

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>NATIONAL NURSING AND REHAB 401 K PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2002</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2002</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2002</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>NATIONAL NURSING AND REHAB, INC.</u> <u>1635 NORTHEAST LOOP 410, SUITE 900</u> <u>SAN ANTONIO, TX 78209-1619</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>74-2761305</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>210-822-0475</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>623000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>74-2761305</u>	2c Sponsor's telephone number <u>210-822-0475</u>	2d Business code (see instructions) <u>623000</u>	
2b Employer Identification Number (EIN) <u>74-2761305</u>					
2c Sponsor's telephone number <u>210-822-0475</u>					
2d Business code (see instructions) <u>623000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2012	JANICE HALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") NATIONAL NURSING AND REHAB, INC. 1635 NORTHEAST LOOP 410, SUITE 900 SAN ANTONIO, TX 78209-1619	3b Administrator's EIN 74-2761305 3c Administrator's telephone number 210-822-0475
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	349
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	235
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	58
d Subtotal. Add lines 6a , 6b , and 6c	6d	293
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	293
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	185
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	22

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 3D 2T

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ 0 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

A Name of plan <u>NATIONAL NURSING AND REHAB 401 K PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL NURSING AND REHAB, INC.</u>	D Employer Identification Number (EIN) <u>74-2761305</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

AMERIPRISE FINANCIAL SERVICES AMERIPRISE FINANCIAL CENTER
MINNEAPOLIS, MN 55474

(b) Enter name and EIN or address of person who provided you disclosure 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)

NATIONWIDE FINANCIAL

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19	CUSTODIAN	12341	Yes ☒ No ☐	Yes ☒ No ☐	9798	Yes ☐ No ☒

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

ALLIANCE BENEFIT GROUP

7425 HOLLISTER
HOUSTON, TX 77040

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17	TPA	10007	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MARK B. LACKIE, PC

1003 BECKETT DR., STE 208
SAN ANTONIO, TX 78213

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	5492	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan NATIONAL NURSING AND REHAB 401 K PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL NURSING AND REHAB, INC.	D Employer Identification Number (EIN) 74-2761305	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	79087	83901
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1684261	1957207
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1763348	2041108

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1763348	2041108
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	151714	
(B) Participants	2a(1)(B)	363434	
(C) Others (including rollovers)	2a(1)(C)	9544	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		524692

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3281	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3281

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-52429
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		475544

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	181566	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		181566
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	16218	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		16218
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		197784

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		277760
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MARK B. LACKIE, PC

(2) EIN: 20-8545285

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		300000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>NATIONAL NURSING AND REHAB 401 K PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL NURSING AND REHAB, INC.</u>	D Employer Identification Number (EIN) <u>74-2761305</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-4156830</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

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

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

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

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

Schedule R (Form 5500) 2011
v.012611

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**NATIONAL NURSING & REHAB
401(k) PLAN**

**MODIFIED CASH BASIS
FINANCIAL STATEMENTS**

AS OF DECEMER 31, 2011 AND 2010



TABLE OF CONTENTS

INDEPENDENT AUDITOR'S REPORT	1
MODIFIED CASH BASIS FINANCIAL STATEMENTS:	
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS	2
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	3
NOTES TO FINANCIAL STATEMENTS	4
SUPPLEMENTAL INFORMATION:	
SCHEDULE OF ASSETS HELD AT END OF YEAR	9



INDEPENDENT AUDITOR'S REPORT

To the Trustees, Plan Participants and Beneficiaries of the
National Nursing & Rehab 401(k) Plan
San Antonio, Texas

I was engaged to audit the accompanying statements of net assets available for plan benefits (modified cash basis) of the National Nursing & Rehab 401(k) Plan as of December 31, 2011 and 2010, and the related statements of changes in net assets available for plan benefits (modified cash basis) for the years then ended and the supplemental schedule of Schedule H, line 4i – Schedule of Assets Held (At End of Year) as of the year ended December 31, 2011. These financial statements and schedule are the responsibility of the Plan's management.

As discussed in Note B, the trustee prepares the Plan's financial statements in accordance with the modified cash basis of accounting which is a comprehensive basis of accounting other than generally accepted accounting principles.

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 C, which was certified by Nationwide Financial Services, Inc., the Trustee of the Plan, except for comparing the information with the related information included in the 2011 and 2010 financial statements and supplemental information. The Plan administrator has obtained a certification from the Trustee as of and for the year ended December 31, 2011 and 2010 that the information provided to the Plan administrator 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 supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, 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.

