

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 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</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>COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/1998</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>05/01/1998</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>05/01/1998</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>COLUMBUS NEIGHBORHOOD HEALTH CENTER, INC.</u> <u>JOHN WISELEY</u> <u>1800 WATERMARK DRIVE, STE 420</u> <u>COLUMBUS, OH 43215-1060</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1533908</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>614-645-5500</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621399</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1533908</u>	2c Sponsor's telephone number <u>614-645-5500</u>	2d Business code (see instructions) <u>621399</u>	
2b Employer Identification Number (EIN) <u>31-1533908</u>					
2c Sponsor's telephone number <u>614-645-5500</u>					
2d Business code (see instructions) <u>621399</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	<u>10/14/2013</u> Date	<u>JOHN WISELEY</u> 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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) <u>HOWARD, WERSHBALE & CO.</u> <u>23240 CHAGRIN BLVD., SUITE 700</u> <u>CLEVELAND, OH 44122-5450</u>			Preparer's telephone number (optional) <u>216-831-1200</u>

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
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 COLUMBUS NEIGHBORHOOD HEALTH CENTER		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 422
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	107
b Retired or separated participants receiving benefits.....	6b	
c Other retired or separated participants entitled to future benefits.....	6c	271
d Subtotal. Add lines 6a , 6b , and 6c	6d	378
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	54
f Total. Add lines 6d and 6e	6f	432
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	324
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	54
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 Characteristics Codes in the instructions: 2E 2F 2G 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COLUMBUS NEIGHBORHOOD HEALTH CENTER, INC.</u>	D Employer Identification Number (EIN) <u>31-1533908</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.
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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>57798</u>	<u>324</u>	<u>01/01/2012</u>	<u>12/31/2012</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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>976</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

GREGORY K. SPRINGFIELD 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>75</u>			<u>3</u>

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

MICHAEL B. HINKEL 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>720</u>			<u>3</u>

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

CATHERINE C ZAINO

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	
181			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	

(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	554736
5 Current value of plan's interest under this contract in separate accounts at year end	5	390202

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	592346
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c Additions: (1) Contributions deposited during the year	7c(1)	30026	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	15745	
(4) Transferred from separate account	7c(4)	14743	
(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	60514
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d Total of balance and additions (add lines 7b and 7c(6))	7d	652860
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	88921	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account	7e(3)	7543	
(4) Other (specify below)	7e(4)	1660	

▶ **CONTRACT SURRENDER CHARGES**

(5) Total deductions	7e(5)	98124
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	554736
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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 line 9c(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, line 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
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COLUMBUS NEIGHBORHOOD HEALTH CENTER, INC.</u>	D Employer Identification Number (EIN) <u>31-1533908</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
<u>VARIABLE ANNUITY LIFE INSURANCE CO.</u> <u>2929 ALLEN PARKWAY</u> <u>HOUSTON, TX 77019</u>
<u>74-1625348</u>

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

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

(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
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(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN</u>	B Three-digit plan number (PN)	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COLUMBUS NEIGHBORHOOD HEALTH CENTER, INC.</u>	D Employer Identification Number (EIN) <u>31-1533908</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)
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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 LIFE INSURANCE CO.</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>724</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 LIFE INSURANCE CO.</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>396</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 LIFE INSURANCE CO.</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>7721</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAPITAL CONSERVATION</u>			
b Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE CO.</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>68</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE BOND FUND</u>			
b Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE CO.</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>2978</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE EQUITY FUND</u>			
b Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE CO.</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>627</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DIVIDEND VALUE</u>			
b Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE CO.</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>4817</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: **EMERGING ECONOMIES****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY LIFE INSURANCE CO.**

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) 16074
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FOREIGN VALUE****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY LIFE INSURANCE CO.**

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) 10627
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a Name of MTIA, CCT, PSA, or 103-12 IE: **GLOBAL REAL ESTATE FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY LIFE INSURANCE CO.**

