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 01/01/2008 and ending 12/31/2008

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;
- [X] 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
PROFESSIONAL HEALTHCARE AT HOME 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1996

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

925 YGNACIO VALLEY ROAD, SUITE 101
WALNUT CREEK, CA 94596

2b Employer Identification Number (EIN)
26-0519402

2c Sponsor's telephone number
925-891-7000

2d Business code (see instructions)
621399

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.	08/04/2010	AMY CAIN
	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")
PROFESSIONAL HEALTHCARE AT HOME

925 YGNACIO VALLEY ROAD, SUITE 101
WALNUT CREEK, CA 94596

3b Administrator's EIN
26-0519402

3c Administrator's telephone number
925-891-7000

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**	702
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**	681
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	55
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	737
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	737
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	175
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
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 2J 2G 2F 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)	X	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)	X	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)	X	1	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

A Name of plan
PROFESSIONAL HEALTHCARE AT HOME 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
PROFESSIONAL HEALTHCARE AT HOME

D Employer Identification Number (EIN)
26-0519402

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN FINANCIAL GROUP

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
35-0472300	65676	71894	176	01/01/2008	12/31/2008

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
2244	0

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

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

LINCOLN FINANCIAL ADVISORS
1300 S. CLINTON ST., SUITE 150
FORT WAYNE, IN 46802-9999

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
2244			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	515155
5	Current value of plan's interest under this contract in separate accounts at year end	5	1742530

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GR. VAR. ANNUITY CONT W/GUAR FUND

b	Balance at the end of the previous year			7b	650341
c	Additions: (1) Contributions deposited during the year	7c(1)	80279		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	19319		
	(4) Transferred from separate account	7c(4)	518467		
	(5) Other (specify below)	7c(5)	2167		
	▶				
	(6) Total additions			7c(6)	620232
d	Total of balance and additions (add **b** and **c(6)**)			7d	1270573
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	263074		
	(2) Administration charge made by carrier	7e(2)	1579		
	(3) Transferred to separate account	7e(3)	489565		
	(4) Other (specify below)	7e(4)	1200		
	▶				
	(5) Total deductions			7e(5)	755418
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	515155

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

A Name of plan
PROFESSIONAL HEALTHCARE AT HOME 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PROFESSIONAL HEALTHCARE AT HOME

D Employer Identification Number (EIN)
26-0519402

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

a Name of MTIA, CCT, PSA, or 103-12 IE: NB MID CAP GROWTH

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-0472300-137	P	3949

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

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-0472300-138	P	231

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

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-0472300-119	P	15227

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP TRG

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-0472300-129	P	2136

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

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-0472300-131	P	8976

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

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-0472300-111	P	16194

a Name of MTIA, CCT, PSA, or 103-12 IE: GOVT/CORP BOND

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-0472300-120	P	143934

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM			
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP			
c EIN-PN 35-0472300-114	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	454494
a Name of MTIA, CCT, PSA, or 103-12 IE: MED CAP EQUITY			
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP			
c EIN-PN 35-0472300-117	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9974
a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD			
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP			
c EIN-PN 35-0472300-120	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	81443
a Name of MTIA, CCT, PSA, or 103-12 IE: AB SMALL MID CAP			
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP			
c EIN-PN 35-0472300-139	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11672
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN G SMALL CAP			
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP			
c EIN-PN 35-0472300-146	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	18271
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN GROWTH			
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP			
c EIN-PN 35-0472300-148	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	111007
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN GROWTH INCOME			
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP			
c EIN-PN 35-0472300-149	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	104962
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN INTERNATIONAL			
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP			
c EIN-PN 35-0472300-154	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	48043
a Name of MTIA, CCT, PSA, or 103-12 IE: DEL SMALL CAP VALUE			
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP			
c EIN-PN 35-0472300-156	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	51413
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS EMERGING GROWTH			
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP			
c EIN-PN 35-0472300-165	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	908

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS UTILITIES			
b Name of sponsor of entity listed in (a): LINCON FINANCIAL GROUP			
c EIN-PN 35-0472300-167	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	22176
a Name of MTIA, CCT, PSA, or 103-12 IE: BLK AURORA			
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP			
c EIN-PN 35-0472300-175	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5140
a Name of MTIA, CCT, PSA, or 103-12 IE: BLK S MID GROWTH			
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP			
c EIN-PN 35-0472300-176	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5881
a Name of MTIA, CCT, PSA, or 103-12 IE: BLK GLO RE			
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP			
c EIN-PN 35-0472300-177	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	40037
a Name of MTIA, CCT, PSA, or 103-12 IE: BLK MID VALUE			
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP			
c EIN-PN 35-0472300-183	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9106
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GL INCOME			
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP			
c EIN-PN 35-0472300-186	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2820
a Name of MTIA, CCT, PSA, or 103-12 IE: DEL CAP RESERVE			
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP			
c EIN-PN 35-0472300-187	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2511
a Name of MTIA, CCT, PSA, or 103-12 IE: A C INFL PRO			
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP			
c EIN-PN 35-0472300-192	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	22499
a Name of MTIA, CCT, PSA, or 103-12 IE: DEL DIV INC			
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP			
c EIN-PN 35-0472300-193	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21743
a Name of MTIA, CCT, PSA, or 103-12 IE: DEL EMERGING MARKET			
b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP			
c EIN-PN 35-0472300-194	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	29885

