

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>NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC. PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ► <u>004</u> 1c Effective date of plan <u>09/13/1996</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC.</u> <u>8300 HOUGH AVENUE</u> <u>CLEVELAND, OH 44103</u>	2b Employer Identification Number (EIN) <u>34-1014291</u> 2c Sponsor's telephone number <u>216-231-7700</u> 2d Business code (see instructions) <u>621498</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>10/12/2012</u>	<u>WILLIE AUSTIN</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") NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC. 8300 HOUGH AVENUE CLEVELAND, OH 44103	3b Administrator's EIN 34-1014291 3c Administrator's telephone number 216-231-7700
--	---

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
---	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	426
---	----------	-----

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	252
b Retired or separated participants receiving benefits.....	6b	50
c Other retired or separated participants entitled to future benefits.....	6c	136
d Subtotal. Add lines 6a , 6b , and 6c	6d	438
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	2
f Total. Add lines 6d and 6e	6f	440
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	409
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	4

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

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

2E 2G 3D 2K 2F

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

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2011 <hr/> 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>NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>34-1014291</u>	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier

VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>74-1625348</u>	<u>70238</u>	<u>08114</u>	<u>409</u>	<u>01/01/2011</u>	<u>12/31/2011</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>8081</u>	<u>0</u>

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

GREG A. MEADOR
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>7283</u>			<u>3</u>

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ROBERT A. HYNEMAN
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>741</u>			<u>3</u>

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BARRY SCOTT BROTHERS

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

UNASSIGNED

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	3183392

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	3732395
--	-----------	---------

c Additions: (1) Contributions deposited during the year	7c(1)	340075	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	121581	
(4) Transferred from separate account	7c(4)	68569	
(5) Other (specify below)	7c(5)	285383	

▶ ASSET RECLASSIFICATION

(6) Total additions	7c(6)	815608
---------------------------	--------------	--------

d Total of balance and additions (add b and c(6))	7d	4548003
---	-----------	---------

e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	415751	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	29685	
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	445436
----------------------------	--------------	--------

f Balance at the end of the current year (subtract e(5) from d)	7f	4102567
---	-----------	---------

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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>NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>34-1014291</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
VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

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

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

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

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

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

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

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

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

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

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

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

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 ☐

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.	

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
(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
(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
(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
(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
(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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information <p style="text-align: center;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<small>OMB No. 1210-0110</small> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2011</div> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection.</p>
---	---	---

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

A Name of plan <u>NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>34-1014291</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)	

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AGGRESSIVE GROWTH LIFESTYLE FUND</u>			
b Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY INSURANCE COMPANY</u>			
c EIN-PN <u>74-1625348-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20762</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARIEL APPRECIATION FUND</u>			
b Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY INSURANCE COMPANY</u>			
c EIN-PN <u>74-1625348-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>78774</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARIEL FUND</u>			
b Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY INSURANCE COMPANY</u>			
c EIN-PN <u>74-1625348-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>52966</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASSET ALLOCATION FUND</u>			
b Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY INSURANCE COMPANY</u>			
c EIN-PN <u>74-1625348-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1002</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLUE CHIP GROWTH FUND</u>			
b Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY INSURANCE COMPANY</u>			
c EIN-PN <u>74-1625348-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16594</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BROAD CAP VALUE FUND</u>			
b Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY INSURANCE COMPANY</u>			
c EIN-PN <u>74-1625348-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10348</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAPITAL APPRECIATION FUND</u>			
b Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY INSURANCE COMPANY</u>			
c EIN-PN <u>74-1625348-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1967</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL CONSERVATION

VARIABLE ANNUITY INSURANCE COMPANY

b Name of sponsor of entity listed in (a):**c** EIN-PN 74-1625348-000**d** Entity code P**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

7578

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND FUND

VARIABLE ANNUITY INSURANCE COMPANY

b Name of sponsor of entity listed in (a):**c** EIN-PN 74-1625348-000**d** Entity code P**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

