

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

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>LAUREL LAKE RETIREMENT COMMUNITY, INC. SECTION 403(B) RETIREMENT PLAN</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>LAUREL LAKE RETIREMENT COMMUNITY, INC.</u> <u>200 LAUREL LAKE DRIVE</u> <u>HUDSON, OH 44236</u>	2b Employer Identification Number (EIN) <u>34-1481142</u> 2c Sponsor's telephone number <u>330-655-1407</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/11/2012</u>	<u>DANA WALTERS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") LAUREL LAKE RETIREMENT COMMUNITY, INC. 200 LAUREL LAKE DRIVE HUDSON, OH 44236	3b Administrator's EIN 34-1481142 3c Administrator's telephone number 330-655-1407
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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	524
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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	324
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	195
d Subtotal. Add lines 6a , 6b , and 6c	6d	520
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	520
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	464
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

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

2F 2G 2M

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) ☐ **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 LAUREL LAKE RETIREMENT COMMUNITY, INC. SECTION 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LAUREL LAKE RETIREMENT COMMUNITY, INC.	D Employer Identification Number (EIN) 34-1481142

Part I	Service Provider Information (see instructions)
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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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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)

METROPOLITAN LIFE INSURANCE COMPANY

400 ATRIUM DRIVE
SOMERSET, NJ 08873

(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?
64	RECORDKEEPER	1714	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

METLIFE SECURITIES INC.

1095 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

(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?
55	ADVISOR/BROKER	0	Yes ☒ No ☐	Yes ☒ No ☐	3759	Yes ☐ No ☒

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
55	INVESTMENT	13638	Yes ☒ No ☐	Yes ☐ No ☒	2352	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)

EDWARD D.A. SOMMER

300 WEST WILSON BRIDGE RD STE 300
ATLANTA, GA 30339

(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?
55	BROKER	3090	Yes ☒ No ☐	Yes ☐ No ☒	2069	Yes ☐ No ☒

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

FSC SECURITIES CORP

2300 WINDY RIDGE PKWY STE 1100
ATLANTA, GA 30339

(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?
55	BROKER/ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	8123	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
METLIFE SECURITIES INC.	55	3759

(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.
METROPOLITAN LIFE 1095 AVENUE OF THE AMERICAS NEW YORK, NY 10036	OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FSC SECURITES	55	8123

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>LAUREL LAKE RETIREMENT COMMUNITY, INC. SECTION 403(B) RETIREMENT 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>LAUREL LAKE RETIREMENT COMMUNITY, INC.</u>	D Employer Identification Number (EIN) <u>34-1481142</u>	

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	63359	52090
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2551202	2675017
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	2614561	2727107

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2614561	2727107
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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)	148634	
(B) Participants	2a(1)(B)	227462	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		376096

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	2611	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2611
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	31250	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		31250
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-102788
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		307169

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	192927	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		192927
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	1696	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1696
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		194623

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		112546
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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: SCHROEDEL, SCULLIN & BESTIC LLC

(2) EIN: 34-1903609

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 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.
---	--	--

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

A Name of plan <u>LAUREL LAKE RETIREMENT COMMUNITY, INC. SECTION 403(B) RETIREMENT 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>LAUREL LAKE RETIREMENT COMMUNITY, INC.</u>	D Employer Identification Number (EIN) <u>34-1481142</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>20-3691658</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

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): _____

Financial Statements
and Supplementary Information

LAUREL LAKE RETIREMENT COMMUNITY, INC.
SECTION 403(b) RETIREMENT PLAN

December 31, 2011 and 2010

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Principals

Karl B. Schroedel II, CPA
Richard S. Scullin, CPA
Gregory C. Bestic, CPA, Cr.FA
Thomas A. O'Neil, CPA, CVA
Chris A. Gabrick, CPA
Judy R. Sees, CPA
Denise A. Harlan, CPA
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August 30, 2012

The Retirement Board
Laurel Lake Retirement Community, Inc.
Section 403(b) Retirement Plan
Youngstown, Ohio

Independent Auditors' Report

We were engaged to audit the accompanying statements of net assets available for benefits of the Laurel Lake Retirement Community, Inc. Section 403(b) Retirement Plan as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years ended December 31, 2011 and 2010, and the supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year). These financial statements and supplemental schedule 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 us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in NOTE D, which was certified by Metropolitan Life Insurance Company and Nationwide Financial Services, Inc., the custodians of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained a certification from Metropolitan Life Insurance Company and Nationwide Financial Services, Inc. as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan Administrator by Metropolitan Life Insurance Company and Nationwide Financial Services, Inc. is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink, which appears to read 'Schroedel, Scullin & Bestic, LLC'.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