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP SC

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-136	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11832

a Name of MTIA, CCT, PSA, or 103-12 IE: GBL REIT

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-155	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18335

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GWT

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-162	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 945

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

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-121	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61570

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

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-122	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15813

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

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-123	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10550

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

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-124	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11427

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

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-128	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20637

a Name of MTIA, CCT, PSA, or 103-12 IE: CONSERVATIVE BALANCE

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-130	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14453

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP 20

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1489

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP 30

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2781

a Name of MTIA, CCT, PSA, or 103-12 IE: FID VIP EQUITY INCOME

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-157	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19305

a Name of MTIA, CCT, PSA, or 103-12 IE: FID VIP GROWTH

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-158	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3896

a Name of MTIA, CCT, PSA, or 103-12 IE: FID VIP OVERSEAS

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-159	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14090

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL MID CAP

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-163	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43828

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS AP MG

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-164	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16224

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS LARGE CAP GROWTH

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-170	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 666

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP 10

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1350

a Name of MTIA, CCT, PSA, or 103-12 IE: AGGRESSIVE BALANCE

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-112	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24564

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

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-161	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1236

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

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-133	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42154

a Name of MTIA, CCT, PSA, or 103-12 IE: AF GLO GROWTH

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-134	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20682

a Name of MTIA, CCT, PSA, or 103-12 IE: FID VIP CONTRAFUND

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-135	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39647

a Name of MTIA, CCT, PSA, or 103-12 IE: BLK LARGE CAP VALUE

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-180	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31938

a Name of MTIA, CCT, PSA, or 103-12 IE: BLK CAP

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-181	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 542

a Name of MTIA, CCT, PSA, or 103-12 IE: LVIP 500

b Name of sponsor of entity listed in (a): LINCOLN FINANCIAL GROUP

c EIN-PN 35-0472300-127	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67944

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

A Name of plan
PROFESSIONAL HEALTHCARE AT HOME 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PROFESSIONAL HEALTHCARE AT HOME

D Employer Identification Number (EIN)
26-0519402

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)		
(2) Participant contributions	1b(2)		10257
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	42776	45408
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2627659	1742530
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	650341	515155
(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	3320776	2313350
	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	3320776	2313350

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)		
	(B) Participants	2a(1)(B)	422229	
	(C) Others (including rollovers)	2a(1)(C)	37451	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		459680
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)	2768	
	(F) Other	2b(1)(F)	19384	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		22152
	(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)		-772206
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-290374
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	708179	
(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)		708179
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	8873	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		8873
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		717052
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-1007426
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: SILICON VALLEY ACCOUNTANCY CORP. (2) EIN: 77-0573994

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		269738
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		300000
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	X		

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

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

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

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

A Name of plan
PROFESSIONAL HEALTHCARE AT HOME 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PROFESSIONAL HEALTHCARE AT HOME

D Employer Identification Number (EIN)
26-0519402

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 35-0472300

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):

Professional HealthCare at Home 401(k) Plan

Financial Statements and Supplemental Schedules

December 31, 2008 and 2007 and September 30, 2007
and for the year ended December 31, 2008
and period October 1, 2007 to December 31, 2007
with Independent Auditors' Report

Professional HealthCare at Home 401(k) Plan

Financial Statements and Supplemental Schedules

December 31, 2008 and 2007 and September 30, 2007 and for the year ended December 31, 2008 and period October 1, 2007 to December 31, 2007

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Silicon Valley Accountancy
Corporation

Certified Public Accountants
and Business Advisors

Independent Auditors' Report

To the Plan Administrator and Participants
of the Professional HealthCare at Home 401(k) Plan

We were engaged to audit the financial statements and supplemental schedules of the Professional HealthCare at Home 401(k) Plan ("the Plan") as of December 31, 2008 and 2007, and September 30, 2007 and for the year ended December 31, 2008 and period October 1, 2007 to December 31, 2007, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Lincoln National Life Insurance Company ("Lincoln"), the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that Lincoln holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from Lincoln as of December 31, 2008 and 2007, and September 30, 2007 and for the year ended December 31, 2008 and period October 1, 2007 to December 31, 2007, that the information provided to the Plan Administrator is complete and accurate.

