

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

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>THE COMPREHENSIVE HEALTH CARE OF OHIO, INC. RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>07/01/1970</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>COMPREHENSIVE HEALTH CARE OF OHIO, INC.</u> <u>630 EAST RIVER STREET</u> <u>ELYRIA, OH 44035</u>	2b Employer Identification Number (EIN) <u>34-1492733</u> 2c Sponsor's telephone number <u>440-329-7500</u> 2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2013</u>	<u>ANN RILEY</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address COMPREHENSIVE HEALTHCARE OF OHIO, INC. 630 EAST RIVER STREET ELYRIA, OH 44035		3b Administrator's EIN 34-1492733
		3c Administrator's telephone number 440-329-7500
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 1927
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	712
b Retired or separated participants receiving benefits.....	6b	531
c Other retired or separated participants entitled to future benefits.....	6c	610
d Subtotal. Add lines 6a , 6b , and 6c	6d	1853
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	48
f Total. Add lines 6d and 6e	6f	1901
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1G 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>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>THE COMPREHENSIVE HEALTH CARE OF OHIO, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>COMPREHENSIVE HEALTH CARE OF OHIO, INC.</u>	D Employer Identification Number (EIN) <u>34-1492733</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2012</u>	
2 Assets:	
a Market value	2a <u>51663118</u>
b Actuarial value	2b <u>54154786</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>527</u> <u>21637539</u>
b For terminated vested participants.....	3b <u>628</u> <u>12212836</u>
c For active participants:	
(1) Non-vested benefits.....	3c(1) <u>661867</u>
(2) Vested benefits.....	3c(2) <u>26941829</u>
(3) Total active	3c(3) <u>772</u> <u>27603696</u>
d Total	3d <u>1927</u> <u>61454071</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>7.06 %</u>
6 Target normal cost.....	6 <u>844724</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>10/12/2013</u>
Signature of actuary		Date
<u>ANNA MAYZEL</u>		<u>11-06654</u>
Type or print name of actuary		Most recent enrollment number
<u>MERCER</u>		<u>212-345-7000</u>
Firm name		Telephone number (including area code)
<u>1166 AVENUE OF THE AMERICAS</u> <u>NEW YORK, NY 10036-2708</u>		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>2.58</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		527581
	b Interest on (a) using prior year's effective interest rate of <u>6.33</u> % except as otherwise provided (see instructions)		33396
	c Total available at beginning of current plan year to add to prefunding balance		560977
	d Portion of (c) to be added to prefunding balance		560364
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	560364

Part III Funding Percentages			
14	Funding target attainment percentage	14	87.21 %
15	Adjusted funding target attainment percentage	15	72.90 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	74.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/14/2012	2220000				
08/28/2013	450888				
			Totals ►	18(b)	2670888
				18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 2592754
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	844724	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	7859649	1746827	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	2591551	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			
36 Additional cash requirement (line 34 minus line 35)	36	2591551	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2592754	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1203	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☒ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42	604256	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

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>THE COMPREHENSIVE HEALTH CARE OF OHIO, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMPREHENSIVE HEALTH CARE OF OHIO, INC.</u>	D Employer Identification Number (EIN) <u>34-1492733</u>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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)

CENTRAL HOSPITAL SERVICES

1226 HURON ROAD EAST
CLEVELAND, OH 44115

34-1173007

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	65196	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CS MCKEE

25-1900687

(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?
28	NONE	37740	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIRST MERIT BANK N.A.

34-1339938

(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?
25	NONE	36870	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)

FRONTIER CAPITAL MANAGEMENT COMPANY

04-3492668

(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?
28	NONE	29602	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAMBIER INVESTMENTS

2401 E. SECOND AVENUE
DENVER, CO 80206

(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?
28	NONE	26666	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER, INC.

13-2834414

(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?
11	NONE	25328	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)

BOYD WATTERSON ASSET MANAGEMENT LLC

34-1922005

(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?
28	NONE	24640	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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: PAUL LEFELHOCZ MERCER	b EIN: 13-2834414
c Position: ENROLLED ACTUARY	
d Address: 200 PUBLIC SQUARE SUITE 900 CLEVELAND, OH 44114-2312	e Telephone: 216-830-8001

Explanation: WORK HAS BEEN REASSIGNED WITH MERCER.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 THE COMPREHENSIVE HEALTH CARE OF OHIO, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMPREHENSIVE HEALTH CARE OF OHIO, INC.	D Employer Identification Number (EIN) 34-1492733	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	114	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2565000	450888
(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)	1969440	1991982
(2) U.S. Government securities.....	1c(2)	7026659	6408223
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	4765063	5626063
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	11841886	13827499
(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)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	23461760	28728038
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	114576	195518

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	51744498	57228211

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	51744498	57228211
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2670888	
(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)		2670888

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	171	
(B) U.S. Government securities	2b(1)(B)	231155	
(C) Corporate debt instruments	2b(1)(C)	221721	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		453047

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	209972	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	880288	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1090260

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	20333055	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	19962760	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		370295

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1548060	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1548060

		(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)		
(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)		2655763
c Other income.....	2c		-14658
d Total income. Add all income amounts in column (b) and enter total.....	2d		8773655

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2785628	
(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)		2785628
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)	25328	
(2) Contract administrator fees	2i(2)	65196	
(3) Investment advisory and management fees	2i(3)	155518	
(4) Other	2i(4)	258272	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		504314
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3289942

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		5483713
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PLANTE AND MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 THE COMPREHENSIVE HEALTH CARE OF OHIO, INC. RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMPREHENSIVE HEALTH CARE OF OHIO, INC.				D Employer Identification Number (EIN) 34-1492733	
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	0
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): 34-1339938					
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	3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.					
Schedule R (Form 5500) 2012 v. 120126					

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	

- 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: 24.1% Investment-Grade Debt: 24.0% High-Yield Debt: 0.0% Real Estate: _____% Other: 51.8%

- 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):



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Independent Auditor's Report

To the Plan Administrator
The Comprehensive Health Care of Ohio, Inc.
Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Comprehensive Health Care of Ohio, Inc. Retirement Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2012 and 2011 and the related statement 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

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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by FirstMerit Trust Company, the "Trustee", except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes related transactions. The plan administrator has obtained certifications from the Trustee as of and for the years then ended December 31, 2012 and 2011, that the information provided to the plan administrator by the Trustee is complete and accurate.

To the Plan Administrator
The Comprehensive Health Care of Ohio, Inc.
Retirement Plan

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 evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets held at end of year as of December 31, 2012 is required by the Department of Labor's (DOL) 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 Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Moran, PLLC

Cleveland, Ohio
October 8, 2013

Schedule SB, Line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29	1										1
30–34	1	16	16								33
35–39	2	22	32	11	2						69
40–44	4	11	39	19	12						85
45–49	1	17	32	30	29	16					125
50–54		15	36	30	35	25	16				157
55–59		16	21	29	25	24	27	14	5		161
60–64	1	7	27	12	12	15	17	6	12	4	113
65–69	1	2	5	3	2	3	1	1	1	3	22
70 & up		2		2			1		1		6
Total	11	108	208	136	117	83	62	21	19	7	772

In each cell, the top number is the count of active participants for each age/service combination.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial Assumptions for January 1, 2012 Funding Valuation****Discount rate sponsor elections**

- Segment rates or full yield curve Segment
- Look-back months 4

	<u>Stabilized Rates</u>	<u>Nonstabilized Rates</u>
▪ First 5 years	5.54%	2.06%
▪ Next 15 years	6.85%	5.25%
▪ Over 20 years	7.52%	6.32%

Mortality sponsor elections

- Healthy participants Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.
- Post-1994 disabilities Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits

Other economic assumptions

- Salary increases See table of sample rates
- Flat-dollar benefit increases Not applicable
- Social Security wage base 3.25% per year
- Inflation 2.50% per year
- Expected investment return 8.00% per year for years 2010 through 2012
- Expenses \$250,410 added to current year normal cost

Demographic assumptions

- Withdrawal See table of sample rates.
- Disability incidence See table of sample rates.
- Retirement age

<u>Attained age</u>	<u>Percentage</u>
Under 55	0%
55	5%
56	5%
57	2%
58	2%
59	2%
60	5%
61	5%
62	20%
63	5%
64	5%
65 – 69	50%
70	100%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

• Benefit commencement age for			
— Future vested deferred	65		
— Current vested deferred	65		
• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>	
— Percentage married	75%	75%	
— Spouse age difference	3 years younger	3 years older	
Form of payment	<u>Single life</u>		
• Active retirements	80%		
• Future vested deferred	80%		
• Future disabilities	100%		
• Future deaths	0%		
• Current vested deferred	80%		
Unpredictable contingent event assumptions	Not applicable.		