10846

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE EQUITY FUND

VARIABLE ANNUITY INSURANCE COMPANY

b Name of sponsor of entity listed in (a):**c** EIN-PN 74-1625348-000**d** Entity code P**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

59918

a Name of MTIA, CCT, PSA, or 103-12 IE: DIVIDEND VALUE

VARIABLE ANNUITY INSURANCE COMPANY

b Name of sponsor of entity listed in (a):**c** EIN-PN 74-1625348-000**d** Entity code P**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

122487

a Name of MTIA, CCT, PSA, or 103-12 IE: FOREIGN VALUE

VARIABLE ANNUITY INSURANCE COMPANY

b Name of sponsor of entity listed in (a):**c** EIN-PN 74-1625348-000**d** Entity code P**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

43543

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL EQUITY

VARIABLE ANNUITY INSURANCE COMPANY

b Name of sponsor of entity listed in (a):**c** EIN-PN 74-1625348-000**d** Entity code P**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

48779

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL SOCIAL AWARENESS FUND

VARIABLE ANNUITY INSURANCE COMPANY

b Name of sponsor of entity listed in (a):**c** EIN-PN 74-1625348-000**d** Entity code P**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

5546

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL STRATEGY

VARIABLE ANNUITY INSURANCE COMPANY

b Name of sponsor of entity listed in (a):**c** EIN-PN 74-1625348-000**d** Entity code P**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

14861

a Name of MTIA, CCT, PSA, or 103-12 IE: GOVERNMENT SECURITIES FUND

VARIABLE ANNUITY INSURANCE COMPANY

b Name of sponsor of entity listed in (a):**c** EIN-PN 74-1625348-000**d** Entity code P**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

7138

a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH AND INCOME FUND

VARIABLE ANNUITY INSURANCE COMPANY

b Name of sponsor of entity listed in (a):**c** EIN-PN 74-1625348-000**d** Entity code P**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

1903

a Name of MTIA, CCT, PSA, or 103-12 IE: **GROWTH FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY INSURANCE COMPANY**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 329845
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **HEALTH SCIENCES FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY INSURANCE COMPANY**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43206
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **HIGH YIELD BOND FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY INSURANCE COMPANY**

c EIN-PN 74-0741625-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1398
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **INFLATION PROTECTED FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY INSURANCE COMPANY**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32602
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **INTERNATIONAL EQUITIES FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY INSURANCE COMPANY**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8914
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **INTERNATIONAL GOVERNMENT BOND FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY INSURANCE COMPANY**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34795
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **INTERNATIONAL GROWTH FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY INSURANCE COMPANY**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57450
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **INTERNATIONAL SMALL CAP EQUITY FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY INSURANCE COMPANY**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55832
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **LARGE CAP VALUE FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY INSURANCE COMPANY**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3797
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **LARGE CAPITAL GROWTH****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY INSURANCE COMPANY**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90467
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: LOU HOLLAND GROWTH FUND**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY INSURANCE COMPANY

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 982
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH FUND**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY INSURANCE COMPANY

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21364
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY INSURANCE COMPANY

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36733
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STRATEGIC GROWTH**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY INSURANCE COMPANY

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 162765
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE FUND**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY INSURANCE COMPANY

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19548
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: MODERATE GROWTH LIFESTYLE**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY INSURANCE COMPANY

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120734
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET I FUND**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY INSURANCE COMPANY

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 207710
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET II FUND**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY INSURANCE COMPANY

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 675
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: NASDAQ 100R INDEX FUND**b** Name of sponsor of entity listed in (a): 74-1625348

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20555
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY INSURANCE COMPANY

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 161617
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL CAP AGGRESSIVE GROWTH FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY INSURANCE COMPANY**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2643
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL CAP FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY INSURANCE COMPANY**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21049
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL CAP GROWTH FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY INSURANCE COMPANY**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8955
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL CAP INDEX FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY INSURANCE COMPANY**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11118
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL CAP SPECIAL VALUE FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY INSURANCE COMPANY**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9456
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL CAP VALUE FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY INSURANCE COMPANY**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3782
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL MID GROWTH FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY INSURANCE COMPANY**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23742
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **SOCIALLY RESPONSIBLE FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY INSURANCE COMPANY**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5926
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **STOCK INDEX FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY INSURANCE COMPANY**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 366304
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **STRATEGIC BOND FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY INSURANCE COMPANY**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61634
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: VALUE FUND**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY INSURANCE COMPANY

