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), 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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
LIFE GENERATIONS HEALTHCARE LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/2001

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
LIFE GENERATIONS HEALTHCARE LLC

20371 IRVINE AVENUE, SUITE 210
NEWPORT BEACH, CA 92660

2b Employer Identification Number (EIN)
33-0838455

2c Sponsor's telephone number
714-241-5600

2d Business code (see instructions)
623000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/21/2010	DARLENE HARE
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
LIFE GENERATIONS HEALTHCARE LLC

20371 IRVINE AVENUE, SUITE 210
NEWPORT BEACH, CA 92660

3b Administrator's EIN
33-0838455

3c Administrator's telephone number
714-241-5600

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**	2208
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**	1731
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	96
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1827
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1827
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	837
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	56
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	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)	X	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)	X	**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)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)		0	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
LIFE GENERATIONS HEALTHCARE LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LIFE GENERATIONS HEALTHCARE LLC

D Employer Identification Number (EIN)
33-0838455

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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 18 51 52 65	RECORD KEEPER	53421	Yes [X] No [ ]	Yes [X] No [ ]	40517	Yes [ ] No [X]

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

INNOVATIVE PENSION STRATEGY & DESIG

14251 DANIELSON STREET
POWAY, CA 92064

33-0166640

(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?
12 15 37 50 64 72	THIRD PARTY ADMINISTRATOR	32999	Yes [X] No [ ]	Yes [X] No [ ]	16197	Yes [ ] No [X]

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

CENTAURUS FINANCIAL INC.

2300 E KATELLA AVE. SUITE 200
ANAHEIM, CA 92806

(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?
17 26 27 28	INVESTMENT ADVISOR	0	Yes [X] No [ ]	Yes [X] No [ ]	42965	Yes [ ] No [X]

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

MEEDER ADVISORY SERVICES, INC

6125 MEMORIAL DRIVE
DUBLIN, OH 43017

31-1332744

(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 51	INVESTMENT ADVISOR	42690	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WRIGHT FORD YOUNG & CO.

16140 SAND CANYON AVE.
IRVINE, CA 92618

95-3288054

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	INDEPENDENT AUDITOR	3500	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?
18			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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
LIFE GENERATIONS HEALTHCARE LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LIFE GENERATIONS HEALTHCARE LLC

D Employer Identification Number (EIN)
33-0838455

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	166603	167650
(2) Participant contributions	1b(2)	73406	0
(3) Other	1b(3)	8686	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	440041	432456
(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)	7039595	10155788
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	7728331	10755894
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7728331	10755894

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	167833	
	(B) Participants	2a(1)(B)	1688713	
	(C) Others (including rollovers)	2a(1)(C)	63924	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1920470
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	25133	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		25133
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		1580555
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3526158
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	395500	
(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)		395500
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		41168
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	61927	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		61927
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		498595
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		3027563
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: WRIGHT FORD YOUNG & CO. (2) EIN: 95-3288054

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
LIFE GENERATIONS HEALTHCARE LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LIFE GENERATIONS HEALTHCARE LLC

D Employer Identification Number (EIN)
33-0838455

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): 31-4156830

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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 **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 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(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

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

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

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

LIFE GENERATIONS HEALTHCARE LLC 401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

LIFE GENERATIONS HEALTHCARE LLC 401(k) PLAN

INDEX TO FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2009 AND 2008

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Statements of Net Assets Available for Benefits as of December 31, 2009 and 2008	2
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Wright Ford Young & Co.

Certified Public Accountants and Consultants, Inc.

INDEPENDENT AUDITORS' REPORT

July 21, 2010

To the Participants and Administrator of the
Life Generations Healthcare LLC 401(k) Plan:

We were engaged to audit the financial statements and supplemental schedule of the Life Generations Healthcare LLC 401(k) Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 6, which was certified by Nationwide Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, has been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Wright Ford Young & Co.

WRIGHT FORD YOUNG & CO.