Table of Sample Rates

Attained Age	Percentage		
	Disability		Withdrawal
	Male	Female	
20	.03%	.03%	19.21%
25	.03	.03	20.36
30	.03	.04	13.41
35	.04	.07	9.66
40	.08	.13	6.36
45	.16	.24	5.65
50	.33	.40	5.12
55	.69	.64	3.66
60	1.15	.90	2.00

Salary increase rates for grandfathered participants

<u>Year of starting salary</u>	<u>Projected to</u>	<u>Rate of salary increases</u>
2011	2012	2.20%
2012+		3.20%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial Methods for Funding

Asset Methods

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500 or 5500-SF.**

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

► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan The Comprehensive Health Care of Ohio, Inc. Retirement Plan	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Comprehensive Health Care of Ohio, Inc.	D Employer Identification Number (EIN) 34-1492733
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2012</u>		
2 Assets:		
a Market value	2a	51,663,118
b Actuarial value	2b	54,154,786
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 527	21,637,539
b For terminated vested participants.....	3b 628	12,212,836
c For active participants:		
(1) Non-vested benefits	3c(1)	661,867
(2) Vested benefits	3c(2)	26,941,829
(3) Total active.....	3c(3) 772	27,603,696
d Total.....	3d 1,927	61,454,071
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5 Effective interest rate	5	7.06 %
6 Target normal cost	6	844,724

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>AM</u>	<u>10/2/13</u>
	Signature of actuary	Date
ANNA MAYZEL	Type or print name of actuary	11-06654
		Most recent enrollment number
MERCER	Firm name	(212) 345-7000
		Telephone number (including area code)
1166 AVENUE OF THE AMERICAS	Address of the firm	
NEW YORK	NY 10036-2708	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2012
v. 120126

Part II		Beginning of Year Carryover Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>(2.58)</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		527,581
	b Interest on (a) using prior year's effective interest rate of <u>6.33</u> % except as otherwise provided (see instructions)		33,396
	c Total available at beginning of current plan year to add to prefunding balance		560,977
	d Portion of (c) to be added to prefunding balance		560,364
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	560,364

Part III		Funding Percentages	
14	Funding target attainment percentage	14	87.21 %
15	Adjusted funding target attainment percentage	15	72.90 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	74.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/14/2012	2,220,000				
08/28/2013	450,888				
Totals ►			18(b)	2,670,888	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 2,592,754
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	844,724	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	7,859,649		1,746,827
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	2,591,551	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	2,591,551	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	2,592,754	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,203	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☒ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42	604,256	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

Schedule SB, Line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	5.0%	100,000	5,000	275,000
56	5.0%	95,000	4,750	266,000
57	2.0%	90,250	1,805	102,885
58	2.0%	88,445	1,769	102,596
59	2.0%	86,676	1,734	102,278
60	5.0%	84,943	4,247	254,828
61	5.0%	80,695	4,035	246,121
62	20.0%	76,661	15,332	950,592
63	5.0%	61,329	3,066	193,185
64	5.0%	58,262	2,913	186,439
65	50.0%	55,349	27,675	1,798,843
66	50.0%	27,675	13,837	913,259
67	50.0%	13,837	6,919	463,548
68	50.0%	6,919	3,459	235,233
67	50.0%	3,459	1,730	119,346
70	100.0%	1,730	1,730	121,076
Total			100,000	6,331,229
Average				63.31

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial Assumptions for January 1, 2012 Funding Valuation****Discount rate sponsor elections**

- Segment rates or full yield curve Segment
- Look-back months 4

	<u>Stabilized Rates</u>	<u>Nonstabilized Rates</u>
▪ First 5 years	5.54%	2.06%
▪ Next 15 years	6.85%	5.25%
▪ Over 20 years	7.52%	6.32%

Mortality sponsor elections

- Healthy participants Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.
- Post-1994 disabilities Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits

Other economic assumptions

- Salary increases See table of sample rates
- Flat-dollar benefit increases Not applicable
- Social Security wage base 3.25% per year
- Inflation 2.50% per year
- Expected investment return 8.00% per year for years 2010 through 2012
- Expenses \$250,410 added to current year normal cost

Demographic assumptions

- Withdrawal See table of sample rates.
- Disability incidence See table of sample rates.
- Retirement age

<u>Attained age</u>	<u>Percentage</u>
Under 55	0%
55	5%
56	5%
57	2%
58	2%
59	2%
60	5%
61	5%
62	20%
63	5%
64	5%
65 – 69	50%
70	100%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

• Benefit commencement age for			
— Future vested deferred	65		
— Current vested deferred	65		
• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>	
— Percentage married	75%	75%	
— Spouse age difference	3 years younger	3 years older	
Form of payment	<u>Single life</u>		
• Active retirements	80%		
• Future vested deferred	80%		
• Future disabilities	100%		
• Future deaths	0%		
• Current vested deferred	80%		
Unpredictable contingent event assumptions	Not applicable.		

Table of Sample Rates

Attained Age	Percentage		
	Disability		Withdrawal
	Male	Female	
20	.03%	.03%	19.21%
25	.03	.03	20.36
30	.03	.04	13.41
35	.04	.07	9.66
40	.08	.13	6.36
45	.16	.24	5.65
50	.33	.40	5.12
55	.69	.64	3.66
60	1.15	.90	2.00

Salary increase rates for grandfathered participants

<u>Year of starting salary</u>	<u>Projected to</u>	<u>Rate of salary increases</u>
2011	2012	2.20%
2012+		3.20%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial Methods for Funding

Asset Methods

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Schedule SB, Line 24 — Change in Actuarial Assumptions

Expense normal cost decreased from \$314,049 to \$250,410 to reflect our expectations for the current plan year.

Schedule SB, Line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29	1										1
30–34	1	16	16								33
35–39	2	22	32	11	2						69
40–44	4	11	39	19	12						85
45–49	1	17	32	30	29	16					125
50–54		15	36	30	35	25	16				157
55–59		16	21	29	25	24	27	14	5		161
60–64	1	7	27	12	12	15	17	6	12	4	113
65–69	1	2	5	3	2	3	1	1	1	3	22
70 & up		2		2			1		1		6
Total	11	108	208	136	117	83	62	21	19	7	772

In each cell, the top number is the count of active participants for each age/service combination.

Schedule SB, Line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installment for each plan year covered under PPA. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

Shortfall bases				
Year established		Outstanding balance	Years remaining	2012 Installment
2009	\$	3,540,734	4	\$ 958,009
2010		3,443,546	5	764,906
2011		7,380,987	6.63	1,128,077 ¹
2012		(6,505,618)	7	(1,104,165)
Total	\$	7,859,649		\$ 1,746,827

¹ An installment acceleration amount was applied in 2012 and increased the minimum required contribution by \$604,256 and will reduce the final amortization payment. The final amortization payment for this base will be \$844,777 (reduced to account for the installment acceleration amount applied in 2012) for the 2018 plan year minimum required contribution.

Schedule SB, Part V — Summary of Plan Provisions**Summary of Major Plan Provisions**

Effective date and plan year	Original plan: July 1, 1984 Restated plan: Plan year: January 1 to December 31																
Status of the plan	The plan has ongoing benefit accruals for a select grandfathered group of current participants but is closed to new entrants effective June 30, 2003 and benefits are frozen at June 30, 2003 and December 31, 2009 for specific participant groups. Grandfathered active participants who are accruing benefits are those who were age 55 with 20 years of service as of December 31, 2009 and elected to stay in the plan.																
Significant events that occurred during the year	To the best of our knowledge, there were no significant events that occurred during the prior plan year.																
Definitions																	
• Participation	Participation in the plan is closed for employees hired after June 30, 2003.																
• Benefit Service	Determined according to the following schedule based on Compensated Hours of Service in a calendar year: <table> <tr> <th>Compensated hours</th><th>Benefit service</th></tr> <tr> <td>1,800 or more</td><td>100%</td></tr> <tr> <td>1,640 – 1,799</td><td>90</td></tr> <tr> <td>1,480 – 1,639</td><td>80</td></tr> <tr> <td>1,320 – 1,470</td><td>70</td></tr> <tr> <td>1,160 – 1,319</td><td>60</td></tr> <tr> <td>1,000 – 1,159</td><td>50</td></tr> <tr> <td>0 – 999</td><td>0</td></tr> </table> Frozen as of June 30, 2003 or December 31, 2009 for some participant groups.	Compensated hours	Benefit service	1,800 or more	100%	1,640 – 1,799	90	1,480 – 1,639	80	1,320 – 1,470	70	1,160 – 1,319	60	1,000 – 1,159	50	0 – 999	0
Compensated hours	Benefit service																
1,800 or more	100%																
1,640 – 1,799	90																
1,480 – 1,639	80																
1,320 – 1,470	70																
1,160 – 1,319	60																
1,000 – 1,159	50																
0 – 999	0																
• Credited Service	One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.																
• Average Monthly Compensation	The sum of a participant's eligible compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the five highest consecutive completed years out of the last ten years prior to the date of termination (or date of benefit freeze if earlier), divided by 60. Amounts are limited to required compensation limits. Eligible compensation generally is wages paid by the employer in addition to any Section 125 plan, 401(k), or 403(b) plan contributions.																