LAUREL LAKE RETIREMENT COMMUNITY, INC. SECTION 403(b) RETIREMENT PLAN

December 31, 2011 and 2010

	2011	2010
Investments at fair value	\$ 2,675,017	\$ 2,551,202
Notes receivable from participants	52,090	63,359
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,727,107</u>	<u>\$ 2,614,561</u>

The accompanying notes are an integral part
of these financial statements

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
LAUREL LAKE RETIREMENT COMMUNITY, INC. SECTION 403(b) RETIREMENT PLAN

For the years ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
<u>ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS</u>		
Investment income (loss):		
Net appreciation (depreciation) in fair value of assets	\$ (102,788)	\$ 186,880
Dividend income	31,250	32,653
Interest (on participant loans)	2,611	3,332
	<u>(68,927)</u>	<u>222,865</u>
Contributions:		
Employer's contributions	148,634	139,011
Participants' contributions	227,462	275,288
	<u>376,096</u>	<u>414,299</u>
TOTAL CONTRIBUTIONS	<u>376,096</u>	<u>414,299</u>
TOTAL ADDITIONS	<u>307,169</u>	<u>637,164</u>
Benefits paid to participants	(192,927)	(252,206)
Loan and distribution fees	(1,696)	(1,529)
	<u>(194,623)</u>	<u>(253,735)</u>
TOTAL DEDUCTIONS	<u>(194,623)</u>	<u>(253,735)</u>
NET INCREASE	112,546	383,429
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Balance at beginning of year	2,614,561	2,231,132
Balance at end of year	<u>\$ 2,727,107</u>	<u>\$ 2,614,561</u>

The accompanying notes are an integral part
of these financial statements

NOTES TO FINANCIAL STATEMENTS

LAUREL LAKE RETIREMENT COMMUNITY, INC. SECTION 403(b) RETIREMENT PLAN

December 31, 2011 and 2010

NOTE A - DESCRIPTION OF PLAN

The following description of Laurel Lake Retirement Community, Inc. Section 403(b) Retirement 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 covering all employees of Laurel Lake Retirement Community, Inc. who have completed one year of service for eligibility purposes. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Under the Plan's provisions, each participant may contribute an amount equal to a dollar amount or percentage of pretax annual compensation as defined in the Plan. The Company makes a matching contribution to the Plan, which equals 33% or 50%, depending on years of service, of the first 6% of the participant's compensation contributed as pretax contributions. Additionally, the Company contributes a discretionary contribution equal to 1% of the employee's pretax compensation to all eligible employees. Upon enrollment in the Plan, a participant may direct employee contributions and company-matching contributions in any of the available investment options. Participants who do not wish to defer into the Plan are automatically enrolled in the Plan in order to receive the discretionary contribution. Upon automatic enrollment, the discretionary contribution is directed to the appropriate investment fund depending on the participant's age. Participants may change their investment options at their discretion.

Participant accounts - Allocations of the Company's contribution and Plan earnings are based on each participant's earnings or account balances, as defined. In addition to the above-mentioned allocations, under the Plan's provisions, each participant's account is credited with the participant's contribution. The benefit to which a participant is entitled is the benefit which can be provided from the participant's vested account.

Vesting - Participants are immediately vested in their deferrals, company-matching and discretionary contributions and contributions rolled over from other qualified defined-benefit or contribution plans, plus actual earnings thereon.

Notes receivable from participants - Participants may borrow from their fund accounts a minimum of \$1,000 and up to a maximum \$50,000 or 50% of their account balance, whichever is less. The loans are collateralized by the balance in the participant's account and bear interest at fixed rates which are determined by adding 2% to the prime interest rate at the time of the loans. The participant has the option to repay principal and interest ratably through payroll deductions based on payroll frequency or quarterly payments.

Payment of benefits - On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or periodic installments.

NOTES TO FINANCIAL STATEMENTS

LAUREL LAKE RETIREMENT COMMUNITY, INC. SECTION 403(b) RETIREMENT PLAN

December 31, 2011 and 2010

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting - The financial statements of the Plan are prepared using the accrual method of accounting.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment valuation - The Plan's investments are stated at fair value as of December 31, 2011. Quoted market prices are used to value investments. Shares of mutual funds and units of common/collective trusts are valued at the net asset value of the shares and units held by the Plan at year end.