16140 Sand Canyon Avenue, Second Floor • Irvine, California 92618 • (949) 910-CPAS (2727) • Fax (949) 910-2728

LIFE GENERATIONS HEALTHCARE LLC 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS:		
Investments, at fair value:		
Registered investment companies	$ 10,155,788	$ 7,039,595
Participant loans	432,456	440,041
Total investments	10,588,244	7,479,636
Receivables:		
Participant contributions	-	73,406
Employer contributions	167,650	166,603
Other	-	8,686
Total receivables	167,650	248,695
Total assets	10,755,894	7,728,331
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 10,755,894	$ 7,728,331

See accompanying independent auditors' report and notes to the financial statements.

LIFE GENERATIONS HEALTHCARE LLC 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2009

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 1,580,555
Participant loan interest	25,133
Total investment income	1,605,688
Contributions:	
Participants	1,688,713
Employer	167,833
Rollovers	63,924
Total contributions	1,920,470
Total additions	3,526,158
Deductions from net assets attributed to:	
Benefits paid to participants	395,500
Deemed distributions of participant loans	41,168
Administrative expenses	61,927
Total deductions	498,595
NET INCREASE	3,027,563
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	7,728,331
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 10,755,894

See accompanying independent auditors' report and notes to the financial statements.

LIFE GENERATIONS HEALTHCARE, LLC 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

1. DESCRIPTION OF PLAN

The following description of the Life Generations Healthcare LLC 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Life Generations Healthcare LLC (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Nonunion employees who have attained at least 21 years of age are eligible to participate in the Plan on the first day of the calendar quarter following the completion of one year of service.

Administration

The Plan is administered by the Company.

Contributions

Each participant may elect to contribute up to 75 percent of pretax annual base compensation, not to exceed the limits of the Internal Revenue Code (the IRC). Participants direct the investment of their contributions into various investment options offered by the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Company may make matching contributions to the Plan equal to a discretionary percentage to each classification tier, to be determined by the Company. The classification tiers are a) owners, b) highly compensated employees and c) all other eligible participants. For the year ended December 31, 2009, the Company made matching contributions equal to 15 percent of the participant's deferral up to the first 6 percent of base compensation for all tiers. The Company may also make a profit sharing contribution to the Plan. Profit sharing contributions are allocated to the participant's account in the ratio that each participant's base compensation for the Plan year bears to the total base compensation of all qualifying participants for the Plan year. The Company elected not to make a profit sharing contribution for the year ended December 31, 2009. Participants must be employed on the last day of the Plan year in order to be eligible to receive an allocation of the Company's matching and profit sharing contributions for that Plan year.

1. DESCRIPTION OF PLAN - (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings, account balances or base compensation, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions and actual earnings thereon. Vesting in the Company's matching and profit sharing contributions are based on years of service according to the following schedule:

Years of Service	Vested Percentage
Less than 1	0%
1	25%
2	50%
3	75%
4	100%

Forfeitures

The unvested portion of a terminated participant's account will be forfeited and used to reduce future Company contributions or to pay Plan expenses. For the year ended December 31, 2009 employer contributions were reduced by $500 from forfeited nonvested accounts. As of December 31, 2009 and 2008, the amount of available forfeitures totaled $3,132 and $4,792, respectively.

1. DESCRIPTION OF PLAN - (Continued)

Payment of Benefits

On termination of service due to death, disability, retirement or other reasons, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account or an annuity. Participants may also elect to rollover their account to another tax deferred account or remain in the Plan until they are legally required to begin taking distributions. All vested account balances not exceeding $1,000 will be immediately distributed in a lump-sum payment. With the plan administrator's approval, participants may withdraw all or part of their aggregate contributions in the event of financial hardship.

Participant Loans

Participants may borrow from their fund accounts a maximum amount equal to the lesser of $50,000 or 50 percent of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Loan fund. Loan terms range from 1 to 5 years or within a reasonable period of time that is longer than 5 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and generally bear interest at a rate commensurate with the rates that a bank or other professional lender would charge for making a loan in a similar circumstance. Principal and interest is paid ratably through payroll deductions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - (Continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value in accordance with the provisions of accounting guidance issued by the Financial Accounting Standards Board (FASB) on fair value measurements (see Note 3).

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Plan Fees and Administrative Expenses

Plan fees and administrative expenses are generally paid by the Plan, unless paid by the Company.