Schedule SB, Part V — Summary of Plan Provisions

• Covered Compensation	The average of the maximum taxable wage bases for the 35 calendar years ending with the year an individual attains Social Security Normal Retirement Age. In determining an individual's Covered Compensation in any given year, the current year's wage base is assumed to remain level in future years. Covered compensation is frozen as of the benefit freeze date (June 30, 2003 or December 31, 2009) for some participants.
• Compensated Hours	Hours of Service for which a participant was compensated.
• Noncompensated Hours	Hours of Service for which a participant was scheduled to work, but did not and was not compensated.
• Accrued benefit	The Normal Retirement Benefit multiplied by the Credited Service Ratio. In determining the Normal Retirement Benefit, Benefit Service is computed as the sum of Benefit Service at determination date; and The ratio of (i) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to Normal Retirement Date. The numerator of the Credit Service Ratio equals Credited Service at the date of determination and the denominator equals Credited Service at the determination date plus the number of years from the date of determination to Normal Retirement Date. The Accrued benefit is frozen as of June 30, 2003 or December 31, 2009 for some participants.
Normal retirement	
• Eligibility	The first day of the month coincident with or next following attainment of age 65 or 5th anniversary of participation, if later.
• Benefit	The greatest of (i), (ii), or (iii): 1.20% of Average Monthly Compensation plus 0.65% of Average Monthly Compensation in excess of Social Security Coverage Compensation for each year of Benefit Service up to a maximum of 25 years. \$16.00 per month for each year of Benefit Service up to a maximum of 25 years. - Accrued benefit under the plan provisions in effect up to a maximum of 25 years.

Schedule SB, Part V — Summary of Plan Provisions

Early retirement		
• Eligibility	The first day of any month following the attainment of age 55 and the completion of 5 years of Credited Service.	
• Benefit	The Accrued Benefit reduced actuarially for commencement prior to age 65 in accordance with the following:	
	Age	Early retirement factor
	65	1.000
	65	0.906
	63	0.823
	62	0.748
	61	0.682
	60	0.622
	59	0.569
	58	0.521
	57	0.477
	56	0.438
	55	0.403
Deferred vested		
• Eligibility	Any age with 5 years of Credited Service.	
• Benefit	Same as Early Retirement Benefit above.	
Disability		
• Eligibility	Any age with 10 years of Credited Service upon total and permanent disability.	
• Benefit	The Accrued Benefit commencing without reduction on the first of the month following five months of disability.	
Pre-retirement death		
• Eligibility	Any participant eligible for a vested retirement benefit who has been married for at least one year.	
• Benefit	50% of the participant's Accrued Benefit reduced for both 50% Joint and Survivor form and early receipt and payable at the participant's earliest retirement age.	
Form of benefits		
• Automatic form for unmarried participants	The normal form of payment is a monthly life annuity.	
• Automatic form for married participants	A married participant shall normally receive an actuarially reduced 50% Joint and Survivor with a 50% continuation after the participant's death to his or her spouse, if surviving.	

Schedule SB, Part V — Summary of Plan Provisions

• Optional forms	A participant may elect one of the following forms of payment of equivalent value: 60 months certain and life option. 120 months certain and life option. Joint and 50%, 66-2/3% or 100% to contingent annuitant option.
• Optional form conversion factors	Plan Basis (used for all calculations other than calculating Lump Sums): 7% interest, 1994 Group Annuity Reserve table mortality, blended 50% unloaded male mortality and 50% unloaded female mortality and projected to 2002, as described in Revenue Ruling 2001-62 Lump Sum Basis (for cash outs less than \$5,000): applicable interest as specified by Code Section 417(e)(3), for the 2nd calendar month preceding 1st day of the Plan Year of distribution or 7% if that is less; and applicable mortality satisfying Code Section 417(e)(3) as described in Code Section 807 (d)(5)(A)
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2012, the limit is \$250,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2012, the limit is \$200,000.

Other plan provisions

The above outline of the basic benefit structure of the Plan is not intended to provide sufficient information to determine individual benefits. The outline should be used simply as an overview of benefit structure and an aid in understanding and interpreting the remaining sections of the report.

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan, as restated and amended through the Fourth Amended and Restated Joinder Agreement, are included in this valuation.

- **Most recent plan amendments included:** The Second Amendment to the Fourth Amended and Restated Joinder Agreement dated December 13, 2010.
- **Plan amendments excluded:** None
- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* The plan does not have any unpredictable contingent event benefits.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.

Schedule SB, Part V — Summary of Plan Provisions

- *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Late retirement increases:**
 - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation does not include increases for current participants over age 70 because they are not expected to be material to the plan liabilities.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are not valued including the late retirement actuarial increase because they are not expected to be material to the plan liabilities.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan Provision Changes Since Prior Valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2011 to 2012.

Schedule SB, Line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	5.0%	100,000	5,000	275,000
56	5.0%	95,000	4,750	266,000
57	2.0%	90,250	1,805	102,885
58	2.0%	88,445	1,769	102,596
59	2.0%	86,676	1,734	102,278
60	5.0%	84,943	4,247	254,828
61	5.0%	80,695	4,035	246,121
62	20.0%	76,661	15,332	950,592
63	5.0%	61,329	3,066	193,185
64	5.0%	58,262	2,913	186,439
65	50.0%	55,349	27,675	1,798,843
66	50.0%	27,675	13,837	913,259
67	50.0%	13,837	6,919	463,548
68	50.0%	6,919	3,459	235,233
67	50.0%	3,459	1,730	119,346
70	100.0%	1,730	1,730	121,076
Total			100,000	6,331,229
Average				63.31

The Comprehensive Health Care of Ohio, Inc. Retirement Plan

Notes to Financial Statements December 31, 2012 and 2011

Note 1 - Plan Description

The following description of The Comprehensive Health Care of Ohio, Inc. Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined benefit pension plan covering substantially all employees of EMH Regional Medical Center; Comprehensive Health Care of Ohio, Inc.; Comprehensive Ventures, Unlimited, Inc.; and EMH Professional Services, Inc. (collectively, CHCO or the "Company"), except for certain members of religious organizations, students, interns, and residents. Participants are 0 percent vested until they have completed five years of service, at which time they become 100 percent vested in their pension benefits.

Pension Benefits - Participants are eligible for normal retirement benefit payments upon reaching age 65. The amount of the individual payment is based upon several factors including compensation, years of service, age, and the participant's estimated Social Security benefit. Compensation is based upon the average of the highest five consecutive calendar years of employment out of the last 10 years prior to the date of termination. The Plan also provides for the payment of early and disability retirement benefits, as well as the payment of benefits to the surviving spouse of a participant.

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Effective July 1, 2003, the board of directors elected to freeze the Plan for employees hired after December 31, 2002. Existing participants were given the option to stay in the Plan and continue to accrue benefits or have their benefits frozen at June 30, 2003.

Effective January 1, 2009, the board of directors elected to amend the Plan whereas any participant who has not attained age 55 or has less than 20 years of service shall no longer accrue a benefit in the Plan after December 31, 2009.

Funding - CHCO has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to plan members. The Plan has met the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirements.

The Comprehensive Health Care of Ohio, Inc.

Retirement Plan

Notes to Financial Statements

December 31, 2012 and 2011

Note 1 - Plan Description (Continued)

Contributions - All contributions to the Plan are made by the Company. The Company contributes such amounts, as determined on an actuarial basis, to provide the Plan with assets sufficient to meet the projected benefits to be paid to plan participants. No participant contributions are permitted.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are stated at fair value. The U.S. government securities and corporate debt securities are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures. All other investments are valued based on quoted market prices. See Note 5 for additional information.

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

Benefit Payments - Benefits are recorded when paid.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. These include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Beneficiaries of employees who have died
- c. Present employees or their beneficiaries

Generally, benefits for retired or terminated employees or their beneficiaries are based on the employees' number of years of credited service. The accumulated plan benefits for active employees are based on their number of years of credited service preceding the valuation date.

Actuarial Assumptions - The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The Comprehensive Health Care of Ohio, Inc.