Mark B. Lackie, P.C.

Mark B. Lackie, PC
October 3, 2012

NATIONAL NURSING AND REHAB 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
(Modified Cash Basis)
(See Auditor's Report)

	As of December 31,	
	<u>2011</u>	<u>2010</u>
ASSETS:		
Participant Loans - Note E	\$ 83,901	\$ 79,087
Investment in mutual funds - Note C	<u>1,957,207</u>	<u>1,684,261</u>
Total assets	2,041,108	1,763,348
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u><u>\$ 2,041,108</u></u>	<u><u>\$ 1,763,348</u></u>

See accompanying notes to the financial statements.

NATIONAL NURSING AND REHAB 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS
(Modified Cash Basis)
(See Auditor's Report)

	Year ended December 31,	
	2011	2010
Additions:		
Additions to net assets attributable to:		
Investment income:		
Interest income (participant loans)	\$ 3,281	\$ 2,394
Net investment income from mutual fund investments including realized and unrealized gains and losses	(52,429)	137,930
Total investment income	(49,148)	140,324
Contributions:		
Employer	151,714	127,592
Participants	363,434	311,917
Rollovers and other	9,544	8,860
Total contributions	524,692	448,369
Total additions	475,544	588,693
Deductions:		
Deductions from net assets attributed to:		
Administrative expenses -Note H	16,218	15,132
Withdrawals paid to Plan participants	181,566	118,784
Total deductions	197,784	133,916
NET INCREASE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	277,760	454,777
Net assets available for plan benefits:		
Beginning of year	1,763,348	1,308,571
End of year	\$ 2,041,108	\$ 1,763,348

See accompanying notes to the financial statements.

**NATIONAL NURSING & REHAB 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2011 and 2010**

NOTE A – PLAN DESCRIPTION

National Nursing & Rehab, Inc. , a Texas Corporation, sponsors a defined contribution retirement plan, the National Nursing & Rehab 401(k) Plan (Plan). The following description provides general information. Participants and other interested parties should refer to the Plan agreement for a more complete description of the Plan's provisions.

Participating Companies: The Plan is a single employer plan that includes the employees of National Nursing & Rehab, Inc., National Nursing & Rehab RGV, Inc., National Medical Homecare, Inc., National Nursing & Rehab-SA Pediatrics, Inc., Census Builders, Inc., Direct Rehab, Inc. and C2E, Inc.; a group of companies that are related by ownership.

Eligibility: The Plan provides that employees are eligible to participate if they are at least 18 years old and meet certain length of service requirements.

Contributions: Participants may contribute up to 15% of annual compensation (as defined) subject to limits established by the Internal Revenue Code of 1986 (the Code). The Company may make discretionary matching contributions and non-elective discretionary contributions up to 25% of employee compensation. For 2011 and 2010, the Company elected to contribute 50% of the amount of the first 6% of compensation that employee's contributed to their 401k account.

Participant Accounts: Each participant's account is credited with the participant's contribution and allocations of:

- Company contributions, if any
- Plan earnings, net of expenses.

Allocations of discretionary Company-matching contributions are based on the amount of participant contributions. Allocations of Company non-elective discretionary contributions are based on participant compensation.

Vesting: Participants vest immediately in their contributions and actual earnings thereon. Vesting is based on years of service with participants being fully vested in employer contributions after the participant has completed six years of service.

Benefit Payments: On termination of services due to death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the participant's vested interest in the account, or periodic distributions required for minimum distribution purposes. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts: Forfeited accounts, if any, represent the non-vested portion of terminated participant accounts. Amounts will be used to reduce employer contributions or offset plan expenses. As of December 31, 2011 and 2010, the Plan has forfeited amounts totaling \$159 and \$6,208, respectively.

NATIONAL NURSING & REHAB 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2011 and 2010

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: As allowed by Department of Labor regulations, the Trustee prepares the financial statements in accordance with the modified cash basis of accounting which is a comprehensive basis of accounting other than generally accepted accounting principles. Accordingly, expenses and distributions are recognized when paid by the Plan and contributions and earnings are recognized when collected by the Plan. Under generally accepted accounting principles recognizes, revenues would be recognized as earned (not as collected) and expenses would be recognized as incurred (not as paid).

Use of Estimates: The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value. The investment consists of mutual funds at December 31, 2011 and 2010. The mutual funds are valued at the net asset value of shares held.

The purchase and sale of investments is determined and directed by Plan participants in self-directed investments.