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

Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued, but unpaid, interest. Delinquent participant loans are reclassified as distributions based upon the terms set forth in the plan document.

NOTE C - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

- Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority.
- Level 2 inputs consist of significant observable inputs other than quoted prices for identical assets.
- Level 3 inputs consist of significant unobservable inputs that are not corroborated by market data and have the lowest priority.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 or Level 3 inputs were available to the Plan.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year end.

NOTES TO FINANCIAL STATEMENTS

LAUREL LAKE RETIREMENT COMMUNITY, INC. SECTION 403(b) RETIREMENT PLAN

December 31, 2011 and 2010

NOTE C - FAIR VALUE MEASUREMENTS (CONTINUED)

The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Benefits for the years ended December 31, 2011 and 2010, as follows:

<u>FAIR VALUE MEASUREMENTS USING:</u>				
	DECEMBER 31, 2011 FAIR VALUE	QUOTED PRICES IN ACTIVE MARKETS FOR IDENTICAL ASSETS (LEVEL 1)	SIGNIFICANT OTHER OBSERVABLE INPUTS (LEVEL 2)	SIGNIFICANT UNOBSERVABLE INPUTS (LEVEL 3)
Mutual funds	<u>\$ 2,675,017</u>	<u>\$ 2,675,017</u>	<u>\$ 0</u>	<u>\$ 0</u>

<u>FAIR VALUE MEASUREMENTS USING:</u>				
	DECEMBER 31, 2010 FAIR VALUE	QUOTED PRICES IN ACTIVE MARKETS FOR IDENTICAL ASSETS (LEVEL 1)	SIGNIFICANT OTHER OBSERVABLE INPUTS (LEVEL 2)	SIGNIFICANT UNOBSERVABLE INPUTS (LEVEL 3)
Mutual funds	<u>\$ 2,551,202</u>	<u>\$ 2,551,202</u>	<u>\$ 0</u>	<u>\$ 0</u>

NOTES TO FINANCIAL STATEMENTS

LAUREL LAKE RETIREMENT COMMUNITY, INC. SECTION 403(b) RETIREMENT PLAN

December 31, 2011 and 2010

NOTE D - INVESTMENTS

Unaudited information certified by the Plan custodians - The December 31, 2011 and 2010, Statements of Net Assets Available for Benefits, the investment activities included on the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2011 and 2010, and the accompanying notes to financial statements were prepared in part or entirely from information certified by the custodians in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The information certified includes total assets of \$2,727,107 and \$2,614,561 at December 31, 2011 and 2010, respectively, and related income (loss) on assets of \$(68,927) and \$222,865 for the years ended December 31, 2011 and 2010, respectively.

Participant contributions and investment earnings were directed by the individual plan participants to 42 investment choices offered under the Plan.

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

	<u>2011</u>	<u>2010</u>
Vanguard Target Retirement 2015 Fund	<u>\$ 141,495</u>	<u>\$ 139,266</u>
American Funds Europacific Growth FD R3	<u>\$ 206,299</u>	<u>\$ 206,307</u>
American Beacon LG CAP Value Investor	<u>\$ 264,088</u>	<u>\$ 254,302</u>
American Funds Growth Fund of America	<u>\$ 368,950</u>	<u>\$ 298,622</u>
Pimco Total Return - A	<u>\$ 157,636</u>	<u>\$ 164,627</u>
SSGA Money Market Fund	<u>\$ 472,990</u>	<u>\$ 430,919</u>

NOTE E - ADMINISTRATION OF PLAN ASSETS AND RELATED-PARTY TRANSACTIONS

The Company provides to the Plan certain accounting and administrative services for which no fees are charged. Other administrative expenses are paid by the Plan. Loan and distribution fees are paid by the respective participants.

NOTES TO FINANCIAL STATEMENTS

LAUREL LAKE RETIREMENT COMMUNITY, INC. SECTION 403(b) RETIREMENT PLAN

December 31, 2011 and 2010

NOTE F - TAX STATUS

Currently, the Internal Revenue Service determination process does not apply to 403(b) plans. The Plan Administrator intends to apply for a determination letter on the Plan when the government opens such a program. The Plan is required to operate in conformity with the Internal Revenue Code (IRC) to maintain tax exemption. Plan management believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE G - PLAN TERMINATION

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA (see NOTE I).