Subsequent Events

In May 2009, the FASB issued new guidance which establishes general standards for accounting for and disclosure of events that occur after the date of the financial statements but before financial statements are available to be issued. More specifically, this new guidance sets forth the period after the date of the financial statements during which management of a reporting entity should evaluate events or transactions that may occur for potential recognition in the financial statements, identifies the circumstances under which an entity should recognize events or transactions occurring after the date of its financial statements and the disclosures that should be made about events or transactions that occur after the date of the financial statements. This new guidance provides largely the same framework for the evaluation of subsequent events which previously existed only in auditing literature. The Company has evaluated subsequent events through the date of the audit report, which is the date the accompanying financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

On January 1, 2008, the Plan adopted the required provisions of accounting guidance issued by the FASB on fair value measurements. The provisions of this guidance defines fair value, establishes a framework for measuring fair value in accordance with accounting principles generally accepted in the United States of America, and expands disclosures about fair value measurements. The guidance is intended to enable the reader of the financial statements to assess the quality and reliability of the inputs used to develop those measurements by establishing a hierarchy, which maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the observable inputs be used when available.

Observable inputs are inputs that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs are inputs that reflect the Plan's estimates about the assumptions market participants would use in pricing the asset or liability based on the best information available under the circumstances.

The hierarchy is broken down into three levels based on the reliability of inputs as follows:

- Level 1 – Defined as quoted market prices in active markets for identical assets and liabilities.
- Level 2 – Defined as observable market-based inputs or unobservable inputs which are corroborated by market data.
- Level 3 – Defined as unobservable inputs that are not corroborated by market data.

The fair value measurement level for an asset or liability, within the fair value hierarchy, is based on the lowest level of input that is significant to the fair value measurement at December 31, 2009 and 2008. Valuation methods need to maximize the use of observable inputs and minimize the use of unobservable inputs.

3. FAIR VALUE MEASUREMENTS – (Continued)

The following valuation methodologies were used for the Plan's assets to measure fair value at December 31, 2009 and 2008:

Registered investment companies: Valued at the net unit value (NUV) of units held by the Plan at year end. The NUV of registered investment companies is based upon the market value of the underlying investments, observable inputs and unobservable inputs. Although the underlying investments are quoted on an active market, the NUV of the registered investment companies is classified within level 2 of the valuation hierarchy because the unit price includes unobservable inputs.

Participant loans: Loans to plan participants are valued at amortized cost, which approximates fair value and are classified within level 3 of the valuation hierarchy.

Although the methods above may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values, the Plan believes its valuation methods are appropriate and consistent with other market participants and that 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.

3. FAIR VALUE MEASUREMENTS – (Continued)

The following fair value hierarchy table presents information about the Plan's investments measured at fair value on a recurring basis as of:

Description	Total	Level 1 Quoted prices in active markets for identical assets and liabilities	Level 2 Significant observable inputs with no active market with identical characteristics	Level 3 Significant unobservable inputs
December 31, 2009				
Registered investment companies	$ 10,155,788	$ -	$ 10,155,788	$ -
Participant loans	432,456	-	-	432,456
value	$ 10,588,244	$ -	$ 10,155,788	$ 432,456
December 31, 2008				
Registered investment companies	$ 7,039,595	$ -	$ 7,039,595	$ -
Participant loans	440,041	-	-	440,041
Total assets at fair value	$ 7,479,636	$ -	$ 7,039,595	$ 440,041

The following table presents a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2009:

	Participant Loans
Balance, beginning of year	$ 440,041
Purchases, sales, issuances and settlements, net	(7,585)
Balance, end of year	$ 432,456

4. TAX STATUS

The Company adopted a Prototype Standardized Profit Sharing Plan which received a favorable opinion letter from the Internal Revenue Service, on February 3, 2010, which stated that the Plan, as then designed, was in accordance with applicable sections of the IRC, which includes the provisions of the Economic Growth and Tax Relief Reconciliation Act of 2001. The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

5. RISKS AND UNCERTAINTIES

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

6. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Life Insurance Company (Nationwide), the custodian of the Plan, has certified to the completeness and accuracy of the following information which is included in the financial statements and supplemental schedule, as of December 31, 2009 and 2008, and for the year ended December 31, 2009.