As discussed in Note 1, the Plan year end changed to December 31, effective May 1, 2007. Consequently, the Plan has a reporting three-month period from October 1, 2007 to December 31, 2007.

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 schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by Lincoln have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Silicon Valley Accountancy Corporation

SILICON VALLEY ACCOUNTANCY CORPORATION

San Jose, California
July 19, 2010

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Professional HealthCare at Home 401(k) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2008	December 31, 2007	September 30, 2007
Assets:			
Investments, at fair value	$ 2,197,941	$ 3,278,000	$ 3,221,877
Participant loans	45,408	42,776	27,154
Assets held for investment purposes	2,243,349	3,320,776	3,249,031
Participants' contribution receivable	10,257	-	21,848
Total assets	2,253,606	3,320,776	3,270,879
Net assets reflecting investments at fair value	2,253,606	3,320,776	3,270,879
Adjustment from fair value to contract value for fully benefit-responsive investment contract	59,744	-	-
Net assets available for benefits	$ 2,313,350	$ 3,320,776	$ 3,270,879

The accompanying notes are an integral part of the financial statements.

Professional HealthCare at Home 401(k) Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended December 31, 2008	Three-month period ended December 31, 2007
Additions to net assets attributed to:		
Investment income:		
Interest income	$ 22,152	$ 5,253
Contributions:		
Participants'	422,229	101,418
Rollovers	37,451	-
Total additions	481,832	106,671
Deductions from net assets attributed to:		
Investment loss:		
Net realized and unrealized depreciation in fair value of investments	772,206	44,371
Withdrawals and distributions	708,179	9,973
Administrative fees	8,873	2,430
Total deductions	1,489,258	56,774
Net increase (decrease) in net assets	(1,007,426)	49,897
Net assets available for benefits:		
Beginning of the period/year	3,320,776	3,270,879
End of the period/year	$ 2,313,350	$ 3,320,776

The accompanying notes are an integral part of the financial statements.

NOTE 1 - DESCRIPTION OF PLAN

General - The following description of the Professional HealthCare at Home 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.

The Plan is a defined contribution plan that was established on January 1, 1996 by Professional HealthCare at Home ("the Company" or "Plan Administrator") covering all eligible employees of the Company as defined in the Plan agreement. The Plan Administrator believes that the Plan is designed and operated in compliance with the applicable requirements of the Internal Revenue Code and the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Administration - The Company has contracted with Lincoln National Life Insurance Company ("Lincoln"), to act as the custodian and to process and maintain the records of participant data, and with a third-party administrator to perform certain compliance functions. A corporate officer serves as the trustee for the Plan. The Company has appointed an Administrative Committee ("the Committee") to manage and monitor the operations of the Plan.

Effective May 1, 2007, the Plan Sponsor has changed from a Corporation to a Limited Liability Company ("LLC"), accordingly, the LLC became the Plan Sponsor. In connection with this change, the Plan year end changed to a December 31 year end and the Plan has a reporting three-month period from October 1, 2007 to December 31, 2007.

Effective January 1, 2008 the eligibility requirement for employee contribution, employer profit sharing and matching contributions has changed from one year of eligible service to three months of eligible service.

Effective June 6, 2008, employees of Oasis Outsourcing Group ("Oasis") are allowed to participate in the Plan. The Company has entered into a business transaction with Oasis whereby it was agreed that hours of service performed by Oasis employees will be recognized by the Plan for purposes of vesting and eligibility.

A blackout period from August 5, 2008 to August 7, 2008, occurred due to transfer of contract within Lincoln. Funds from the existing contract were transferred into a new allocated contract in accordance with the funds and sources of each participant in the prior contract. During the blackout period

participants were not able to direct or diversify assets in their accounts, obtain a loan and /or distribution.

Contributions - Each year, participants may contribute up to the maximum amount allowed by law of eligible pre-tax annual compensation, as defined in the Plan agreement. Participants who are fifty years or older can elect to make catch-up contributions to the Plan, not to exceed the maximum allowed by law. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company may make discretionary profit sharing and matching contributions. For the year ended December 31, 2008 and period ended December 31, 2007 no discretionary profit sharing and/or discretionary matching contribution was made. Participants direct the investment of all contributions into various investment options offered by the Plan.

Participant Accounts - Each participant's account is credited with the participant's contribution and the Company's profit sharing contribution and matching contribution, if any, and an allocation of Plan earnings or losses and Plan expenses. Allocations of Plan earnings and losses are based on participant investment fund selection. Allocations of the profit sharing contribution are based on compensation as defined in the Plan agreement. Allocations of the Company's discretionary profit sharing and matching contributions are subject to certain hours of service and employment requirements. The profit sharing contribution allocation is further subject to integration with Social Security benefits. Participants should refer to the Plan agreement for a more complete description of the eligibility requirements and allocation method. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting - Participants are fully vested in their accounts at all times.