Retirement Plan

Notes to Financial Statements

December 31, 2012 and 2011

Note 2 - Summary of Significant Accounting Policies (Continued)

The significant actuarial assumptions used in the valuation of the Plan at December 31, 2011 and 2010 are summarized as follows:

Actuarial cost method	- Projected unit credit method
Assumed rate of return	- 7.75 percent per annum for 2011 and 2010
Mortality basis	- RP-2000 Mortality projected to 2017 for both 2011 and 2010

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

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

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the statement of net assets available for benefits.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including October 8, 2013, which is the date the financial statements were available to be issued.

The Comprehensive Health Care of Ohio, Inc. Retirement Plan

Notes to Financial Statements December 31, 2012 and 2011

Note 3 - Unaudited Information

FirstMerit Trust Company (the "Trustee") holds the Plan's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information provided by the Trustee.

Investments that exceed 5 percent of end of year net assets are as follows:

	2012	2011
PIMCO All Assets All Auth-IS	\$ 6,826,217	\$ 5,195,170
iShares TR Russell 1000 Growth Index	5,769,014	5,090,721
Harbor International Fund #11	4,904,883	3,885,605
Oppenheimer Intl Growth FD-Y	4,838,783	3,430,419

During 2012 and 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2012	2011
Mutual funds	\$ 2,660,489	\$ (1,137,327)
U.S. government securities	(29,910)	292,511
Corporate stocks	1,831,379	(1,781,649)
Corporate debt securities	97,319	52,525
Net appreciation (depreciation) in fair value	<u>\$ 4,559,277</u>	<u>\$ (2,573,940)</u>

The Comprehensive Health Care of Ohio, Inc.

Retirement Plan

Notes to Financial Statements December 31, 2012 and 2011

Note 4 - Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries and results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and expected date of payment. The accumulated plan benefit as of December 31, 2011 and 2010, the most recent actuarial valuations, is as follows:

	2011	2010
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	\$ 20,217,636	\$ 18,365,196
Other vested participants	35,580,080	35,833,124
Total vested benefits	55,797,716	54,198,320
Nonvested benefits	641,712	684,521
Total actuarial present value of accumulated plan benefits	<u>\$ 56,439,428</u>	<u>\$ 54,882,841</u>

A summary of significant changes in the actuarial present value of accumulated plan benefits during the years ended December 31, 2011 and 2010 is as follows:

	2011	2010
Actuarial present value of accumulated plan benefits -		
Beginning of year	\$ 54,882,841	\$ 50,532,690
Increase (decrease) during the year attributable to:		
Benefits accumulated and (gains) losses	(139,094)	582,705
Increase for interest due to the decrease in the discount period	4,150,375	3,953,456
Benefits paid	(2,454,694)	(2,266,541)
Actuarial assumptions	-	2,080,531
Net increase	1,556,587	4,350,151
Actuarial present value of accumulated plan benefits -		
End of year	<u>\$ 56,439,428</u>	<u>\$ 54,882,841</u>

The Comprehensive Health Care of Ohio, Inc.

Retirement Plan

Notes to Financial Statements

December 31, 2012 and 2011

Note 5 - Fair Value Measurements

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

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2012 and 2011 and the valuation techniques used by the Plan to determine those fair values.

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

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

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

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

The Comprehensive Health Care of Ohio, Inc. Retirement Plan

Notes to Financial Statements December 31, 2012 and 2011

Note 5 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2012

	Level 1	Level 2	Balance at December 31, 2012
Mutual funds:			
Equity investments	\$ 17,610,006	\$ -	\$ 17,610,006
Fixed-income investments	11,118,032	-	11,118,032
Corporate stocks - U.S. equities:			
Materials	660,851	-	660,851
Consumer discretionary	1,547,037	-	1,547,037
Consumer staples	656,719	-	656,719
Health care	1,603,599	-	1,603,599
Energy	1,559,822	-	1,559,822
Financials	1,778,744	-	1,778,744
Industrials	3,043,033	-	3,043,033
Information technology	2,294,229	-	2,294,229
Telecommunications services	265,900	-	265,900
Utilities	270,759	-	270,759
Other	146,806	-	146,806
Debt securities:			
U.S. government securities	-	6,408,223	6,408,223
Corporate debt securities	45,337	5,580,726	5,626,063
Short-term investments -			
Money market funds	1,991,982	-	1,991,982
Total	\$ 44,592,856	\$ 11,988,949	\$ 56,581,805

The Comprehensive Health Care of Ohio, Inc. Retirement Plan

Notes to Financial Statements December 31, 2012 and 2011

Note 5 - Fair Value Measurements (Continued)

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

	Level 1	Level 2	Balance at December 31, 2011
Mutual funds:			
Equity investments	\$ 14,615,954	\$ -	\$ 14,615,954
Fixed-income investments	8,845,806	-	8,845,806
Corporate stocks - U.S. equities:			
Materials	532,030	-	532,030
Consumer discretionary	984,930	-	984,930
Consumer staples	574,350	-	574,350
Health care	1,534,614	-	1,534,614
Energy	1,436,788	-	1,436,788
Financials	1,534,845	-	1,534,845
Industrials	2,505,746	-	2,505,746
Information technology	2,160,426	-	2,160,426
Telecommunications services	225,059	-	225,059
Utilities	263,190	-	263,190
Other	89,908	-	89,908
Debt securities:			
U.S. government securities	-	7,026,659	7,026,659
Corporate debt securities	239,150	4,525,913	4,765,063
Short-term investments -			
Money market funds	1,969,440	-	1,969,440
Total	<u>\$ 37,512,236</u>	<u>\$ 11,552,572</u>	<u>\$ 49,064,808</u>

The fair value of U.S. government securities and corporate debt securities at December 31, 2012 was determined primarily based on level 2 inputs. The Plan estimates the fair value of these instruments based on information provided by investment advisors using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. During the periods ended December 31, 2012 and 2011, there were no significant transfers between Levels 1 and 2.

Note 6 - Tax Status

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

The Comprehensive Health Care of Ohio, Inc.

Retirement Plan

Notes to Financial Statements

December 31, 2012 and 2011

Note 6 - Tax Status (Continued)

In accordance with guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax position and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The plan administrator believes the Plan is no longer subject to tax examinations for years prior to 2009.

Note 7 - Plan Termination

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Although it has not taken steps to do so, the Company has the right under the Plan to amend and terminate the Plan subject to the provisions set forth in ERISA.

Note 8 - Reconciliation to Form 5500

The net assets on the 2011 financial statements differ from the net assets on Form 5500 due to an additional contribution receivable recorded on the Form 5500 which was not recorded on the financial statements. The net assets on the financial statements were lower than Form 5500 at December 31, 2011 by \$520,000. Additionally, the net increase on Form 5500 for the year ended December 31, 2012 is lower than the financial statements by \$520,000.

The Comprehensive Health Care of Ohio, Inc. Retirement Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2012	December 31, 2011
Additions to Net Assets		
Contributions - Employer	\$ 3,160,000	\$ 4,025,000
Investment income (loss):		
Interest and dividends	1,543,783	1,416,720
Net realized and unrealized gain (loss) on investments	4,559,277	(2,573,940)
Total investment income (loss)	6,103,060	(1,157,220)
Total additions - Net	9,263,060	2,867,780
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	2,785,777	2,454,694
Administrative expenses	504,458	475,196
Total deductions	3,290,235	2,929,890
Net Increase (Decrease)	5,972,825	(62,110)
Net Assets Available for Benefits		
Beginning of year	51,224,498	51,286,608
End of year	<u><u>\$ 57,197,323</u></u>	<u><u>\$ 51,224,498</u></u>

The Comprehensive Health Care of Ohio, Inc. Retirement Plan

Statement of Net Assets Available for Benefits

	December 31, 2012	December 31, 2011
Assets		
Investments:		
Money market funds	\$ 1,991,982	\$ 1,969,440
Mutual funds	28,728,038	23,461,760
U.S. government securities	6,408,223	7,026,659
Corporate stocks	13,827,499	11,841,886
Corporate debt securities	5,626,063	4,765,063
Total investments	56,581,805	49,064,808
Contributions receivable	420,000	2,045,000
Accrued interest and dividends	195,518	114,576
Cash	-	114
Net Assets Available for Benefits	\$ 57,197,323	\$ 51,224,498

Schedule SB, Part V — Summary of Plan Provisions**Summary of Major Plan Provisions**