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17473
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY GROWTH**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY INSURANCE COMPANY

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8936
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRATEGY MODERA**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY INSURANCE COMPANY

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36006
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LONG-TERM TREASURY**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY INSURANCE COMPANY

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52212
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LT INV-GRADE FUND**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY INSURANCE COMPANY

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13342
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD WELLINGTON FUND, INC.**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY INSURANCE COMPANY

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 385238
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD WINDSOR II**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY INSURANCE COMPANY

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 231273
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: CONSERVATIVE GROWTH LIFESTYLE**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY INSURANCE COMPANY

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8302
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 2011 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>34-1014291</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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	502626	461704
(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)	295075	0
(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)	3121449	3183392
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3732395	4102567
(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	7651545	7747663

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	7651545	7747663
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	694080	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		694080
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	136934	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		136934
(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)		
(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)		-60494
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		770520

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	674402	
(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)		674402
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)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		674402

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		96118
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: PLANTE MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5b(1) Name of plan(s)

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2011</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC. PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC.		D Employer Identification Number (EIN) 34-1014291
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
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): 76-0519990		
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): _____

Northeast Ohio Neighborhood Health Services, Inc. Profit Sharing Plan

**Financial Report
December 31, 2011**

Northeast Ohio Neighborhood Health Services, Inc. Profit Sharing Plan

Contents

Report Letter	I
Statement of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4-11
Schedule of Assets Held at End of Year	12-13

Independent Auditor's Report

To the Plan Administrator
Northeast Ohio Neighborhood Health
Services, Inc. Profit Sharing Plan

We were engaged to audit the financial statements and supplemental schedule of Northeast Ohio Neighborhood Health Services, Inc. Profit Sharing Plan (the "Plan") as of December 31, 2011 and 2010 and for the year ended December 31, 2011, as listed in the accompanying table of contents. 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 3, which was certified by Variable Annuity Life Insurance Company (VALIC), the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and participant notes receivable and executes related transactions. The plan administrator has obtained a certification from the Custodian as of December 31, 2011 and 2010 and for the year ended December 31, 2011 that the information provided to the plan administrator by the Custodian 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 Custodian, 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.

As explained in Note 5, the financial statements include unallocated insurance contracts, which consist of approximately 55 percent of net assets at December 31, 2011 and 54 percent of net assets at December 31, 2010, whose fair values have been estimated by management in the absence of readily determinable market values. Management's estimates are based on information provided by the Custodian.

A handwritten signature in black ink that reads "Plante & Moran, PLLC".

Cleveland, Ohio
September 27, 2012

Northeast Ohio Neighborhood Health Services, Inc. Profit Sharing Plan

Statement of Net Assets Available for Benefits

	December 31, 2011	December 31, 2010
Assets		
Participant-directed investments:		
Pooled separate accounts	\$ 3,183,392	\$ 3,121,449
Unallocated contracts	<u>4,231,613</u>	<u>4,122,779</u>
Total participant-directed investments	7,415,005	7,244,228
Contributions receivable	<u>461,704</u>	<u>502,626</u>
Net Assets Reflecting All Investments at Fair Value	7,876,709	7,746,854
Adjustments from Fair Value to Contract Value for Fully Benefit-responsive Investment Contracts	<u>(129,046)</u>	<u>(95,309)</u>
Net Assets Available for Benefits	<u><u>\$ 7,747,663</u></u>	<u><u>\$ 7,651,545</u></u>

Northeast Ohio Neighborhood Health Services, Inc. Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2011

Additions to Net Assets

Contributions	\$ 694,080
Investment income (loss):	
Interest and dividends	136,934
Net realized and unrealized losses on pooled separate accounts	<u>(60,494)</u>
Total investment income	<u>76,440</u>
Total additions	770,520