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) 7411
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a Name of MTIA, CCT, PSA, or 103-12 IE: **GLOBAL SOCIAL AWARENESS FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY LIFE INSURANCE CO.**

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) 1842
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a Name of MTIA, CCT, PSA, or 103-12 IE: **GLOBAL STRATEGY****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY LIFE INSURANCE CO.**

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) 3955
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a Name of MTIA, CCT, PSA, or 103-12 IE: **GROWTH FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY LIFE INSURANCE CO.**

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) 8511
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a Name of MTIA, CCT, PSA, or 103-12 IE: **HEALTH SCIENCES FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY LIFE INSURANCE CO.**

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) 1458
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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 LIFE INSURANCE CO.**

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) 725
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INFLATION PROTECTED FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY LIFE INSURANCE CO.**

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) 1437
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INTERNATIONAL EQUITIES FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY LIFE INSURANCE CO.**

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) 24740
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a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GROWTH FUND**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.

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) 8
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a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL SMALL CAP EQUITY**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.

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) 16875
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a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP CORE**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.

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) 1264
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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 LIFE INSURANCE CO.

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) 1723
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a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAPITAL GROWTH**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.

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) 6131
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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 LIFE INSURANCE CO.

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) 2719
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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 LIFE INSURANCE CO.

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) 35491
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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 LIFE INSURANCE CO.

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) 357
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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 LIFE INSURANCE CO.

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) 8901
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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 LIFE INSURANCE CO.

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) 68247
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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 LIFE INSURANCE CO.		
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) 437

a Name of MTIA, CCT, PSA, or 103-12 IE: NASDAQ-100(R) INDEX FUND		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.		
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) 3282

a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.		
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) 14830

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 LIFE INSURANCE CO.		
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) 340

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 LIFE INSURANCE CO.		
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) 20679

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 LIFE INSURANCE CO.		
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) 794

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 LIFE INSURANCE CO.		
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) 9765

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 LIFE INSURANCE CO.		
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) 54

a Name of MTIA, CCT, PSA, or 103-12 IE: SOCIALY RESPONSIBLE FUND		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.		
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) 16580

a Name of MTIA, CCT, PSA, or 103-12 IE: STOCK INDEX FUND		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.		
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) 50529

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

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) 1034
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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 LIFE INSURANCE CO.

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) 5082
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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 LIFE INSURANCE CO.

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) 1371
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD WINDSOR II**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.

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) 10463
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a Name of MTIA, CCT, PSA, or 103-12 IE: AM BEAC HOLLAND LG CAP GROWTH**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.

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) 465
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a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GOVERNMENT BOND**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.

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) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO BAL RISK COMMOD STR R5**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.

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) 6007
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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)
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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)
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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)
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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
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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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>		
A Name of plan <u>COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COLUMBUS NEIGHBORHOOD HEALTH CENTER, INC.</u>	D Employer Identification Number (EIN) <u>31-1533908</u>	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(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)	40441	12662
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)	403611	377540
	(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)		
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	592346	554736
	(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	1036398	944938

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1036398	944938
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	12226	
(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)		12226
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)	1734	
(F) Other	2b(1)(F)	15745	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		17479
(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)		
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		48136
(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		77841

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	204134	
(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)		204134
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)	4624	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		4624
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		208758

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-130917
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: **HOWARD, WERSHBALE & CO.**

(2) EIN: **34-1663157**

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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		150000
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.)			
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.			