NOTE C - INVESTMENTS

Unaudited Information Certified by the Plan Trustee: The statements of net assets available for plan benefits, the investment activity included in the statements of changes in net assets available for plan benefits and the accompanying notes were prepared in part or entirely from information certified by the Trustee, (Nationwide Financial Services, Inc.) in accordance with 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 information certified includes:

	December 31,	
	2011	2010
Mutual funds	\$1,684,261	\$1,684,261
Mutual fund earnings	137,930	137,930

NATIONAL NURSING & REHAB 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2011 and 2010

NOTE C - INVESTMENTS (continued)

The following represent investments that equal or exceed 5% of beginning of the year plan net assets as of December 31, 2011:

	<u>Value</u>
Nationwide Investment Dest Moderate R2 Fund	\$320,538
Nationwide Investment Dest Moder Aggress R2 Fund	320,831
Nationwide Investment Dest Aggressive R2 Fund	291,988
Nationwide Prime Money Market Fund	289,876
Investco HdCap Cor Eq Fund Class A	129,326
Nationwide Investment Dest Moder Conserv R2 Fund	108,837
Nationwide Investments Dest Conserv R2 Fund	91,718

During the year ended December 31, 2011, Plan investments (including investment earnings and gains and losses on mutual funds bought and sold, as well as held during the year) depreciated in value by \$52,429.

The following represent investments that equal or exceed 5% of beginning of the year plan net assets as of December 31, 2010:

	<u>Value</u>
Nationwide Investment Dest Moderate R2 Fund	\$318,667
Nationwide Prime Money Market Fund	256,701
Nationwide Investment Dest Moder Aggress R2 Fund	249,071
Nationwide Investment Dest Aggressive R2 Fund	239,617
Investco HdCap Cor Eq Fund Class A	122,291
Nationwide Investment Dest Moder Conserv R2 Fund	79,222

During the year ended December 31, 2010, Plan investments (including investment earnings and gains and losses on mutual funds bought and sold, as well as held during the year) depreciated in value by \$137,930.

NOTE D – TAX STATUS

The Plan and related Trust operate under a prototype plan document prepared by the Trustee. The Plan adopted a pre-approved plan on January 31, 2006. The Trustee operates a pre-approved prototype plan designed in accordance with the applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator and Trustee believe that the Plan is designed and being operated in compliance with applicable IRC requirements.

NATIONAL NURSING & REHAB 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2011 and 2010

NOTE E – PARTICIPANT LOANS

The Plan allows participants to borrow funds from the plan. The loans are considered direct investments made by the participant that obtained the loan. The maximum amount that a participant may borrow is the lesser of \$50,000 or 50% of the value of their account on the date of the loan. A participant cannot borrow less than \$1,000 and the participant may not have more than one loan outstanding at any time. The loans must be repaid in five years or less (unless for the purchase of a primary residence) and are required to be repaid through payroll deductions of a participating employer. Interest on participant loans are at a reasonable rate of interest as determined by the administrator of the plan. Currently, the loans charge interest at rates up to a maximum annual rate of 9.5%.

Amounts in default are recognized as distributions at the end of each quarter. Upon distribution of plan assets (i.e. termination of employment), the balance of the loan becomes payable in full and the participant either pays the amount due or the balance of the loan and accrued interest is reduced from the final distribution received by the participant and the amounts due and payable are considered a distribution to the participant.

NOTE F – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in any employer contributions made prior to that time.

NOTE G – RISKS AND UNCERTAINTIES

The mutual fund investments are exposed to various risks such as interest rate, market and credit risks. Due to these risks, it is at least reasonably possible that changes in the values of the mutual fund investments will occur in the near term and that such changes could materially affect the participants' account balances and amounts reported in the statement of net assets available for Plan benefits.

NOTE H – PARTY-IN-INTEREST TRANSACTIONS

The Plan paid administrative expenses to a company that is defined as a party-in-interest by ERISA. The following amounts were paid to the party-in-interest during the year ended December 31, 2011:

<u>Party-In-Interest</u>	<u>Relationship to Plan</u>	<u>Amount</u>
Mark B. Lackie, PC	Independent	
Certified Public Accountant	Auditor	\$5,492
Alliance Benefit Group	Third Party Administrator	10,007
Nationwide Financial	Custodian	12,341

Custodian fees were deducted from the net investment income from mutual funds on the Statements of Changes in Net Assets Available For Plan Benefits.

