260.00             |
| SCHLUMBERGER LTD N A                                             | 300.00     | SCHLUMBERGER LTD N A ADR             | ^        | 20,493.00            |
| SYNTAX-BRILLIAN CORP                                             | 5,000.00   | SYNTAX-BRILLIAN CORP *DLSTD* COM     | ^        | 20.00                |
| TEREX CORP NEW COM                                               | 1,700.00   | TEREX CORP NEW COM                   | ^        | 22,967.00            |
| TEVA PHARMACEUTICAL                                              | 300.00     | TEVA PHARMACEUTICAL IND LTD SPON ADR | ^        | 12,108.00            |
|                                                                  | 35,114.00  | <b>TOTAL COMMON STOCKS</b>           |          | <b>409,095.96</b>    |
| <b>MUTUAL FUNDS</b>                                              |            |                                      |          |                      |

|                        |           |                                      |   |            |
|------------------------|-----------|--------------------------------------|---|------------|
| AMERICAN BALANCED FU   | 1,948.92  | AMERICAN BALANCED FUND CL R-4        | ^ | 35,450.93  |
| AMERICAN CAPITAL WOR   | 578.95    | AMERICAN CAPITAL WORLD GR&INC B 223  | ^ | 18,509.00  |
| AMERICAN CAPITAL WOR   | 586.74    | AMERICAN CAPITAL WORLD GR&INC B 223  | ^ | 18,758.14  |
| AMERICAN CENTURY SMA   | 6,009.95  | AMERICAN CENTURY SMALL CAP VALUE-ADV | ^ | 46,336.71  |
| AMERICAN EUROPACIFIC   | 2,277.07  | AMERICAN EUROPACIFIC GROWTH -R4      | ^ | 78,672.77  |
| AMERICAN/NEW WORLD F   | 450.25    | AMERICAN/NEW WORLD FD-R4 # 2436      | ^ | 20,693.54  |
| CALAMOS GROWTH & INC   | 253.37    | CALAMOS GROWTH & INCOME FD CL B      | ^ | 8,865.35   |
| CALAMOS GROWTH FD CL   | 1,521.33  | CALAMOS GROWTH FD CL A# 606          | ^ | 70,574.68  |
| * CNI CHARTER GOVT BD  | 15,848.79 | CNI CHARTER GOVT BD FD SERV CL #256  | ^ | 169,740.52 |
| * CNI CHARTER LG CAP V | 8,519.82  | CNI CHARTER LG CAP VAL EQTY-SERV 325 | ^ | 69,606.90  |
| COLUMBIA ACORN FUND    | 1,406.92  | COLUMBIA ACORN FUND CL Z #492        | ^ | 38,774.80  |
| COLUMBIA MIDCAP VALU   | 2,558.71  | COLUMBIA MIDCAP VALUE FD CL Z #983   | ^ | 32,777.02  |
| DREYFUS MIDCAP INDEX   | 69.72     | DREYFUS MIDCAP INDEX FUND# 113       | ^ | 1,807.04   |
| DREYFUS S & P 500 IN   | 5,526.79  | DREYFUS S & P 500 INDEX FD #078      | ^ | 189,955.74 |
| DREYFUS SMALL CAP ST   | 504.40    | DREYFUS SMALL CAP STOCK INDEX FD #77 | ^ | 9,956.90   |
| EAGLE SMALL CAP GROW   | 2,388.04  | EAGLE SMALL CAP GROWTH FD-A          | ^ | 89,527.66  |
| FIDELITY ADV HIGH IN   | 9,908.86  | FIDELITY ADV HIGH INC ADVA FD A #258 | ^ | 92,152.41  |
| FIDELITY ADV TECHNOLO  | 2,221.43  | FIDELITY ADV TECHNOLOGY CL A 187     | ^ | 50,071.12  |
| FRANKLIN TEMPLETON G   | 3,230.20  | FRANKLIN TEMPLETON GLOBAL BOND-A 406 | ^ | 40,086.77  |
| HARTFORD CAP APPREC    | 396.58    | HARTFORD CAP APPREC FD CL B # 228    | ^ | 10,081.04  |
| HARTFORD CAP APPREC    | 128.21    | HARTFORD CAP APPREC FD CL B # 228    | ^ | 3,259.02   |
| PIMCO TOTAL RETURN C   | 16,938.52 | PIMCO TOTAL RETURN CL A #4005        | ^ | 184,121.77 |
| TA IDEX ASSET ALLO C   | 2,171.31  | TA IDEX ASSET ALLO CONSV PORTF-B 725 | ^ | 23,689.00  |
| TA IDEX ASSET ALLO M   | 1,050.28  | TA IDEX ASSET ALLO MODERATE FD CL B  | ^ | 11,878.70  |

|           |                           |                     |
|-----------|---------------------------|---------------------|
| 86,495.16 | <b>TOTAL MUTUAL FUNDS</b> | <b>1,315,347.53</b> |
|-----------|---------------------------|---------------------|

#### NOTES, MORTGAGES & CONTRACTS

##### PARTICIPANT LOANS

|                   |           |                                               |   |                  |
|-------------------|-----------|-----------------------------------------------|---|------------------|
| * UFC MASTER NOTE | 16,230.85 | SECURED BY VESTED INTEREST 4.25% to 9.25%     | ^ | 16,230.85        |
|                   | 16,230.85 | <b>TOTAL PARTICIPANT LOANS</b>                |   | 16,230.85        |
|                   | 16,230.85 | <b>TOTAL NOTES, MORTGAGES &amp; CONTRACTS</b> |   | <b>16,230.85</b> |

##### MISCELLANEOUS

##### PARTNERSHIPS

|                      |        |                                     |  |                  |
|----------------------|--------|-------------------------------------|--|------------------|
| KINDER MORGAN ENGY P | 200.00 | KINDER MORGAN ENGY PARTNERS L P INT |  | 16,990.00        |
|                      | 200.00 | <b>TOTAL PARTNERSHIPS</b>           |  | 16,990.00        |
|                      | 200.00 | <b>TOTAL MISCELLANEOUS</b>          |  | <b>16,990.00</b> |

|                     |                     |
|---------------------|---------------------|
| <b>TOTAL ASSETS</b> | <b>2,207,443.33</b> |
|                     | =====               |

\* Denotes Party-In-Interest asset

^ Cost Information not provided as assets are part of an individual account plan that participants and beneficiaries directed with respect

to assets allocated to his or her account.

**United Family Care, Inc.**  
**401(k) Profit Sharing Plan**  
**EIN: 33-0852508 Plan: 001**  
**Attachment to 2011 Form 5500 - Schedule H, Part IV, Line 4(a)**  
**Schedule of Delinquent Participant Contributions**  
**FOR THE PLAN YEAR JANUARY 1, 2011 THROUGH DECEMBER 31, 2011**

| Schedule H Line 4a – Schedule of Delinquent Participant Contributions |   |                                                         |                                      |                                          |                                                  |
|-----------------------------------------------------------------------|---|---------------------------------------------------------|--------------------------------------|------------------------------------------|--------------------------------------------------|
| Participant Contributions Transferred Late to Plan                    |   | Total that Constitute Nonexempt Prohibited Transactions |                                      |                                          | Total Fully Corrected Under VFCP and PTE 2002-51 |
| Check here if Late Participant Loan Repayments are included:          | X | Contributions Not Corrected                             | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP |                                                  |
| \$14,667.60                                                           |   | N/A                                                     | N/A                                  | N/A                                      | \$14,667.60                                      |