Deductions from Net Assets - Benefits paid directly to participants or beneficiaries 674,402

Net Increase 96,118

Net Assets Available for Benefits

Beginning of year	<u>7,651,545</u>
End of year	<u><u>\$ 7,747,663</u></u>

Northeast Ohio Neighborhood Health Services, Inc. Profit Sharing Plan

Notes to Financial Statements December 31, 2011 and 2010

Note 1 - Plan Description

The following description of Northeast Ohio Neighborhood Health Services, Inc. Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution, matching/thrift plan, established July 1, 1996, covering employees of Northeast Ohio Neighborhood Health Services, Inc. (the "Company"). Participants become eligible to participate after the completion of one year of service (at least 1,000 hours worked). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Under the Plan, no employee contributions are allowed. All Company contributions made to the Plan are placed in individual accounts in the name of the participant.

Company contributions consist of the following:

- a. A matching contribution equal to \$.75 for every \$1.00 of the participants' elective deferrals made into Northeast Ohio Neighborhood Health Services, Inc. Tax Sheltered Annuity Plan (a 403(b) plan) up to 4 percent of each participant's gross compensation
- b. A discretionary contribution in an amount determined by the Company's board of directors. The discretionary contribution made during 2011 was approximately \$444,000.

Participant Accounts - Each participant's account is credited with the employer's contributions and credited or charged with the participant's share of the quarterly allocation of the Plan's net income or loss. Allocations are based on participants' account balances, as defined in the plan agreement. Participants are also allowed to borrow from their accounts in accordance with limitations defined in the plan agreement. Participants direct the investment of employer contributions into various investment options offered by the Plan.

Vesting - Vesting in the Company's matching and discretionary contributions is based on years of service with the Company in the following percentages:

Years of Service	Percentage Vested
0 to 1	0
1 to 2	20
2 to 3	40
3 to 4	60
4 to 5	80
5 or more	100

Northeast Ohio Neighborhood Health Services, Inc. Profit Sharing Plan

Notes to Financial Statements December 31, 2011 and 2010

Note 1 - Plan Description (Continued)

Plan Loans - Participants may borrow from The Variable Annuity Life Insurance Company (VALIC), the custodian of the Plan, using the vested portion of their VALIC Fixed Account Plus as collateral for the loan. Collateral is required in an amount equal to 100 percent of the outstanding loan balance. Participants may borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance subject to annuity contract and plan provisions. Loan terms range from one to five years or within a reasonable time for the purchase of the participant's principal residence. Loans bear interest at market rates. Principal and interest are paid ratably by the participant to VALIC and each payment will reduce amounts collateralized by the participant's VALIC Fixed Account Plus investment. The amount of these outstanding loans was \$285,383 and \$295,075 at December 31, 2011 and 2010, respectively. These loans are included as assets in the accompanying financial statements (see Note 6).

Forfeitures - If a participant is not fully vested on his or her termination date, the nonvested amount of the account is forfeited. Forfeitures are used to reduce future Company contributions or pay plan expenses. At December 31, 2011 and 2010, forfeited account balances totaled approximately \$141,000 and \$129,000, respectively.

Payment of Benefits - Upon disability, retirement, death, or other reasons, a participant shall receive payment of the value of his or her vested account through annuities or a cash option based upon predetermined thresholds as defined in the agreement.

Termination - While it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, net assets would be distributed to participants according to each participant's account balance. Upon termination of the Plan, participants become 100 percent vested in their account balances.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by Variable Annuity Life Insurance Company or its affiliates. Variable Annuity Life Insurance Company is the custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Northeast Ohio Neighborhood Health Services, Inc. Profit Sharing Plan

Notes to Financial Statements December 31, 2011 and 2010

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are stated at fair value, except for its investments in unallocated insurance contracts, which are valued at contract value. Contract value represents investments at cost plus accrued interest income less amounts withdrawn to pay benefits. The fair value of the contracts is based on discounting the related cash flows of the underlying guaranteed investment contracts based on current yields of similar instruments with comparable durations. Pooled separate accounts are valued at the net asset value per share (or its equivalent) of the funds, which is based on the fair value of the funds' underlying assets. See Note 5 for additional information.