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)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COLUMBUS NEIGHBORHOOD HEALTH CENTER, INC.</u>	D Employer Identification Number (EIN) <u>31-1533908</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>74-1625348</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	<u>0</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>0</u>	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	0

- 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 lines (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 line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):



Howard, Wershale & Co.
CPAs & Advisors

Columbus Neighborhood Health Center Profit Sharing Plan

YEARS ENDED DECEMBER 31, 2012 AND 2011

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

YEARS ENDED DECEMBER 31, 2012 AND 2011

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Independent Auditors' Report

Board of Trustees
Columbus Neighborhood Health Center Profit Sharing Plan
Columbus, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Columbus Neighborhood Health Center Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended,, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act (ERISA) 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 5, which was certified by Variable Annuity Life Insurance Company, 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 executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2012 and 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Basis of Accounting

As described in Note 1 to the financial statements, the Board of Trustees of Columbus Neighborhood Health Center, Inc., the Plan's sponsor, voted on October 8, 2012 to terminate the Plan. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting used to determine the amounts at which investments in insurance contracts and benefit information are stated, from an ongoing plan basis to a liquidation basis for periods after October 8, 2012. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule on pages 14 and 15 as of December 31, 2012 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

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, is presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink, appearing to read "Howard A. Smith".

Columbus, Ohio
October 10, 2013

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2012 AND 2011

	Liquidation Basis 2012	Ongoing Plan Basis 2011
Assets:		
Investments, at fair value:		
Pooled separate accounts	\$ 377,540	\$ 403,611
Guaranteed interest accounts	546,516	581,282
	924,056	984,893
Receivables:		
Employer contributions		39,457
Notes receivable from participants	12,662	40,441
	12,662	79,898
Net assets available for benefits at fair value	936,718	1,064,791
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	8,220	11,064
Net assets available for benefits	\$ 944,938	\$ 1,075,855

See notes to financial statements.

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2012 AND 2011

	Liquidation Basis 2012	Ongoing Plan Basis 2011
Additions to net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of pooled separate accounts	\$ 48,136	\$ (20,105)
Interest and dividends	15,745	19,276
Interest income on notes receivable from participants	1,734	1,783
	<u>65,615</u>	<u>954</u>
Contributions:		
Employer contributions		104,800
Forfeiture allocations	12,226	
	<u>12,226</u>	<u>104,800</u>
Total additions	<u>77,841</u>	<u>105,754</u>
Deductions from net assets attributed to:		
Benefits paid to participants	204,134	81,860
Administrative expenses	4,624	5,198
Total deductions	<u>208,758</u>	<u>87,058</u>
Net (decrease) increase in net assets	<u>(130,917)</u>	<u>18,696</u>
Net assets available for benefits, beginning of year as previously reported		1,023,135
Restatement of net assets (Note 2)		34,024
Net assets available for benefits, beginning of year as restated	<u>1,075,855</u>	<u>1,057,159</u>
Net assets available for benefits, end of year	<u><u>\$ 944,938</u></u>	<u><u>\$ 1,075,855</u></u>

See notes to financial statements.

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2012 AND 2011

1. Description of the Plan:

General:

The following brief description of Columbus Neighborhood Health Center 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.

The Plan is a defined contribution plan as permitted by Internal Revenue Code Section 401(a) which covers all full-time employees of Columbus Neighborhood Health Center, Inc. (CNHC) who have completed three months of service with CNHC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Administrator is responsible for oversight of the Plan and with the assistance of an investment advisor determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan sponsor's Board of Trustees.

Plan termination:

On October 8, 2012, the Board of Trustees of CNHC, the Plan's sponsor, voted to terminate the Plan. Effective November 1, 2012, Plan participants were allowed to withdraw funds from the Plan directly, rollover into individual annuity accounts with Variable Annuity Life Insurance Company (VALIC), the custodian, or rollover into a new plan established by the Plan sponsor.

Contributions:

The Plan is a defined contribution profit sharing plan. The discretionary contribution is allocated in the same ratio as each participant's compensation for the year bears to the total of such compensation of all participants. Contributions are subject to certain limitations. CNHC did not contribute to the Plan in 2012. CNHC contributed 2% of quarterly compensation in 2011.

Participant accounts:

Each participant's account is increased by an allocation of any CNHC contributions, Plan investment earnings and appreciation, forfeitures of participants' nonvested accounts, and decreased by an allocation of Plan investment losses and depreciation and administrative expenses not funded by forfeitures.