	2009	2008
Registered investment companies	$10,151,788	$ 7,039,595
Net appreciation in fair value of investments	1,580,555	N/A

7. INVESTMENTS

The following table presents investments that represent 5 percent or more of the Plan's net assets as of December 31, 2009 and 2008:

	2009
Flex-funds Defensive Growth Fund	$1,175,919
Flex-funds Dynamic Growth Fund	604,401
Flex-funds Muirfield Fund	1,905,775
Flex-funds U.S. Government Bond Fund	550,063
Money Market Fund	819,385
PIMCO Total Return Institutional Fund	555,787

	2008
Flex-funds Defensive Growth Fund	$ 876,531
Flex-funds Dynamic Growth Fund	502,832
Flex-funds U.S. Government Bond Fund	400,278
Flex-funds Muirfield Fund	1,398,304
Gartmore Money Market Fund	860,510
Participant Loans	440,041

For the year ended December 31, 2009, the Plan's investments in registered investment companies (including investments bought, sold and held during the year) appreciated in value by $1,580,555.

8. PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. Certain Plan investments are managed by Nationwide, the custodian of the Plan. The Plan paid $61,927 in contract administration fees to Nationwide during 2009. The Plan issues loans to participants, which are secured by the balances in the participants' accounts. The Company paid certain administrative expenses of the Plan, including recordkeeping and audit fees. These transactions qualify as party in interest transactions for which a statutory exemption exists.

9. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate or amend the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, participants become 100 percent vested in their accounts.

10. RECLASSIFICATIONS

Certain reclassifications have been made to the prior year amounts to conform to the current year presentation.

LIFE GENERATIONS HEALTHCARE LLC 401(k) PLAN
PLAN FEIN#: 33-0838455
PLAN # 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Nationwide Life Insurance Company	AllianceBernstein International Growth Fund	**	$ 18,965
*	Nationwide Life Insurance Company	AIM Diversified Dividend Investors Fund	**	45,239
*	Nationwide Life Insurance Company	AIM Charter Fund	**	11,213
*	Nationwide Life Insurance Company	RiverSource International Select Value Fund	**	78
*	Nationwide Life Insurance Company	AIM Real Estate Fund	**	142,711
*	Nationwide Life Insurance Company	Allegiant Mid Cap Value Fund	**	99
*	Nationwide Life Insurance Company	BlackRock GNMA Portfolio Fund	**	1,114
*	Nationwide Life Insurance Company	Baron Partners Fund	**	2,695
*	Nationwide Life Insurance Company	BlackRock Health Science Opportunity Fund	**	16,852
*	Nationwide Life Insurance Company	Calvert Income Fund	**	3,188
*	Nationwide Life Insurance Company	Dreyfus Appreciation Fund	**	14
*	Nationwide Life Insurance Company	DodgeCox International Stock Fund	**	12,432
*	Nationwide Life Insurance Company	DE Divrs Income Fund	**	144,838
*	Nationwide Life Insurance Company	Eaton Vance Floating-Rate Fund	**	2,096
*	Nationwide Life Insurance Company	Flex-funds Defensive Growth Fund	**	1,175,919
*	Nationwide Life Insurance Company	First American Real Estate Fund	**	21,946
*	Nationwide Life Insurance Company	Flex-funds Focused Growth Fund	**	196,466
*	Nationwide Life Insurance Company	Flex-funds Aggressive Growth Fund	**	92,216
*	Nationwide Life Insurance Company	Federated Mid Cap Growth Strategies Fund	**	1,099
*	Nationwide Life Insurance Company	Federated Kaufmann Small Cap Fund	**	6,547
*	Nationwide Life Insurance Company	Flex-funds Dynamic Growth Fund	**	604,401
*	Nationwide Life Insurance Company	Flex-funds Muirfield Fund	**	1,905,775
*	Nationwide Life Insurance Company	Fidelity Advisor Leveraged Co Stock Fund	**	366,486
*	Nationwide Life Insurance Company	Flex-funds U.S. Government Bond Fund	**	550,063
*	Nationwide Life Insurance Company	Federal Total Return Bond Fund	**	1,766
*	Nationwide Life Insurance Company	Goldman Sachs Ultra Short Duration Government	**	625
*	Nationwide Life Insurance Company	Goldman Sachs Standard Large Cap Value Fund	**	81
*	Nationwide Life Insurance Company	Money Market Fund	**	819,385
*	Nationwide Life Insurance Company	Goldman Sachs Short Government Bond Fund	**	1,098
*	Nationwide Life Insurance Company	Goldman Sachs Short Duration Government Fund	**	57,800
*	Nationwide Life Insurance Company	Harbor Mid Cap Growth Fund	**	10,444
*	Nationwide Life Insurance Company	Heritage Mid Cap Stock Fund	**	100
*	Nationwide Life Insurance Company	Heartland Value Plus Fund	**	8,766
*	Nationwide Life Insurance Company	Ivy Balanced Fund	**	421
*	Nationwide Life Insurance Company	Janus Adviser Forty Fund	**	74,133
*	Nationwide Life Insurance Company	JPM Short Duration Bond Fund	**	175
*	Nationwide Life Insurance Company	JPM Treasury Agency Fund	**	5,770