NOTE H - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE I - SUBSEQUENT EVENT

In preparing the financial statements, including estimates and disclosures, management has considered the effects of subsequent events through August 30, 2012—the date the financial statements were available to be issued. The following subsequent event was significant and requires additional disclosure:

On July 10, 2012, the Board of Directors of Humility of Mary Health Partners, a controlling party of Laurel Lake Retirement Community Inc. Section 403(b) Retirement Plan, approved the merger of this Plan (the "Laurel Lake Plan") into the CHP Retirement Savings Plan 403(b) (the "CHP Plan"), effective September 28, 2012. As a result, all investments in mutual funds and participant loans will be transferred from the Laurel Lake Plan into the CHP Plan on that date.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 34-1481142

Plan #: 001

LAUREL LAKE RETIREMENT COMMUNITY, INC. SECTION 403(b) RETIREMENT PLAN

December 31, 2011

(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
Metropolitan Life Insurance Company	Vanguard Target Retirement 2010 Fund	\$	47,011
Metropolitan Life Insurance Company	Vanguard Target Retirement 2015 Fund		141,495
Metropolitan Life Insurance Company	Vanguard Target Retirement 2020 Fund		25,330
Metropolitan Life Insurance Company	Vanguard Target Retirement 2025 Fund		42,291
Metropolitan Life Insurance Company	Vanguard Target Retirement 2030 Fund		14,716
Metropolitan Life Insurance Company	Vanguard Target Retirement 2035 Fund		101,189
Metropolitan Life Insurance Company	Vanguard Target Retirement 2040 Fund		9,627
Metropolitan Life Insurance Company	Vanguard Target Retirement 2045 Fund		13,886
Metropolitan Life Insurance Company	Vanguard Target Retirement 2050 Fund		17,433
Metropolitan Life Insurance Company	American Funds Europacific Growth FD R3		206,299
Metropolitan Life Insurance Company	Blackrock Small Cap Growth II A		92,576
Metropolitan Life Insurance Company	Royce Total Return Fund Inv		89,846
Metropolitan Life Insurance Company	American Beacon LG CAP Value Investor		264,088
Metropolitan Life Insurance Company	American Funds Growth Fund of America		368,950
Metropolitan Life Insurance Company	Dreyfus S&P 500 Index Fund		72,598
Metropolitan Life Insurance Company	Neuberger Berman Socially Responsive Tr		25,473
Metropolitan Life Insurance Company	Pimco Total Return - A		157,636
Metropolitan Life Insurance Company	SSGA Money Market Fund		472,990
Nationwide Financial Services, Inc.	American Century Income & Growth A		29,409
Nationwide Financial Services, Inc.	American Century International Growth A		2,363
Nationwide Financial Services, Inc.	Aston/Fairpointe Mid Cap N		20,937
Nationwide Financial Services, Inc.	Baron Growth Retail		53,484
Nationwide Financial Services, Inc.	Dreyfus Intermediate Term Inc A		48,879
Nationwide Financial Services, Inc.	Eaton Vance Worldwide Health Sci A		3,858
Nationwide Financial Services, Inc.	Fidelity Advisor Equity Growth A		24,431
Nationwide Financial Services, Inc.	Aberdeen US Equity A		31,963
Nationwide Financial Services, Inc.	Heartland Value Inv		3,255
Nationwide Financial Services, Inc.	Invesco Real Estate A		11,080
Nationwide Financial Services, Inc.	Invesco Dynamics Inv		6,237
Nationwide Financial Services, Inc.	Invesco Van Kampen American Franchise A		1,656
Nationwide Financial Services, Inc.	Invesco Van Kampen Equity and Income A		3,025
Nationwide Financial Services, Inc.	JPMorgan Mid Cap Value A		9,164
Nationwide Financial Services, Inc.	Janus Fund T		1,534
Nationwide Financial Services, Inc.	Janus Twenty T		40,149
Nationwide Financial Services, Inc.	MFS International New Discovery A		42,994
Nationwide Financial Services, Inc.	Nationwide Money Market Instl		72,706
Nationwide Financial Services, Inc.	Nationwide S&P 500 Index Svc		35,972
Nationwide Financial Services, Inc.	Oakmark Equity & Income II		32,315
Nationwide Financial Services, Inc.	Oppenheimer Capital Appreciation A		12,364
Nationwide Financial Services, Inc.	Oppenheimer Main St Small & Mid Cap A		156
Nationwide Financial Services, Inc.	Oppenheimer Value A		853
Nationwide Financial Services, Inc.	Wells Fargo Advantage Government Sec Inv		22,799
Participant Loans	Interest Rate 4.25%—8.25%		52,090
		TOTAL	\$ 2,727,107

Column (a) is blank as there were no parties-in-interest.