Effective date and plan year	Original plan: July 1, 1984 Restated plan: Plan year: January 1 to December 31																
Status of the plan	The plan has ongoing benefit accruals for a select grandfathered group of current participants but is closed to new entrants effective June 30, 2003 and benefits are frozen at June 30, 2003 and December 31, 2009 for specific participant groups. Grandfathered active participants who are accruing benefits are those who were age 55 with 20 years of service as of December 31, 2009 and elected to stay in the plan.																
Significant events that occurred during the year	To the best of our knowledge, there were no significant events that occurred during the prior plan year.																
Definitions																	
• Participation	Participation in the plan is closed for employees hired after June 30, 2003.																
• Benefit Service	Determined according to the following schedule based on Compensated Hours of Service in a calendar year: <table> <tr> <th>Compensated hours</th><th>Benefit service</th></tr> <tr> <td>1,800 or more</td><td>100%</td></tr> <tr> <td>1,640 – 1,799</td><td>90</td></tr> <tr> <td>1,480 – 1,639</td><td>80</td></tr> <tr> <td>1,320 – 1,470</td><td>70</td></tr> <tr> <td>1,160 – 1,319</td><td>60</td></tr> <tr> <td>1,000 – 1,159</td><td>50</td></tr> <tr> <td>0 – 999</td><td>0</td></tr> </table> Frozen as of June 30, 2003 or December 31, 2009 for some participant groups.	Compensated hours	Benefit service	1,800 or more	100%	1,640 – 1,799	90	1,480 – 1,639	80	1,320 – 1,470	70	1,160 – 1,319	60	1,000 – 1,159	50	0 – 999	0
Compensated hours	Benefit service																
1,800 or more	100%																
1,640 – 1,799	90																
1,480 – 1,639	80																
1,320 – 1,470	70																
1,160 – 1,319	60																
1,000 – 1,159	50																
0 – 999	0																
• Credited Service	One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.																
• Average Monthly Compensation	The sum of a participant's eligible compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the five highest consecutive completed years out of the last ten years prior to the date of termination (or date of benefit freeze if earlier), divided by 60. Amounts are limited to required compensation limits. Eligible compensation generally is wages paid by the employer in addition to any Section 125 plan, 401(k), or 403(b) plan contributions.																

Schedule SB, Part V — Summary of Plan Provisions

• Covered Compensation	The average of the maximum taxable wage bases for the 35 calendar years ending with the year an individual attains Social Security Normal Retirement Age. In determining an individual's Covered Compensation in any given year, the current year's wage base is assumed to remain level in future years. Covered compensation is frozen as of the benefit freeze date (June 30, 2003 or December 31, 2009) for some participants.
• Compensated Hours	Hours of Service for which a participant was compensated.
• Noncompensated Hours	Hours of Service for which a participant was scheduled to work, but did not and was not compensated.
• Accrued benefit	The Normal Retirement Benefit multiplied by the Credited Service Ratio. In determining the Normal Retirement Benefit, Benefit Service is computed as the sum of Benefit Service at determination date; and The ratio of (i) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to Normal Retirement Date. The numerator of the Credit Service Ratio equals Credited Service at the date of determination and the denominator equals Credited Service at the determination date plus the number of years from the date of determination to Normal Retirement Date. The Accrued benefit is frozen as of June 30, 2003 or December 31, 2009 for some participants.
Normal retirement	
• Eligibility	The first day of the month coincident with or next following attainment of age 65 or 5th anniversary of participation, if later.
• Benefit	The greatest of (i), (ii), or (iii): 1.20% of Average Monthly Compensation plus 0.65% of Average Monthly Compensation in excess of Social Security Coverage Compensation for each year of Benefit Service up to a maximum of 25 years. \$16.00 per month for each year of Benefit Service up to a maximum of 25 years. - Accrued benefit under the plan provisions in effect up to a maximum of 25 years.

Schedule SB, Part V — Summary of Plan Provisions

Early retirement		
• Eligibility	The first day of any month following the attainment of age 55 and the completion of 5 years of Credited Service.	
• Benefit	The Accrued Benefit reduced actuarially for commencement prior to age 65 in accordance with the following:	
	Age	Early retirement factor
	65	1.000
	65	0.906
	63	0.823
	62	0.748
	61	0.682
	60	0.622
	59	0.569
	58	0.521
	57	0.477
	56	0.438
	55	0.403
Deferred vested		
• Eligibility	Any age with 5 years of Credited Service.	
• Benefit	Same as Early Retirement Benefit above.	
Disability		
• Eligibility	Any age with 10 years of Credited Service upon total and permanent disability.	
• Benefit	The Accrued Benefit commencing without reduction on the first of the month following five months of disability.	
Pre-retirement death		
• Eligibility	Any participant eligible for a vested retirement benefit who has been married for at least one year.	
• Benefit	50% of the participant's Accrued Benefit reduced for both 50% Joint and Survivor form and early receipt and payable at the participant's earliest retirement age.	
Form of benefits		
• Automatic form for unmarried participants	The normal form of payment is a monthly life annuity.	
• Automatic form for married participants	A married participant shall normally receive an actuarially reduced 50% Joint and Survivor with a 50% continuation after the participant's death to his or her spouse, if surviving.	

Schedule SB, Part V — Summary of Plan Provisions

• Optional forms	A participant may elect one of the following forms of payment of equivalent value: 60 months certain and life option. 120 months certain and life option. Joint and 50%, 66-2/3% or 100% to contingent annuitant option.
• Optional form conversion factors	Plan Basis (used for all calculations other than calculating Lump Sums): 7% interest, 1994 Group Annuity Reserve table mortality, blended 50% unloaded male mortality and 50% unloaded female mortality and projected to 2002, as described in Revenue Ruling 2001-62 Lump Sum Basis (for cash outs less than \$5,000): applicable interest as specified by Code Section 417(e)(3), for the 2nd calendar month preceding 1st day of the Plan Year of distribution or 7% if that is less; and applicable mortality satisfying Code Section 417(e)(3) as described in Code Section 807 (d)(5)(A)
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2012, the limit is \$250,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2012, the limit is \$200,000.

Other plan provisions

The above outline of the basic benefit structure of the Plan is not intended to provide sufficient information to determine individual benefits. The outline should be used simply as an overview of benefit structure and an aid in understanding and interpreting the remaining sections of the report.

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan, as restated and amended through the Fourth Amended and Restated Joinder Agreement, are included in this valuation.

- **Most recent plan amendments included:** The Second Amendment to the Fourth Amended and Restated Joinder Agreement dated December 13, 2010.
- **Plan amendments excluded:** None
- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* The plan does not have any unpredictable contingent event benefits.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.

Schedule SB, Part V — Summary of Plan Provisions

- *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Late retirement increases:**
 - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation does not include increases for current participants over age 70 because they are not expected to be material to the plan liabilities.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are not valued including the late retirement actuarial increase because they are not expected to be material to the plan liabilities.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan Provision Changes Since Prior Valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2011 to 2012.

The Comprehensive Health Care of Ohio, Inc. Retirement Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 34-1492733, Plan No. 001 December 31, 2012

(a)(b)(c) Identity of Issuer/Description of Investment	Number of Shares	(d) Cost	(e) Current Value
Money market funds:			
FEDERATED GOVT OBLIG TAX MGD FD #636	126,493	\$ 126,493	\$ 126,493
FEDERATED GOVT OBLIG TAX MGD FD #636	164,798	164,798	164,798
FEDERATED INV PRIME OBL FD #396 SS	990,269	990,269	990,269
FEDERATED INV PRIME OBL FD #396 SS	89,120	89,119	89,120
FEDERATED INV PRIME OBL FD #396 SS	410,480	410,480	410,480
FEDERATED INV PRIME OBL FD #396 SS	210,822	210,822	210,822
Mutual funds:			
HARBOR INTERNATIONAL FUND #11	78,958	4,374,147	4,904,883
HUSSMAN STRATEGIC GROWTH FD	195,829	2,515,913	2,097,326
ISHARES TR RUSSELL 1000 GROWTH INDEX	88,090	4,927,992	5,769,014
OPPENHEIMER INTL GROWTH FD-Y	157,564	4,215,501	4,838,783
PIMCO ALL ASSETS ALL AUTH-IS	615,529	6,593,495	6,826,217
PIMCO UNCONSTRAINED BOND FUND-INS	237,155	2,655,666	2,722,545
TEMPLETON GLOBAL BOND FUND-AD	117,636	1,556,209	1,569,270
U.S. government securities:			
FHLMC 1.000% 9/29/17	375,000	378,443	378,941
FHLMC GD PL #A95407 4.000% 12/01/40	155,708	158,214	166,373
FHLMC GD PL #E01545 5.000% 1/01/19	48,248	48,457	51,647
FHLMC GD PL #E01603 5.000% 3/01/19	45,373	45,798	48,572
FHLMC GD PL #E02698 4.500% 6/01/25	132,496	140,550	140,977
FHLMC GD PL #G01989 6.000% 12/01/35	83,855	85,231	92,303
FHLMC GD PL #G08016 6.000% 10/01/34	74,946	77,690	82,449
FHLMC GD PL #G12577 5.500% 3/01/22	50,246	50,174	54,227
FHLMC GD PL #G12806 5.500% 9/01/22	80,995	82,513	86,741
FHLMC GD PL #G13072 5.000% 4/01/23	69,439	69,352	74,578
FHLMC GD PL #Q08998 3.500% 6/01/42	305,188	323,618	325,455
FNMA 2.375% 7/28/15	400,000	421,673	420,544
FNMA PL #254479 6.500% 10/01/32	13,419	14,017	15,282
FNMA PL #555532 7.000% 12/01/17	1,817	1,937	1,919
FNMA PL #586318 6.500% 6/01/31	3,661	3,617	4,155
FNMA PL #588936 6.500% 6/01/31	1,375	1,368	1,625
FNMA PL #622547 7.000% 9/01/31	7,438	7,854	8,887
FNMA PL #725424 5.500% 4/01/34	104,263	104,583	114,588
FNMA PL #735667 5.000% 7/01/35	108,926	112,083	118,898
FNMA PL #AE0375 4.000% 7/01/25	131,475	135,666	140,826
FNMA PL #AH0946 4.000% 12/01/40	179,258	184,944	192,355
FNMA PL #AH5583 4.500% 2/01/41	170,791	175,381	185,406
FNMA PL #AJ9355 3.000% 1/01/27	325,043	337,631	343,336
FNMA PL #AK6784 3.000% 3/01/27	230,024	240,735	243,115
FNMA PL #MA0322 4.000% 2/01/20	129,577	134,614	138,793
FNMA PL #MA0353 4.500% 3/01/30	87,467	89,436	94,942
GNMA PL #781158 8.000% 4/15/30	4,338	4,502	5,509