Allocations are based on participant earnings or account balances, as defined.

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2012 AND 2011

1. Description of the Plan (continued):

Vesting and forfeitures:

Participants are immediately 100% vested in all contributions made to their account plus actual earnings if participating in the Plan prior to 2010. After 2010, contributions vest as follows:

<u>Years of Service</u>	<u>Percent of Nonforfeitable Interest</u>
0-1	0%
2	20%
3	50%
4	100%

If the Plan's vesting schedule or the Plan is amended in any way that directly or indirectly affects the computation of a participant's nonforfeitable percentage, then each participant who has completed three years of service as of the expiration date of the election period, may elect to have the participant's nonforfeitable percentage computed under the Plan without regard to the amendment or change. If the participant fails to make the election, then the participant's percentage will be subject to the new vesting schedule. Participants, who are not vested or partially vested at termination, forfeit the nonvested portion of their account balance.

As of October 8, 2012 (date of Plan termination election) the participants became 100% vested in their accounts.

Forfeitures are used to pay administrative expenses and then to reduce future CNHC discretionary contributions. In December 2012, the Plan allocated \$12,226 of forfeitures to the participants.

Payment of benefits:

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or an annuity.

Subsequent events:

Subsequent events have been evaluated through October 10, 2013, the date the Plan's financial statements were available to be issued.

Investment options:

Upon enrollment in the Plan, a participant may direct employer contributions into any combination of various investment funds. Participants may change their investment options at any time.

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2012 AND 2011

1. Description of the Plan (continued):

Notes receivable from participants:

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at a rate which is commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest is paid ratably on a quarterly basis, through payroll deduction.

Notes receivable from participants are measured at the unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2012 or 2011. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

2. Summary of significant accounting policies:

Basis of accounting:

The financial statements of the Plan were prepared on an accrual basis of accounting for the period January 1, 2011 to October 8, 2012 and on a liquidation basis for the period October 9, 2012 to December 31, 2012.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statements of net assets available for benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statements of changes in net assets available for benefits is prepared on a contract value basis for this investment.

Use of estimates:

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

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2012 AND 2011

2. Summary of significant accounting policies (continued):

Investment valuation and income recognition:

Investments are stated at fair value as provided by VALIC. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an ordinary transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. The Plan's gains and losses on investments bought and sold, as well as held at the end of the year, are reflected in the statements of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments.

Payment of benefits:

Benefits are recorded when paid.

Restatement of net assets available for benefits:

The Plan restated its net assets available for benefits to include the employer contribution receivable as of January 1, 2011 due to a change in its basis of accounting from a modified cash basis to an accrual basis. Net assets available for benefits increased by \$34,024 as of December 31, 2011 to reflect the employer contribution receivable as of January 1, 2011.

Administrative expenses:

All administrative expenses, including third-party administrator fees, are paid by the Plan with the expense allocated to each participant. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments. Certain administrative functions are performed by employees of CNHC. No such employees, nor CNHC, receive compensation from the Plan.

3. Investments:

The following presents the fair value of investments (all participant directed) at December 31, 2012 and 2011. Investments that represent 5% or more of the Plan's net assets are separately identified.

	<u>2012</u>	<u>2011</u>
Investments, as provided by VALIC:		
Pooled separate accounts:		
Money Market I Fund (at fair value)	\$ 68,247	\$ 67,159
Stock Index Fund (at fair value)	50,529	51,692
Other (less than 5% of Plan net assets) (at fair value)	258,764	284,760

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2012 AND 2011

3. Investments (continued):

	<u>2012</u>	<u>2011</u>
Investments, as provided by VALIC (continued):		
Guaranteed interest accounts (at contract value):		
Fixed account plus (fair value \$545,900 and \$578,729, respectively)	554,114	589,793
Short term fixed account (less than 5%) (fair value \$616 and \$2,553, respectively)	<u>622</u>	<u>2,553</u>
	554,736	592,346
 Total investments	 <u>\$ 932,276</u>	 <u>\$ 995,957</u>

In 2012 and 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as at the end of the year) appreciated (depreciated) in value as follows:

	<u>2012</u>	<u>2011</u>
Pooled separate accounts	<u>\$ 48,136</u>	<u>\$ (20,105)</u>

4. Fair value measurements:

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2012 AND 2011

4. Fair value measurements (continued):

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodology used at December 31, 2012 and 2011.