Column (d) is blank as all investments are participant directed.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 34-1481142

Plan #: 001

LAUREL LAKE RETIREMENT COMMUNITY, INC. SECTION 403(b) RETIREMENT PLAN

December 31, 2011

(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
Metropolitan Life Insurance Company	Vanguard Target Retirement 2010 Fund	\$	47,011
Metropolitan Life Insurance Company	Vanguard Target Retirement 2015 Fund		141,495
Metropolitan Life Insurance Company	Vanguard Target Retirement 2020 Fund		25,330
Metropolitan Life Insurance Company	Vanguard Target Retirement 2025 Fund		42,291
Metropolitan Life Insurance Company	Vanguard Target Retirement 2030 Fund		14,716
Metropolitan Life Insurance Company	Vanguard Target Retirement 2035 Fund		101,189
Metropolitan Life Insurance Company	Vanguard Target Retirement 2040 Fund		9,627
Metropolitan Life Insurance Company	Vanguard Target Retirement 2045 Fund		13,886
Metropolitan Life Insurance Company	Vanguard Target Retirement 2050 Fund		17,433
Metropolitan Life Insurance Company	American Funds Europacific Growth FD R3		206,299
Metropolitan Life Insurance Company	Blackrock Small Cap Growth II A		92,576
Metropolitan Life Insurance Company	Royce Total Return Fund Inv		89,846
Metropolitan Life Insurance Company	American Beacon LG CAP Value Investor		264,088
Metropolitan Life Insurance Company	American Funds Growth Fund of America		368,950
Metropolitan Life Insurance Company	Dreyfus S&P 500 Index Fund		72,598
Metropolitan Life Insurance Company	Neuberger Berman Socially Responsive Tr		25,473
Metropolitan Life Insurance Company	Pimco Total Return - A		157,636
Metropolitan Life Insurance Company	SSGA Money Market Fund		472,990
Nationwide Financial Services, Inc.	American Century Income & Growth A		29,409
Nationwide Financial Services, Inc.	American Century International Growth A		2,363
Nationwide Financial Services, Inc.	Aston/Fairpointe Mid Cap N		20,937
Nationwide Financial Services, Inc.	Baron Growth Retail		53,484
Nationwide Financial Services, Inc.	Dreyfus Intermediate Term Inc A		48,879
Nationwide Financial Services, Inc.	Eaton Vance Worldwide Health Sci A		3,858
Nationwide Financial Services, Inc.	Fidelity Advisor Equity Growth A		24,431
Nationwide Financial Services, Inc.	Aberdeen US Equity A		31,963
Nationwide Financial Services, Inc.	Heartland Value Inv		3,255
Nationwide Financial Services, Inc.	Invesco Real Estate A		11,080
Nationwide Financial Services, Inc.	Invesco Dynamics Inv		6,237
Nationwide Financial Services, Inc.	Invesco Van Kampen American Franchise A		1,656
Nationwide Financial Services, Inc.	Invesco Van Kampen Equity and Income A		3,025
Nationwide Financial Services, Inc.	JPMorgan Mid Cap Value A		9,164
Nationwide Financial Services, Inc.	Janus Fund T		1,534
Nationwide Financial Services, Inc.	Janus Twenty T		40,149
Nationwide Financial Services, Inc.	MFS International New Discovery A		42,994
Nationwide Financial Services, Inc.	Nationwide Money Market Instl		72,706
Nationwide Financial Services, Inc.	Nationwide S&P 500 Index Svc		35,972
Nationwide Financial Services, Inc.	Oakmark Equity & Income II		32,315
Nationwide Financial Services, Inc.	Oppenheimer Capital Appreciation A		12,364
Nationwide Financial Services, Inc.	Oppenheimer Main St Small & Mid Cap A		156
Nationwide Financial Services, Inc.	Oppenheimer Value A		853
Nationwide Financial Services, Inc.	Wells Fargo Advantage Government Sec Inv		22,799
Participant Loans	Interest Rate 4.25%—8.25%		52,090
		TOTAL	\$ 2,727,107

Column (a) is blank as there were no parties-in-interest.

Column (d) is blank as all investments are participant directed.