The Comprehensive Health Care of Ohio, Inc. Retirement Plan

Schedule of Assets Held at End of Year (Continued) Form 5500, Schedule H, Line 4i EIN 34-1492733, Plan No. 001 December 31, 2012

(a)(b)(c) Identity of Issuer/Description of Investment	Number of Shares	(d) Cost	(e) Current Value
U.S. government securities (Continued):			
U.S. TREASURY BONDS 3.000% 5/15/42	230,000	\$ 245,531	\$ 234,313
U.S. TREASURY BONDS 3.875% 8/15/40	500,000	560,491	600,940
U.S. TREASURY NOTES 2.125% 8/15/21	500,000	516,299	525,625
U.S. TREASURY NOTES 2.625% 11/15/20	515,000	487,619	565,212
U.S. TREASURY NOTES 2.750% 2/15/19	360,000	351,750	398,617
U.S. TREASURY NOTES 4.000% 8/15/18	180,000	209,591	211,500
U.S. TREASURY NOTES 4.250% 11/15/17	290,000	312,691	339,573
Corporate stocks:			
ABM INDUSTRIES INC	2,850	54,628	56,857
ABRAXAS PETROLEUM CORP	3,130	12,172	6,855
ADTRAN INC	500	11,510	9,770
ADVENT SOFTWARE INC	760	18,004	16,249
AERCAP HOLDINGS NV	5,695	79,185	78,135
AGILENT TECHNOLOGIES INC	2,400	92,932	98,256
AGNICO EAGLE MINES LTD	600	23,804	31,476
AIR LEASE CORP	3,100	59,333	66,650
AKAMAI TECHNOLOGIES INC	500	14,221	20,455
ALASKA AIR GROUP INC	500	11,108	21,545
ALBEMARLE CORP	660	25,064	40,999
ALLEGHENY TECHNOLOGIES INC	1,200	43,946	36,432
ALLIANCE DATA SYSTEMS CORP	90	5,100	13,028
ALLSTATE CORP	2,700	70,068	108,459
ALTERA CORP	820	15,575	28,200
AMERICAN EQUITY INVT LIFE HL	4,460	54,985	54,457
AMERICAN EXPRESS CO	2,600	111,652	149,448
AMERISOURCEBERGEN CORP	3,900	94,512	168,402
APACHE CORP	1,600	69,028	125,600
APOGEE ENTERPRISES INC	1,140	14,878	27,326
ARRIS GROUP INC	1,894	15,675	28,296
ASPEN INSURANCE	2,220	62,359	71,218
AT & T INC	6,237	167,889	210,249
ATWOOD OCEANICS INC	1,600	63,589	73,264
AUTOLIV INC	570	11,532	38,412
AVID TECHNOLOGY INC	664	15,279	5,033
BANK OF NEW YORK MELLON CORP	4,000	129,542	102,800
BAXTER INTL INC	2,500	115,770	166,650
BEAM INC-W/I	1,600	84,560	97,744
BELDEN INC	1,640	59,243	73,784
BIOMARIN PHARMACEUTICAL INC	190	2,381	9,348
BORG-WARNER INC	1,400	87,126	100,268
BRINKS CO	1,950	48,345	55,633
BRUKER CORP	4,910	73,989	74,819
C&J ENERGY SVCS INC	3,450	75,579	73,968

The Comprehensive Health Care of Ohio, Inc.

Retirement Plan

Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i
 EIN 34-1492733, Plan No. 001
 December 31, 2012

(a)(b)(c) Identity of Issuer/Description of Investment	Number of Shares	(d) Cost	(e) Current Value
Corporate stocks (Continued):			
CABOT CORP	790	\$ 21,315	\$ 31,434
CABOT CORP	1,860	65,179	74,009
CABOT MICROELECTRONICS CORP	400	14,243	14,204
CABOT OIL & GAS CORP	780	10,882	38,797
CAPITALSOURCE INC	8,570	60,405	64,961
CARLISLE COS INC	370	15,499	21,741
CARRIZO OIL & GAS INC	1,890	50,452	39,539
CATAMARAN CORPORATION	700	14,039	32,970
CATHAY GENERAL BANCORP	4,150	68,087	81,049
CBS CORPORATION CLASS B W/I	2,700	85,352	102,735
CELANESE CORP-A	300	11,260	13,359
CHEMTURA CORP	3,800	66,815	80,788
CHEVRON CORPORATION	2,200	127,813	237,908
CHICOS FAS INC COM	2,043	11,226	37,714
CLEAN HBRs INC	220	2,977	12,102
COGENT COMMUNICATIONS GROUP	2,520	22,573	57,053
COMSCORE INC	500	5,534	6,890
CONOCOPHILLIPS	2,408	117,042	139,640
CONSOL ENERGY INC	450	16,096	14,445
CONSTANT CONTACT	650	12,319	9,236
CONTINENTAL RESOURCES INC/OK	500	13,029	36,745
COOPER COS INC	960	38,020	88,781
CORE LABORATORIES N V	280	1,644	30,607
COVANCE INC	30	1,456	1,733
CRANE CO	1,740	82,988	80,527
CROWN HOLDINGS INC	1,880	12,486	69,203
CYMER INC	450	17,545	40,693
CYPRESS SEMICONDUCTOR CORP	3,090	38,233	33,496
DARLING INTERNATIONAL INC	4,420	71,839	70,897
DEERE & CO	1,700	126,376	146,914
DEXCOM	4,150	32,412	56,398
DOLLAR TREE INC	460	3,420	18,658
DOVER CORP	2,600	111,151	170,846
DRIL-QUIP INC	630	27,009	46,021
DST SYS INC DEL	1,210	58,512	73,326
DTS INC	1,630	36,867	27,221
EAGLE MATERIALS INC	1,090	28,181	63,765
EBAY INC	2,900	67,904	147,893
ELECTRONIC ARTS INC	1,300	16,700	18,876
EMC CORP/MASS	4,700	98,873	118,910
ENCORE WIRE CORP	70	1,642	2,122
EVEREST RE GROUP LIMITED	370	23,335	40,682
EXELIS INC	6,680	71,939	75,284

The Comprehensive Health Care of Ohio, Inc. Retirement Plan

Schedule of Assets Held at End of Year (Continued) Form 5500, Schedule H, Line 4i EIN 34-1492733, Plan No. 001 December 31, 2012