- *Pooled separate accounts.* Valued at unit prices determined by the custodian at year end.
- *Guaranteed interest accounts.* Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations, considering the creditworthiness of the issuer. Because the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, the Plan administrator evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, duration or payout date) while others are substantiated utilizing available market data (for example, swap curve rate).

Assets measured at fair value on a recurring basis at December 31, 2012 and 2011 were as follows:

	2012		2011	
	Level 2	Total	Level 2	Total
Pooled separate accounts:				
Money market	\$ 68,684	\$ 68,684	\$ 67,606	\$ 67,606
High yield bond	725	725	569	569
Long term bond	1,371	1,371	1,574	1,574
Intermediate term bond	3,046	3,046	2,765	2,765
Inflation protected bond	1,437	1,437	1,124	1,124
Multisector bond	1,034	1,034	1,044	1,044
Long duration government bond	5,082	5,082	7,528	7,528
Large growth	27,381	27,381	26,756	26,756
Large blend	91,849	91,849	111,819	111,819
Large value	28,257	28,257	30,908	30,908
Mid growth	3,077	3,077	10,478	10,478
Mid blend	36,611	36,611	40,579	40,579
Mid value	8,901	8,901	7,443	7,443
Small growth	17,270	17,270	22,766	22,766
Small blend	20,679	20,679	21,732	21,732
Small value	10,559	10,599	13,597	13,597
Moderate allocation			1,654	1,654
World allocation	3,955	3,955	3,442	3,442
World stock	1,842	1,842	1,579	1,579
Diversified emerging markets	16,074	16,074	5,250	5,250

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2012 AND 2011

4. Fair value measurements (continued):

	2012		2011	
	Level 2	Total	Level 2	Total
Pooled separate accounts (continued):				
Real estate	7,411	7,411	8,637	8,637
Health	1,458	1,458	1,047	1,047
Technology	14,830	14,830	13,714	13,714
Commodities	6,007	6,007		
	377,540	377,540	403,611	403,611
Guaranteed interest accounts	546,516	546,516	581,282 *	581,282
	<u>\$ 924,056</u>	<u>\$ 924,056</u>	<u>\$ 984,893</u>	<u>\$ 984,893</u>

* This amount has been reclassified to level 2 to conform to the current year's level 2 classification, as provided by VALIC.

5. Information certified by custodian:

Management of the Plan engaged VALIC as custodian of the Plan. The financial information included in the Plan's financial statements, except for contributions receivable, has been derived from information certified as complete and accurate by the custodian, in accordance with Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

6 Tax status:

The Plan has adopted a prototype document sponsored by VALIC. The Internal Revenue Service has determined and informed VALIC by a letter dated March 31, 2008 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt. Management believes the Plan has not done anything to jeopardize their tax exempt status and does not have any activities that would generate unrelated business income tax.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

The Plan is no longer subject to Federal income tax examination by authorities for years before 2009.

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2012 AND 2011

7. Party-in-interest transactions:

The Plan's investments with VALIC represent pooled separate accounts that are the insurance company's assets with the Plan maintaining rights to assets underlying the separate accounts and the insurance contract described in Note 8. VALIC is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than direct payment.

8. Investment contract with insurance company:

The Plan has entered into two benefit-responsive guaranteed investment contracts with 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 contract is included in the statements of net assets available for benefits at fair value and adjusted for the difference between fair value and contract value as reported to the Plan by VALIC. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. VALIC is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2012 and 2011 was \$546,516 and \$581,282, respectively.