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

Reclassification and Restatement - During 2011, it was determined that balances previously classified as participant notes receivable should not have been recorded as plan assets. These balances represent plan loans as described in Note 1. Previously, the VALIC Fixed Account Plus had been reduced for the amount of the plan loans. The VALIC Fixed Account Plus has been adjusted to reflect the full balance and the participant notes receivable removed to reflect the proper balance. Prior year balances have been reclassified to conform to the current year presentation. The resulting reclassification had no impact on the ending net assets available for benefits as of December 31, 2011 and 2010 or change in net assets available for benefits for the year ended December 31, 2011.

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Various administrative costs are paid by the Company.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America 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.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including September 27, 2012, which is the date the financial statements were available to be issued.

Northeast Ohio Neighborhood Health Services, Inc. Profit Sharing Plan

Notes to Financial Statements December 31, 2011 and 2010

Note 3 - Unaudited Investment Information

Variable Annuity Life Insurance Company (the "Custodian") holds the Plan's investments and participant notes receivable and executes all related transactions. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information provided by the Custodian.

Significant investments at end of year are as follows:

	<u>2011</u>	<u>2010</u>
Unallocated contract - At contract value - Variable Annuity Life Insurance Company Fixed Account Plus	\$ 4,049,761	\$ 3,980,698
Pooled separate accounts - At fair value:		
Growth Fund	329,845	384,412
Vanguard Wellington Fund, Inc.	385,238	382,969

Note 4 - Investment Contracts

The Plan has entered into a benefit-responsive investment contract with Variable Annuity Life Insurance Company (VALIC). VALIC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Interest is credited using a new money interest crediting approach. Under this methodology, VALIC declares a "current" interest rate at the beginning of each month applicable to contributions received during that month. The current rate declared is guaranteed until the end of that calendar year for the contributions received that month. VALIC then intends to credit interest at that same rate for such contributions for an additional calendar year. At the beginning of the third calendar year, such contributions will earn interest at a new declared pool rate. This rate is established January 1 of each calendar year and is guaranteed for that entire calendar year. The contractually guaranteed minimum interest rate is applicable for the lifetime of the contract.

Rates earned by the investment contracts include an average yield earned by the Plan of 2.51 percent as of December 31, 2011. Participant accounts set up before December 1, 2003 have a minimum guaranteed interest rate of 3.00 percent. Accounts set up on or after December 1, 2003 have a minimum guaranteed interest rate of 2.00 percent.

Northeast Ohio Neighborhood Health Services, Inc. Profit Sharing Plan

Notes to Financial Statements December 31, 2011 and 2010

Note 4 - Investment Contracts (Continued)

Generally, there are no events that could limit the ability of the Plan to transact at contract value paid within 90 days or, in rare circumstances, contract value paid over time. There are no events that allow the issuer to terminate the contract and which require the plan sponsor to settle an amount different than contract value paid either within 90 days or over time.

	2011	2010
Average yield earned by the Plan and credited to participants	2.56%	2.52%

Note 5 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2011 and 2010 and the valuation techniques used by the Plan to determine those fair values.

Level 1 - In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset. Significant Level 3 inputs for unallocated contracts include specific terms, credit rating of the issuer, and contractual provisions outlined in the contracts including the effective interest rate.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Northeast Ohio Neighborhood Health Services, Inc. Profit Sharing Plan

Notes to Financial Statements December 31, 2011 and 2010

Note 5 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2011

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance at December 31, 2011
Pooled separate accounts:				
Equity investments (1)	\$ -	\$ 3,074,717	\$ -	\$ 3,074,717
Fixed-income investments (2)	-	108,675	-	108,675
Unallocated insurance contracts	-	-	4,231,613	4,231,613
Total	<u>\$ -</u>	<u>\$ 3,183,392</u>	<u>\$ 4,231,613</u>	<u>\$ 7,415,005</u>