(a)(b)(c) Identity of Issuer/Description of Investment	Number of Shares	(d) Cost	(e) Current Value
Corporate stocks (Continued):			
EXPRESS SCRIPTS HLDG	2,200	\$ 112,922	\$ 118,800
FAIRCHILD SEMICONDUCTOR INTL INC	2,670	39,549	38,448
FIDELITY NATIONAL FINANCIAL INC	1,100	18,988	25,905
FINISAR CORPORATION	4,620	76,221	75,260
FLEXTRONICS INTL LTD	5,190	45,158	32,230
FMC CORP	540	3,385	31,601
FOSTER WHEELER AG	960	33,173	23,347
FREEPORTMCMORAN COPPERAND GOLD INC	4,900	172,640	167,580
FRESH DEL MONTE PRODUCE INC	2,050	46,494	54,018
GATX CORP	1,640	67,433	71,012
GENERAL ELECTRIC CORP	12,200	180,766	256,078
GLOBAL PMTS INC	320	13,544	14,496
GOLDMAN SACHS GROUP INC	1,000	133,478	127,560
GREEN DOT CORP CL A	1,100	24,506	13,420
HALLIBURTON CO	3,300	117,072	114,477
HANESBRANDS INC	650	18,017	23,283
HANESBRANDS INC	1,980	47,098	70,924
HANOVER INSURANCE GROUP INC	1,910	77,567	73,993
HARMAN INTERNATIONAL INDS	630	15,196	28,123
HARMAN INTERNATIONAL INDS	1,870	81,309	83,477
HARSCO CORP	1,300	28,402	30,550
HARSCO CORP	3,000	96,106	70,500
HCC INS HLDGS INC	600	16,451	22,326
HEALTH NET INC	2,850	82,331	69,255
HESS CORPORATION	2,800	162,052	148,288
HIGHER ONE HOLDINGS INC	400	4,368	4,216
HONEYWELL INTERNATIONAL INC	2,400	70,723	152,328
HORSEHEAD HOLDING CORP	1,600	15,960	16,336
HUB GROUP INC	940	22,776	31,584
HUBBELL INC CL B	370	17,390	31,313
ILLUMINA INC	560	12,138	31,130
IMAX CORP	1,300	25,793	29,224
INSULET CORP	3,410	28,875	72,360
INTEGRA LIFESCIENCES CORP	1,550	52,788	60,404
INTEGRATED DEVICE TECHNOLOGY INC	2,060	20,312	15,037
INTEL CORP	5,000	101,630	103,100
INTERMUNE INC	1,400	13,695	13,566
INTERNATIONAL RECTIFIER CORP	1,120	22,241	19,857
INTEROIL CORP	810	34,596	44,979
INTRALINKS HLDGS INC	800	4,168	4,936
INTREPID POTASH INC	3,460	82,742	73,663
ITRON INC	330	14,027	14,702
JABIL CIRCUIT INC	1,300	16,369	25,077

The Comprehensive Health Care of Ohio, Inc. Retirement Plan

Schedule of Assets Held at End of Year (Continued) Form 5500, Schedule H, Line 4i EIN 34-1492733, Plan No. 001 December 31, 2012

(a)(b)(c) Identity of Issuer/Description of Investment	Number of Shares	(d) Cost	(e) Current Value
Corporate stocks (Continued):			
JACOBS ENGR GROUP INC	270	\$ 4,636	\$ 11,494
JDS UNIPHASE CORP	6,210	66,448	83,835
JEFFERIES GROUP INC	1,700	21,283	31,569
JETBLUE AIRWAYS CORP	2,970	16,593	16,988
JPMORGAN CHASE & CO	3,900	159,018	171,479
K12 INC	2,100	43,257	42,924
KANSAS CITY SOUTHERN	410	6,419	34,227
KAR AUCTION SERVICES INC	1,040	18,200	21,050
KIOR INC - CL A	1,660	10,953	10,641
KIRBY CORP	1,270	58,549	78,600
KIRBY CORP	250	3,194	15,473
KODIAK OIL & GAS	1,500	12,197	13,275
KOHL'S CORP	1,800	98,043	77,364
KORN FERRY INTERNATIONAL	3,570	52,979	56,620
LABORATORY CORP AMERICA HOLDINGS	1,100	34,182	95,282
LANDSTAR SYSTEMS INC	400	8,694	20,984
LATTICE SEMICONDUCTOR CORP	12,590	64,731	50,234
LENNOX INTERNATIONAL INC	1,110	37,105	58,297
LIFEPOINT HOSPS INC	2,010	77,526	75,878
LIONS GATE ENTMT CORP	3,100	21,492	50,840
LPL FINANCIAL HOLDINGS INC	460	12,376	12,954
LUFKIN INDUSTRIES INC	1,260	65,194	73,244
MAGELLAN HEALTH SERVICES INC	1,490	74,944	73,010
MAGNUM HUNTER RESOURCE CORP	6,120	27,823	24,419
MAKO SURGICAL CORP	2,310	33,027	29,684
MARTIN MARIETTA MATLS INC	210	17,792	19,799
MAXIM INTEGRATED PRODS INC	1,380	34,437	40,571
MCDERMOTT INTL INC F	2,160	29,144	23,803
MCDERMOTT INTL INC F	6,970	78,347	76,809
MEDNAX INC	440	20,818	34,989
MEMC ELCTRNC MTRLS	2,280	24,227	7,319
MERITOR INCORPORATED	2,680	40,084	12,676
METROPCS COMMUNICATIONS INC	1,510	16,865	15,009
MICROSEMI CORP	1,130	11,533	23,775
MICROSEMI CORP	3,590	77,402	75,534
MICROSOFT CORP	4,000	85,051	106,839
MONOLITHIC POWER	2,220	36,394	49,462
MONSTER WORLDWIDE INC	2,010	23,406	11,296
MOODYS CORP	360	9,658	18,115
MRC GLOBAL INC	1,554	33,144	43,170
MYRIAD GENETICS INC	400	9,504	10,900
NANOSPHERE INC	4,320	25,969	12,442
NEXTERA ENERGY INC	2,100	86,685	145,299

The Comprehensive Health Care of Ohio, Inc. Retirement Plan

Schedule of Assets Held at End of Year (Continued) Form 5500, Schedule H, Line 4i EIN 34-1492733, Plan No. 001 December 31, 2012

(a)(b)(c) Identity of Issuer/Description of Investment	Number of Shares	(d) Cost	(e) Current Value
Corporate stocks (Continued):			
NII HOLDINGS INC-CL B	5,700	\$ 61,541	\$ 40,641
OCCIDENTAL PETE CORP	2,000	167,365	153,220
ON SEMICONDUCTOR CORP	2,410	17,368	16,991
ORACLE CORPORATION	3,300	108,374	109,956
ORBITAL SCIENCE CORP	1,580	16,567	21,757
OWENS CORNING INC	20	591	740
PACKAGING CORP OF AMERICA	690	15,609	26,544
PALL CORP	500	9,247	30,130
PARAMETRIC TECHNOLOGY CORP	3,430	68,978	77,209
PENTAIR LTD	250	7,622	12,288
PERRIGO CO	250	5,824	26,008
PHILIP MORRIS INTERNATIONAL	1,300	43,565	108,732
POPULAR INC	1,420	22,370	29,522
PREMIERE GLOBAL SERVICES INC	3,830	35,003	37,457
PRIMORIS SERVICES CORP	900	12,545	13,536
PROCTER & GAMBLE CO	1,700	107,323	115,413
PUBLIC SVC ENTERPRISE GROUP INC	4,100	114,029	125,460
QIAGEN N V	1,000	20,019	18,150
QUALITY SYSTEMS INC	3,080	57,238	53,469
QUANTA SERVICES INCORPORATED	1,740	31,174	47,485
QUEST DIAGNOSTICS INC	1,300	64,775	75,751
QUINSTREET INC	2,830	34,939	19,018
RAYMOND JAMES FINANCIAL INC	880	12,993	33,906
RENT A CTR INC NEW	2,000	68,823	68,720
RESPONSYS INC COM	2,090	12,280	12,456
REX ENERGY CORP	1,900	21,416	24,738
RITCHIE BROS AUCTIONEERS INC	500	2,333	10,445
ROGERS CORP	2,030	60,392	100,810
ROVI CORP	3,281	69,531	50,626
RPX CORP	3,290	36,238	29,742
RUE21 INC	400	9,887	11,356
SAKS INC	6,900	69,552	72,519
SANDISK CORP	2,600	129,661	113,100
SBA COMMUNICATIONS CORP	630	21,529	44,717
SCOTT'S MIRACLE-GRO COMPANY CL A COM	1,640	74,216	72,242
SELECT COMFORT CORPORATION	1,000	20,592	26,170
SILICON LABORATORIES INC	340	10,239	14,212
SKYWORKS SOLUTIONS INC	1,530	8,006	31,059
SOTHEBY'S (DELAWARE)	230	2,348	7,733
SOTHEBY'S (DELAWARE)	2,260	69,224	75,981
STONE ENERGY CORP	3,300	84,339	67,716
SYMMETRY MEDICAL	1,900	13,127	19,988
SYNAPTICS INC	660	18,001	19,780

The Comprehensive Health Care of Ohio, Inc. Retirement Plan

Schedule of Assets Held at End of Year (Continued) Form 5500, Schedule H, Line 4i EIN 34-1492733, Plan No. 001 December 31, 2012