The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than two percent. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at the contract value with the issuer. Such events include the following: 1.) amendments to the Plan documents (including complete or partial Plan termination or merger with another Plan); 2.) changes to the Plan's prohibition on completing investment options or deletion of equity provisions; 3.) bankruptcy of the Plan sponsor or other plan sponsor events (for example, divestures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; or 4.) the failure of the trust to qualify for exemption from Federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the schedule maturity date.

For 2012 and 2011, the average yield and crediting interest rate was 2.59% for the Fixed Account Plus and 1% and 3%, respectfully, for the Short Term Fixed Account.

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2012 AND 2011

9. Risks and uncertainties:

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rates, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

Changes in investment returns can have a significant effect on the Plan. U.S. and world markets have continued to experience fluctuations. Management is monitoring investment market conditions and the impact such fluctuations are having on the Plan's investment portfolio. Due to the volatility of the financial markets as of the date of this report, there is uncertainty regarding the impact which continued volatility may have on the Plan's investment portfolio.

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

E.I.N.: 31-1533908 PLAN NUMBER: 003

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2012

Identity of Issuer, Borrower, Lessor, or Similar Party	Number of Units	Cost	Current Value
Participant directed investments:			
*VALIC Pooled Separate Accounts:			
Ariel Appreciation Fund	346		\$ 724
Ariel Fund	191		396
Blue Chip Growth Fund	6,843		7,721
Capital Conservation	19		68
Core Bond Fund	1,538		2,978
Core Equity Fund	274		627
Dividend Value	2,529		4,817
Emerging Economies	16,008		16,074
Foreign Value	9,152		10,627
Global Real Estate Fund	6,388		7,411
Global Social Awareness Fund	449		1,842
Global Strategy	2,449		3,955
Growth Fund	7,169		8,511
Health Sciences Fund	696		1,458
High Yield Bond Fund	310		725
Inflation Protected Fund	1,039		1,437
International Equities Fund	14,932		24,740
International Growth I Fund	3		8
International Opportunities	9,297		16,875
Invesco Balanced Risk Commodity	6,055		6,007
Large Cap Core	884		1,264
Large Cap Value Fund	918		1,723
Large Capital Growth	5,173		6,131
Lou Holland Growth Fund	391		465
Mid Cap Growth Fund	1,922		2,719
Mid Cap Index Fund	2,720		35,491
Mid Cap Strategic Growth	251		357
Mid Cap Value Fund	2,378		8,901
Money Market I Fund	33,015		68,247
Money Market II Fund	351		437
NASDAQ-100® Index Fund	4,521		3,282
Science & Technology Fund	5,039		14,830
Small Cap Growth Fund	187		340
Small Cap Index Fund	4,859		20,679
Small Cap Special Value Fund	721		794
Small Cap Value Fund	3,809		9,765
Small Mid Growth Fund	49		54

(continued)

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

E.I.N.: 31-1533908 PLAN NUMBER: 003

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)

DECEMBER 31, 2012

Identity of Issuer, Borrower, Lessor, or Similar Party	Number of Units	Cost	Current Value
*VALIC Pooled Separate Accounts (continued):			
Socially Responsible Fund	10,313		16,580
Stock Index Fund	8,516		50,529
Strategic Bond Fund	397		1,034
Vanguard Long-term Treasury	1,630		5,082
Vanguard LT Inv-Grade Fund	456		1,371
Vanguard Windsor II	3,945		10,464
			377,540
Investment contracts, at contract value:			
* Fixed Account Plus			554,114
* Short-term Fixed Account			622
			554,736
* Participant loans, interest rate of 3.00%		\$ 0	12,662
			\$ 944,938

* Indicates party-in-interest to the Plan.

The above information has been certified by Variable Annuity Life Insurance Company, the custodian, as complete and accurate.

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

E.I.N.: 31-1533908 PLAN NUMBER: 003

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2012

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(continued)

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

E.I.N.: 31-1533908 PLAN NUMBER: 003

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)

DECEMBER 31, 2012

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