See accompanying independent auditors' report and notes to the financial statements.

LIFE GENERATIONS HEALTHCARE LLC 401(k) PLAN
PLAN FEIN#: 33-0838455
PLAN # 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Nationwide Life Insurance Company	JPM Small Cap Equity Fund	**	116,397
*	Nationwide Life Insurance Company	Victory Diversified Stock Fund	**	84,614
*	Nationwide Life Insurance Company	Lazard Emerging Market Fund	**	12,173
*	Nationwide Life Insurance Company	Loomis Sayles Fund	**	120,070
*	Nationwide Life Insurance Company	BlackRock Equity Dividend Fund	**	7
*	Nationwide Life Insurance Company	MainStay Large Cap Growth Fund	**	2,552
*	Nationwide Life Insurance Company	MFS Value Fund	**	24,304
*	Nationwide Life Insurance Company	Neuberger Real Estate Fund	**	22
*	Nationwide Life Insurance Company	S&P 500 Index Fund	**	118,535
*	Nationwide Life Insurance Company	Pioneer Cullen Value Fund	**	7
*	Nationwide Life Insurance Company	PIMCO Total Return Class A Fund	**	296,264
*	Nationwide Life Insurance Company	Oppenheimer Developing Markets Fund	**	349,958
*	Nationwide Life Insurance Company	Oppenheimer Global Opportunities Fund	**	180,861
*	Nationwide Life Insurance Company	Pioneer Mid Cap Value Fund	**	1,750
*	Nationwide Life Insurance Company	Pioneer Equity Income Fund	**	180
*	Nationwide Life Insurance Company	DWS VS Large Cap Value Fund	**	11,159
*	Nationwide Life Insurance Company	DWS Dreman High Return Equity Fund	**	988
*	Nationwide Life Insurance Company	Allianz NFJ Dividend Value Fund	**	85
*	Nationwide Life Insurance Company	Pioneer Strategic Income Fund	**	138,153
*	Nationwide Life Insurance Company	PIMCO Real Return Institutional Fund	**	2,065
*	Nationwide Life Insurance Company	PIMCO Real Return Fund	**	1,197
*	Nationwide Life Insurance Company	Jensen 20/20 Focus Fund	**	2,684
*	Nationwide Life Insurance Company	PIMCO Low Duration Fund	**	5,399
*	Nationwide Life Insurance Company	PIMCO Total Return Institutional Fund	**	555,787
*	Nationwide Life Insurance Company	Rydex Mid Cap Value Fund	**	938
*	Nationwide Life Insurance Company	Rydex Small Cap Value Fund	**	1,691
*	Nationwide Life Insurance Company	American Funds Euro Pacific Growth Fund	**	206,057
*	Nationwide Life Insurance Company	American Funds Growth Fund	**	323,182
*	Nationwide Life Insurance Company	American Funds Balanced Fund	**	177,645
*	Nationwide Life Insurance Company	Rydex S&P 400 Pure Growth Fund	**	1,204
*	Nationwide Life Insurance Company	Rydex S&P 500 Pure Growth Fund	**	1,338
*	Nationwide Life Insurance Company	Rydex S&P 500 Pure Value Fund	**	5,612
*	Nationwide Life Insurance Company	Wells Fargo Advantage Common Stock Fund	**	24,396
*	Nationwide Life Insurance Company	RidgeWorth Small Cap Value Fund	**	24,057
*	Nationwide Life Insurance Company	RidgeWorth Mid Cap Value Fund	**	189,807
*	Nationwide Life Insurance Company	RidgeWorth Large Cap Value Fund	**	18,500
*	Nationwide Life Insurance Company	RidgeWorth Intermediate Bond Fund	**	264,563
*	Nationwide Life Insurance Company	TCW Total Return Bond Fund	**	148