Assets Measured at Fair Value on a Recurring Basis at December 31, 2010

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance at December 31, 2010
Pooled separate accounts:				
Equity investments (1)	\$ -	\$ 3,046,726	\$ -	\$ 3,046,726
Fixed-income investments (2)	-	74,723	-	74,723
Unallocated insurance contracts	-	-	4,122,779	4,122,779
Total	<u>\$ -</u>	<u>\$ 3,121,449</u>	<u>\$ 4,122,779</u>	<u>\$ 7,244,228</u>

- (1) This class represents investments in actively managed pooled separate accounts that invest primarily in equity securities, which may include common stocks, options, and futures.
- (2) This class represents investments in actively managed pooled separate accounts that invest in a variety of fixed-income investments, which may include corporate bonds, both U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the end of the reporting period. During the year ended December 31, 2011, there were no significant transfers between levels of the fair value hierarchy.

Northeast Ohio Neighborhood Health Services, Inc. Profit Sharing Plan

Notes to Financial Statements December 31, 2011 and 2010

Note 5 - Fair Value Measurements (Continued)

Changes in Level 3 assets measured at fair value on a recurring basis for the year ended December 31, 2011 are as follows:

	<u>Unallocated Insurance Contracts</u>
Balance at January 1, 2011	\$ 4,122,779
Purchases	340,075
Sales	(401,912)
Interest	136,934
Total unrealized gains	<u>33,737</u>
Balance at Total unrealized gains	<u>\$ 4,231,613</u>

Of the Level 3 assets still held by the Plan at December 31, 2011, the unrealized gains for the year ended December 31, 2011 were \$33,737, which is recognized in the statement of changes in net assets available for benefits.

Both observable and unobservable inputs may be used to determine the fair value of positions classified as Level 3 assets and liabilities. As a result, the unrealized gains for these assets presented in the table above may include changes in fair value that were attributable to both observable and unobservable inputs.

Note 6 - Tax Status

The Plan has received a determination letter dated February 5, 1993 from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

As mentioned in Note 1, VALIC, the custodian of the Plan, has entered into loan transactions directly with participants using their account balances as collateral for the loans. These transactions appear to violate certain provisions of ERISA and thereby would constitute a nonexempt transaction. The Department of Labor is currently analyzing these types of transactions to determine how they should be reported and expects to issue reporting guidance. No guidance has been issued as of the date of this report. The effect of this matter is unknown at this time and has not been reflected in the accompanying financial statements and supplemental schedule.

Northeast Ohio Neighborhood Health Services, Inc. Profit Sharing Plan

Notes to Financial Statements December 31, 2011 and 2010

Note 6 - Tax Status (Continued)

In accordance with guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax position and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The plan administrator believes the Plan is no longer subject to tax examinations for years prior to 2008.

Northeast Ohio Neighborhood Health Services, Inc. Profit Sharing Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 34-1014291, Plan No. 004 December 31, 2011