SUPPLEMENTAL INFORMATION

NATIONAL NURSING AND REHAB 401(k) PLAN
Schedule H, line 4i - Schedule of Assets (Held at Year End)
As of December 31, 2011
(See Auditor's Report)
(Plan No. - 001; Employer ID No. - 74-2761305)

(a)	(b)	(c)	(d)	(e)
	Identity of issue	Mutual Fund	Cost	Current Value
	American Funds Europacific Gr R3	Mutual Fund	N/A	\$ 50,600
	Invesco HdCap Cor Eq A	Mutual Fund	N/A	129,326
	AmFds AHCAP R3	Mutual Fund	N/A	56,050
	AmFds Am Bal R3	Mutual Fund	N/A	31,289
	BlkRck Health Science Opp Inv A	Mutual Fund	N/A	339
	Calvert Social Investment Equity A	Mutual Fund	N/A	3,292
	Diamond Hill Smallcap A	Mutual Fund	N/A	28,510
	Fidelity Advisors Short Term Fixed A	Mutual Fund	N/A	10,047
	Fidelity Advisors Inflation Protect Bd A	Mutual Fund	N/A	9,422
	Fidelity Advisors New Insights A	Mutual Fund	N/A	59,656
	Fidelity Advisors Diversified Internl A	Mutual Fund	N/A	47,975
	NW Inv Dest Aggressive R2	Mutual Fund	N/A	291,988
	NW Inv Dest Conservative R2	Mutual Fund	N/A	91,718
	NW Inv Dest Moderate R2	Mutual Fund	N/A	320,538
	NW Inv Dest Moderate Aggress R2	Mutual Fund	N/A	320,831
	NW Inv Dest Moderate Conserv R2	Mutual Fund	N/A	108,837
	Goldman Sachs Short Dura Govt A	Mutual Fund	N/A	6,804
	BlkRk Cap Apprec Inv A	Mutual Fund	N/A	1,900
	BlkRk Natural Resourc Tr Inv A	Mutual Fund	N/A	17,901
	Nationwide Government Bond A	Mutual Fund	N/A	9,806
	Nationwide Money Market Prime	Mutual Fund	N/A	289,876
	PIMCO Total Return A	Mutual Fund	N/A	33,182
	Opp Disc A	Mutual Fund	N/A	25,691
	Prudential Dryden Fin Svc A	Mutual Fund	N/A	2,696
	Pimco High Yield A	Mutual Fund	N/A	8,933
	Participant Loans	Participant Loans	N/A	83,901
				<u><u>\$ 2,041,108</u></u>

N/A - Cost information is not required when accounts are maintained in participant self-directed accounts.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► National Nursing and Rehab 401k Plan

Employer Identification Number: ► 74-2761305

For plan year (beginning/ending): ► 1/1/2011 to 12/31/2011

Plan number: ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	AmFds Europacfc Gr R3	Mutual Fund		50,600.49
	Invesco HdCap Cor Eq A	Mutual Fund		129,325.56
	AmFds AHCAP R3	Mutual Fund		56,049.58
	AmFds Am Bal R3	Mutual Fund		31,289.35
	BlkRk Hlth Snce Oppr Inv A	Mutual Fund		338.50
	Clvrt Soc Invmt Eq A	Mutual Fund		3,291.86
	Diamond Hill SmCap A	Mutual Fund		28,509.89
	FidAdv Shrt Fxd Inc A	Mutual Fund		10,046.67
	FidAdv Infl Prtct Bd A	Mutual Fund		9,422.44
	FidAdv New Insghts A	Mutual Fund		59,655.96
	FidAdv Divrs Intl A	Mutual Fund		47,975.23
	NW Inv Dest Aggr R2	Mutual Fund		291,987.58
	NW Inv Dest Cnsrv R2	Mutual Fund		91,717.51
	NW Inv Dest Mod R2	Mutual Fund		320,537.70
	NW Inv Dest Mod Aggr R2	Mutual Fund		320,830.51
	NW Inv Dest Mod Cnsrv R2	Mutual Fund		108,837.44
	GdmnScs Shrt Dur Govt A	Mutual Fund		6,803.81
	BlkRk Cap App Inv A	Mutual Fund		1,899.89
	BlkRk Natrl Rsrc Tr Inv A	Mutual Fund		17,900.74
	NW Govt Bd A	Mutual Fund		9,805.95
	NW Mny Mkt Prm	Mutual Fund		289,876.46
	PIMCO ttl Rtn A	Mutual Fund		33,182.30
	Opp Disc A	Mutual Fund		25,691.18
	Prudntl Fin Svc A	Mutual Fund		2,696.33
	PIMCO Hi Yld A	Mutual Fund		8,934.32
	Participant Loans	Loan		83,901.22