See accompanying independent auditors' report and notes to the financial statements.

LIFE GENERATIONS HEALTHCARE LLC 401(k) PLAN
PLAN FEIN#: 33-0838455
PLAN # 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Nationwide Life Insurance Company	Frank MSF MutShrs Fund	**	157
*	Nationwide Life Insurance Company	UMB Scount Fund	**	15,448
*	Nationwide Life Insurance Company	Van Kampen Comstock Fund	**	310,246
*	Nationwide Life Insurance Company	Vanguard Intermediate Term U.S. Treasury Bond I	**	33,667
*	Nationwide Life Insurance Company	Van Eck Global Hard Assets Fund	**	17,611
*	Nationwide Life Insurance Company	Vanguard Growth Index Fund	**	144
*	Nationwide Life Insurance Company	Vanguard Inflation Protected Securities Fund	**	17,698
*	Nationwide Life Insurance Company	Van Kampen Equity and Income Fund	**	88,285
*	Nationwide Life Insurance Company	Van Kampen Growth and Income Fund	**	244
*	Nationwide Life Insurance Company	Van Kampen Small Cap Value Fund	**	8,436
*	Nationwide Life Insurance Company	AIM Energy Fund	**	9,178
*	Nationwide Life Insurance Company	Victory Established Value Fund	**	8,436
*	Nationwide Life Insurance Company	WFAF Short Duration Government Fund	**	11,580
*	Nationwide Life Insurance Company	Ivy Asset Strategy Fund	**	33,937
*	Nationwide Life Insurance Company	Ivy Large Cap Growth Fund	**	17
*	Nationwide Life Insurance Company	Ivy Science and Technology Fund	**	17,169
*	Nationwide Life Insurance Company	Ivy International Core Equity Fund	**	8,039
*	Nationwide Life Insurance Company	Janus Overseas Fund	**	8,104
*	Nationwide Life Insurance Company	Janus Mid Cap Fund	**	27
*	Participant Loans	Interest rates at 3.25% to 8.25%	-	432,456
				$ 10,588,244

* A party in interest as defined by ERISA.

** Disclosure of this information is not required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA when the account is participant directed.

See accompanying independent auditors' report and notes to the financial statements.

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

Name of Plan:

► Life Generations Healthcare LLC 401(k) Plan

Employer Identification Number:► 33-0838455

For plan year (beginning/ending):► 01/01/2009 - 12/31/2009 Plan number:► 1

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Nationwide Insurance Co.	AllBer Intl Gr K	**	18965.26
*	Nationwide Insurance Co.	AIM Dvrsfd Divdend Inv Cls	**	45239.39
*	Nationwide Insurance Co.	AIM Charter A	**	11213.42
*	Nationwide Insurance Co.	RvrSrc Intl Sel Val Fd A	**	77.91
*	Nationwide Insurance Co.	AIM Real Estate Fund A	**	142711.14
*	Nationwide Insurance Co.	Allegiant MidCap Valu Fd A	**	99.13
*	Nationwide Insurance Co.	BlackRock GNM Port Inv A	**	1113.8
*	Nationwide Insurance Co.	Baron Partners Fund	**	2695.36
*	Nationwide Insurance Co.	BlackRk Hlth Scnc Opp Inv A	**	16851.57
*	Nationwide Insurance Co.	Calvert Income Fund	**	3187.93
*	Nationwide Insurance Co.	Drey Appreciation Fund	**	13.84
*	Nationwide Insurance Co.	DodgeCox Intl Stock Fd	**	12432.43
*	Nationwide Insurance Co.	DE Divrs Inc A	**	144837.84
*	Nationwide Insurance Co.	Eaton Vance Floating-Rate A	**	2096.34
*	Nationwide Insurance Co.	Flex Defn Gr	**	1175919.15
*	Nationwide Insurance Co.	Frst Am RealEst Sec	**	21946.96
*	Nationwide Insurance Co.	Flex Strat Gr	**	196466.31
*	Nationwide Insurance Co.	Flex Aggressive Growth	**	92215.6
*	Nationwide Insurance Co.	Federated MidCap Gr Str A	**	1099.3
*	Nationwide Insurance Co.	Federated Kaufmann SmCap	**	6546.9
*	Nationwide Insurance Co.	Flex Dynamic Growth	**	604401.03
*	Nationwide Insurance Co.	Flex Muirfield	**	1905775.14
*	Nationwide Insurance Co.	Fid Adv Leverage Co Stk A	**	366485.88
*	Nationwide Insurance Co.	Flex US Govt Bond	**	550063.02
*	Nationwide Insurance Co.	Fed Ttl Rtn Bd A	**	1765.66
*	Nationwide Insurance Co.	GdnmScs Ult Sht Dur Govt A	**	624.89
*	Nationwide Insurance Co.	GdmnScs Strd LgCap Val A	**	81.44
*	Nationwide Insurance Co.	NW Mny Mkt Inst	**	819385.02
*	Nationwide Insurance Co.	GdmnScs Short Govt A	**	1097.86
*	Nationwide Insurance Co.	GdmnScs Shrt Dur Govt Inst	**	57799.86
*	Nationwide Insurance Co.	Harbor Mid Cap Grth Fd Inv	**	10444.08
*	Nationwide Insurance Co.	Eagle Series Tr MdCapStk A	**	99.86
*	Nationwide Insurance Co.	Hearland Value Plus Fd	**	8765.93
*	Nationwide Insurance Co.	Ivy Balanced Fund Class Y	**	421.48
*	Nationwide Insurance Co.	Janus Adv Forty	**	74133.07
*	Nationwide Insurance Co.	JPM Shrt Dur Bd	**	175.05
*	Nationwide Insurance Co.	JPM Trsry Agncy	**	5770.17
*	Nationwide Insurance Co.	JPM SmCap Eq	**	116397.35
*	Nationwide Insurance Co.	Victory Port Div Stk Fd A	**	84613.57
*	Nationwide Insurance Co.	Lazard Emrg Mkt	**	12173.02
*	Nationwide Insurance Co.	LoomisSayles Inv	**	120069.54
*	Nationwide Insurance Co.	BlkRk Eq Divd	**	7.08
*	Nationwide Insurance Co.	MnSty Lg Cap Gr R2	**	2552.23