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Pooled separate accounts:			
Variable Annuity Life Insurance Company	Agressive Growth Lifestyle	*	\$ 20,762
Variable Annuity Life Insurance Company	Ariel Appreciation Fund	*	78,774
Variable Annuity Life Insurance Company	Ariel Fund	*	52,966
Variable Annuity Life Insurance Company	Asset Allocation Fund	*	1,002
Variable Annuity Life Insurance Company	Blue Chip Growth Fund	*	16,594
Variable Annuity Life Insurance Company	Broad Cap Value Inc	*	10,348
Variable Annuity Life Insurance Company	Capital Appreciation Fund	*	1,967
Variable Annuity Life Insurance Company	Capital Conservation	*	7,578
Variable Annuity Life Insurance Company	Core Bond Fund	*	10,846
Variable Annuity Life Insurance Company	Core Equity Fund	*	59,918
Variable Annuity Life Insurance Company	Dividend Value	*	122,487
Variable Annuity Life Insurance Company	Foreign Value	*	43,543
Variable Annuity Life Insurance Company	Global Equity	*	48,779
Variable Annuity Life Insurance Company	Global Social Awareness Fund	*	5,546
Variable Annuity Life Insurance Company	Global Strategy	*	14,861
Variable Annuity Life Insurance Company	Government Securities Fund	*	7,138
Variable Annuity Life Insurance Company	Growth & Income Fund	*	1,903
Variable Annuity Life Insurance Company	Growth Fund	*	329,845
Variable Annuity Life Insurance Company	Health Sciences Fund	*	43,206
Variable Annuity Life Insurance Company	High Yield Bond Fund	*	1,398
Variable Annuity Life Insurance Company	Inflation Protected Fund	*	32,602
Variable Annuity Life Insurance Company	International Equities Fund	*	8,914
Variable Annuity Life Insurance Company	International Government Bond	*	34,795
Variable Annuity Life Insurance Company	International Growth Fund	*	57,450
Variable Annuity Life Insurance Company	Intl Small Cap Equity	*	55,832
Variable Annuity Life Insurance Company	Large Cap Value Fund	*	3,797
Variable Annuity Life Insurance Company	Large Capital Growth	*	90,467
Variable Annuity Life Insurance Company	Lou Holland Growth Fund	*	982
Variable Annuity Life Insurance Company	Mid Cap Growth Fund	*	21,364
Variable Annuity Life Insurance Company	Mid Cap Index Fund	*	36,733
Variable Annuity Life Insurance Company	Mid Cap Strategic Gwth	*	162,765
Variable Annuity Life Insurance Company	Mid Cap Value Fund	*	19,548
Variable Annuity Life Insurance Company	Moderate Growth Lifestyle	*	120,734
Variable Annuity Life Insurance Company	Money Market I Fund	*	207,710
Variable Annuity Life Insurance Company	Money Market II Fund	*	675
Variable Annuity Life Insurance Company	Nasdaq-100(R) Index Fund	*	20,555
Variable Annuity Life Insurance Company	Science & Technology Fund	*	161,617
Variable Annuity Life Insurance Company	Sm Cap Aggressive Gwth	*	2,643
Variable Annuity Life Insurance Company	Small Cap Fund	*	21,049
Variable Annuity Life Insurance Company	Small Cap Growth Fund	*	8,955
Variable Annuity Life Insurance Company	Small Cap Index Fund	*	11,118

Northeast Ohio Neighborhood Health Services, Inc. Profit Sharing Plan

Schedule of Assets Held at End of Year (Continued) Form 5500, Schedule H, Line 4i EIN 34-1014291, Plan No. 004 December 31, 2011

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Pooled separate accounts (Continued):			
Variable Annuity Life Insurance Company	Small Cap Special Value Fund	*	\$ 9,456
Variable Annuity Life Insurance Company	Small Cap Value Fund	*	3,782
Variable Annuity Life Insurance Company	Small Mid Growth Fund	*	23,742
Variable Annuity Life Insurance Company	Socially Responsible Fund	*	5,926
Variable Annuity Life Insurance Company	Stock Index Fund	*	366,304
Variable Annuity Life Insurance Company	Strategic Bond Fund	*	61,634
Variable Annuity Life Insurance Company	Value Fund	*	17,473
Variable Annuity Life Insurance Company	Vanguard Lifestrategy Growth	*	8,936
Variable Annuity Life Insurance Company	Vanguard Lifestrategy Modera	*	36,006
Variable Annuity Life Insurance Company	Vanguard Long-term Treasury	*	52,212
Variable Annuity Life Insurance Company	Vanguard LT Inv-Grade Fund	*	13,342
Variable Annuity Life Insurance Company	Vanguard Wellington Fund, Inc.	*	385,238
Variable Annuity Life Insurance Company	Vanguard Windsor II	*	231,273
Variable Annuity Life Insurance Company	Conservative Growth Lifestyle	*	8,302
Unallocated insurance contracts:			
Variable Annuity Life Insurance Company	Fixed Account Plus	*	4,049,761
Variable Annuity Life Insurance Company	Short Term Fixed Account	*	52,806
Total			<u>\$ 7,285,959</u>

* Cost information not required