(a)(b)(c) Identity of Issuer/Description of Investment	Number of Shares	(d) Cost	(e) Current Value
Corporate stocks (Continued):			
SYNERON MEDICAL LTD	2,800	\$ 29,735	\$ 24,276
TCF FINANCIAL CORP	6,200	69,324	75,330
TENNECO INC	200	5,191	7,022
TERADYNE INC	4,470	55,264	75,498
TESSERA TECHNOLOGIES INC	550	8,850	9,048
THE MOSAIC COMPANY	1,600	91,829	90,608
TIME WARNER CABLE INC	1,400	73,160	136,066
TIVO INC	3,210	32,925	39,515
TREEHOUSE FOODS	1,450	71,081	75,589
TREX COMPANY INC	410	6,624	15,264
TRIQUINT SEMICONDUCTOR INC	2,230	25,786	10,771
ULTRATECH INC	1,240	26,211	46,252
UMPQUA HLDGS CORP	6,030	71,712	71,094
UNILIFE CORP	2,890	10,582	6,560
UNITED CONTINENTAL	6,580	124,917	153,840
UNITED TECHNOLOGIES CORP	1,600	85,289	131,216
US AIRWAYS GROUP	1,000	6,313	13,500
US BANCORP NEW	3,700	103,770	118,178
UTI WORLDWIDE INC	1,790	34,494	23,986
VERA BRADLEY INC	400	9,805	10,040
VERIFONE SYSTEMS, INC	750	23,519	22,260
VERISIGN INC	400	11,510	15,528
WABASH NATL CORP	5,710	35,784	51,219
WABCO HLDGS INC	370	10,249	24,120
WADDELL & REED FINL INC	460	10,318	16,017
WAL MART STORES INC	2,800	143,516	191,044
WARNACO GROUP INC	1,390	68,118	99,482
WATSCO INC CL-A	570	24,632	42,693
WATSON PHARMACEUTICALS INC	300	16,641	25,800
WATSON PHARMACEUTICALS INC	1,500	39,338	129,000
WEB.COM GROUP INC	760	11,761	11,248
WELLCARE GROUP INC	1,600	77,121	77,904
WELLS FARGO & CO	7,200	210,903	246,096
WENDY'S CO/THE	15,130	74,602	71,111
WESTERN DIGITAL CORP	970	11,920	41,215
WMS INDUSTRIES INC	700	26,371	12,250
WMS INDUSTRIES INC	3,320	74,761	58,100
WORLD FUEL SVCS CORP	1,130	13,930	46,522
WR BERKLEY CORP	1,260	27,793	47,552

The Comprehensive Health Care of Ohio, Inc. Retirement Plan

Schedule of Assets Held at End of Year (Continued) Form 5500, Schedule H, Line 4i EIN 34-1492733, Plan No. 001 December 31, 2012

(a)(b)(c) Identity of Issuer/Description of Investment	Number of Shares	(d) Cost	(e) Current Value
Corporate debt securities:			
AMER EXPRESS CR MTN 7.300% 8/20/13	70,000	\$ 70,891	\$ 73,007
AMERICAN EXPRESS 7.250% 5/20/14	100,000	104,760	108,821
BALT GAS & ELEC 6.125% 7/01/13	60,000	65,793	61,659
BANK NOVA SCOTIA 3.400% 1/22/15	135,000	135,864	142,328
BANK OF AMER CRP 7.375% 5/15/14	145,000	157,642	157,013
BERKSHIRE HATHAWAY 3.200% 2/11/15	115,000	114,905	121,070
BLACKROCK INC 3.500% 12/10/14	130,000	129,316	137,294
BOSTON PROP LP 5.625% 11/15/20	105,000	104,886	124,215
BP CAPITAL PLC 3.125% 10/01/15	130,000	133,022	138,002
CAROLINA P & L 5.150% 4/01/15	85,000	90,124	93,106
CATERPILLAR FINL MTN 1.375% 5/20/14	80,000	79,958	80,972
CATERPILLAR INC 7.900% 12/15/18	70,000	74,600	94,952
CITIGROUP INC 4.750% 5/19/15	2,000	2,049	2,156
CITIGROUP INC 6.375% 8/12/14	65,000	68,149	70,242
COMCAST CORP 5.850% 11/15/15	100,000	111,514	113,820
COMMERCIAL MORT CMO 5.248% 12/10/46	45,095	45,320	45,337
COMMONWEALTH EDISON 1.625% 1/15/14	80,000	79,884	80,861
CONOCOPHILLIPS 5.750% 2/01/19	85,000	89,663	104,543
CVS CAREMARK 5.750% 6/01/17	52,000	56,401	62,170
DIRECTV HLDG/FIN 3.500% 3/01/16	120,000	123,239	127,129
DOW CHEMICAL CO 7.600% 5/15/14	32,000	37,264	34,936
ENTERPRISE PROD LLC 6.500% 1/31/19	80,000	101,342	100,256
GE COMPANY CO 5.000% 2/01/13	85,000	86,164	85,323
GEN ELEC CAP MTN 6.750% 3/15/32	105,000	111,677	136,367
GOLDMAN SACHS GP 5.750% 10/01/16	110,000	126,100	125,165
HCP INC 2.625% 2/01/20	130,000	129,648	129,493
HEALTH CARE REIT 4.950% 1/15/21	125,000	124,761	136,716
HEWLETT-PACKARD CO 4.750% 6/02/14	120,000	123,114	125,088
HOME DEPOT INC 5.400% 3/01/16	115,000	121,600	131,378
JPMORGAN CHASE MTN 3.150% 7/05/16	190,000	195,151	201,296
KEYCORP MTN 3.750% 8/13/15	135,000	137,037	144,468
KINDER MORGAN ENERGY 6.000% 2/01/17	110,000	128,623	128,481
KRAFT FOODS INC 6.125% 2/01/18	105,000	117,231	127,761
MACYS RETAIL HLDGS 7.875% 7/15/15	47,000	55,453	54,752
MORGAN STANLEY 5.300% 3/01/13	150,000	140,720	150,818
OMNICOM GROUP INC 4.450% 8/15/20	80,000	83,835	89,019
PNC FUNDING CORP 4.250% 9/21/15	130,000	133,447	141,694
PRAXAIR INC 2.200% 8/15/22	170,000	169,635	166,433
PROCTER & GAMBLE 4.700% 2/15/19	100,000	99,824	118,147
PRUDENTIAL FIN MTN 3.000% 5/12/16	85,000	85,864	89,744
PUBLIC SERV COLORADO 3.200% 11/15/20	85,000	84,654	92,738
REPUBLIC SVCS 3.800% 5/15/18	115,000	116,066	126,430

The Comprehensive Health Care of Ohio, Inc. Retirement Plan

Schedule of Assets Held at End of Year (Continued) Form 5500, Schedule H, Line 4i EIN 34-1492733, Plan No. 001 December 31, 2012

(a)(b)(c) Identity of Issuer/Description of Investment	Number of Shares	(d) Cost	(e) Current Value
Corporate debt securities (Continued):			
SHELL INTL FIN 3.100% 6/28/15	90,000	\$ 89,938	\$ 95,342
SIMON PROP GP LP 2.150% 9/15/17	150,000	149,721	155,588
TD AMERITRADE 4.150% 12/01/14	110,000	110,136	117,233
TIME WARNER CABLE 6.200% 7/01/13	55,000	60,423	56,510
TIME WARNER INC 5.875% 11/15/16	75,000	79,493	87,817
UNITED TECH CORP 6.125% 2/01/19	50,000	51,071	62,312
UNITEDHEALTH GRP 4.700% 2/15/21	90,000	93,129	104,850
VERIZON COMM INC 3.000% 4/01/16	175,000	174,090	186,342
WELLS FARGO CO 5.625% 12/11/17	155,000	185,305	184,869
Total investments		<u>\$ 51,612,899</u>	<u>\$ 56,581,805</u>

Schedule SB, Line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installment for each plan year covered under PPA. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

Shortfall bases				
Year established		Outstanding balance	Years remaining	2012 Installment
2009	\$	3,540,734	4	\$ 958,009
2010		3,443,546	5	764,906
2011		7,380,987	6.63	1,128,077 ¹
2012		(6,505,618)	7	(1,104,165)
Total	\$	7,859,649		\$ 1,746,827

¹ An installment acceleration amount was applied in 2012 and increased the minimum required contribution by \$604,256 and will reduce the final amortization payment. The final amortization payment for this base will be \$844,777 (reduced to account for the installment acceleration amount applied in 2012) for the 2018 plan year minimum required contribution.

Schedule SB, Line 24 — Change in Actuarial Assumptions

Expense normal cost decreased from \$314,049 to \$250,410 to reflect our expectations for the current plan year.