*	Nationwide Insurance Co.	MFS Val A	**	24304.08
*	Nationwide Insurance Co.	NewBer Real Estate Fd Tr	**	22.05
*	Nationwide Insurance Co.	NW S&P 500 Index Inst	**	118535.63
*	Nationwide Insurance Co.	Pionr Cullen Value A	**	7.05
*	Nationwide Insurance Co.	PIMCO Total Return Fnd Cls A	**	296264.08
*	Nationwide Insurance Co.	Oppeneheimer Dev. Mkts Fd A	**	349957.68
*	Nationwide Insurance Co.	Oppenheimer Global Opp Fund A	**	180861.44
*	Nationwide Insurance Co.	Pioneer MidCap Value Fd A	**	1749.65
*	Nationwide Insurance Co.	Pioneer Eq Income Fd Cls A	**	180.08
*	Nationwide Insurance Co.	DWS VS LgCap Val	**	11158.99
*	Nationwide Insurance Co.	DWS VS Strat Val	**	988.01
*	Nationwide Insurance Co.	PIMCO Allnz NFJ	**	85.18
*	Nationwide Insurance Co.	Pioneer Strategic Income A	**	138153.2
*	Nationwide Insurance Co.	PIMCO Real Return Inst	**	2064.67
*	Nationwide Insurance Co.	PIMCO Real Return Fd A	**	1196.77
*	Nationwide Insurance Co.	Prudntl Jnisn 20 20	**	2684.09
*	Nationwide Insurance Co.	PIMCO LowDuration Fd Instl	**	5398.73
*	Nationwide Insurance Co.	PIMCO TotalReturn Fd Instl	**	555787.09
*	Nationwide Insurance Co.	RydexSFS&PMdCap40	**	938.29
*	Nationwide Insurance Co.	RydexSFS&PMdCap60	**	1691.26
*	Nationwide Insurance Co.	AmFds EuroPacfc Gr	**	206057.27
*	Nationwide Insurance Co.	AMFds Gr Fd Am R6	**	323181.55
*	Nationwide Insurance Co.	AmFds Am Bal R6	**	177646.96
*	Nationwide Insurance Co.	RydexSFS&PMdCap400 Pure Gr	**	1203.77
*	Nationwide Insurance Co.	RydexSFS&PMdCap500 Pure Gr	**	1338.17
*	Nationwide Insurance Co.	RydexSFS&PMdCap500 Pure Val	**	5612.34
*	Nationwide Insurance Co.	WFAF Common Stock Fund A	**	24396.39
*	Nationwide Insurance Co.	RdgWrth SMCap Val Eq	**	24057.45
*	Nationwide Insurance Co.	RdgWrth MdCap Val Eq	**	189807.3
*	Nationwide Insurance Co.	RdgWrth LgCap Val Eq	**	18499.91
*	Nationwide Insurance Co.	RdgWrth Intmd Bd	**	264562.77
*	Nationwide Insurance Co.	LeggMP Gl Hi Yd Bd A	**	0
*	Nationwide Insurance Co.	Franklin BalSheet Inv Fd	**	0
*	Nationwide Insurance Co.	TCW Ttl Rtn Bd	**	148.28
*	Nationwide Insurance Co.	Frank MSF MutShrs Fnd Cls A	**	157.37
*	Nationwide Insurance Co.	VanKamp Comstock Fd A	**	310245.6
*	Nationwide Insurance Co.	UMB Scout Intl	**	15448.34
*	Nationwide Insurance Co.	AIM Gold & Prec Mtls Fd IC	**	0
*	Nationwide Insurance Co.	Vngrd Eqt Income Fd InvShr	**	0
*	Nationwide Insurance Co.	Vanguard Intm-Trm US Trs IS	**	33666.72
*	Nationwide Insurance Co.	Van Eck Glbl Hard Assets	**	17611.02
*	Nationwide Insurance Co.	Vanguard Infl-Prot Secs IS	**	17698.18
*	Nationwide Insurance Co.	Van Campen Equit & Income A	**	88284.87
*	Nationwide Insurance Co.	Vanguard Grth Index Fd IS	**	144.01
*	Nationwide Insurance Co.	Vanguard Grth & Inc Fd IS	**	243.57
*	Nationwide Insurance Co.	AIM Enrgy	**	9177.76
*	Nationwide Insurance Co.	VanKamp SmCap A	**	8435.88
*	Nationwide Insurance Co.	Vic Estblshd Val	**	8436.33
*	Nationwide Insurance Co.	WFAF Short Dur Govt Bond	**	11580.17
*	Nationwide Insurance Co.	Ivy Asset Strategy Fd Cl Y	**	33937.09
*	Nationwide Insurance Co.	Ivy Large Cap Grth Fd Cl Y	**	16.6
*	Nationwide Insurance Co.	Ivy Science and Tech Fnd	**	17161.43
*	Nationwide Insurance Co.	Ivy Intl Cor Eq Y	**	8039.34
*	Nationwide Insurance Co.	Jns Overseas	**	8104.01
*	Nationwide Insurance Co.	Jns Prkns MdCap	**	27
*	Participant Loans	Interest rates at 3.25% to 8.25%	**	432456.29