Participant Loans - Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their account balance, whichever is less. The loans are secured by the participant's account balance, and bear interest rates, which are commensurate with local prevailing rates as determined by the Plan Administrator. The outstanding participant loans at December 31, 2008 and 2007 and September 30, 2007 have interest rates ranging from 6.00% to 9.25%. Principal and interest is paid ratably through payroll deductions. Loans must be repaid within a five-year period, unless it is used for the purchase of a principal residence in which case the maximum repayment period may be longer. The specific terms and conditions of such loans are established by the Plan Administrator.

Payment of Benefits - Distributions from the Plan may only be made after specific events have occurred. Participants are eligible for a distribution upon termination of employment, death, disability or retirement, and are paid in accordance with Plan provisions. Participants may be eligible to receive distributions up to their account balances in the case of financial hardship. Participants are allowed to receive in-service distributions upon attaining age 59½. The Plan allows the Plan Administrator to automatically rollover terminated accounts with balances in excess of $1,000 but less than or equal to $5,000 to an Individual Retirement Account.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting - The accompanying financial statements are prepared on the accrual basis of accounting in accordance with principles generally accepted in the United States of America.

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, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - The Plan's investments primarily consist of pooled separate accounts which are valued at fair value as reported by Lincoln. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

The Plan's guaranteed investment contract account ("Guaranteed Account") is an insurance company issued group annuity contract valued at contract value as reported by Lincoln. Group annuity contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts. The Guaranteed Account is fully benefit-responsive. As of December 31, 2008, there was a $59,744 adjustment between fair value and contract value of the Guaranteed Account. As of December 31, 2007 and September 30, 2007

there was no adjustment between fair value and contract value of the Guaranteed Account.

The average yield for the Plan and the average yield credited to participants for the year ended December 31, 2008, three month period ended December 31, 2007 and fiscal year ended September 30, 2007 was 3.82%, 3.81% and 3.81% respectively. The crediting interest rate as of December 31, 2008 and 2007, and September 30, 2007 was 3.82%, 3.81% and 3.81%, respectively. The interest rate is determined by Lincoln and is guaranteed for a three-month period, interest income is credited to the account on a daily basis.

Amounts allocated to the Guaranteed Account are backed by the assets of Lincoln and guaranteed against loss of principal. Withdrawals from the Guaranteed Account may be subject to a market value adjustment and a withdrawal charge. However, no market value adjustment or withdrawal charge will apply if withdrawal is a result of a participant's retirement, termination, death, disability, hardship, loan or in-service distribution. There are restrictions on the amount a participant may transfer between the Guaranteed Account and any other investment option. Participants should refer to the prospectus for further information regarding the Guaranteed Account.

Operating Expenses - Substantially all expenses incurred for administering the Plan are paid by the Company, certain administrative fees are paid by the Plan.

Payment of Benefits - Benefits are recorded when paid.

Subsequent Events - The Plan has evaluated subsequent events through July 19, 2010, the date the financial statements were available to be issued.

NOTE 3 – RISKS AND UNCERTAINTIES

The Plan provides for various investment options in pooled separate accounts and a guaranteed investment contract. Plan investments are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with investments, it is possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 4 - CERTIFIED INFORMATION

In accordance with 29 CFR 2520.103.8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, information certified by Lincoln regarding the current value of assets held at December 31, 2008 and

2007, and September 30, 2007 and transactions entered into for the year ended December 31, 2008, three month period ended December 31, 2007 and fiscal year ended September 30, 2007, was used in the preparation of the accompanying financial statements and supplemental schedules. The following table includes the fair values of investments that represent 5% or more of the Plan's net assets at:

	December 31, 2008		December 31, 2007		September 30, 2007	
Certified:						
Guaranteed Account	$ 455,411	*	$ 650,341	*	$ 631,146	*
Core Equity (SA #11)	16,194		25,272		26,613	
Government/Corporate Bond (SA #12)	143,934	*	134,456		125,589	
Short Term (SA #14)	454,494	*	409,540	*	406,785	*
Medium Capitalization Equity (SA #17)	9,974		16,009		15,035	
Alliance VPS Growth & Inc (SA #19)	15,227		19,856		17,664	
High Yield Bond (SA #20)	81,443		134,842		123,991	
Balanced (SA #21)	61,570		98,900		106,087	
International Equity (SA #22)	15,813		40,498		45,532	
Large Capitalization Equity (SA #23)	10,550		23,250		22,495	
Small Capitalization Equity (SA #24)	11,427		62,407		64,274	
LVIP SSgA S&P 500 Index (FKA LVIP S&P 500 Index) (SA #27)	67,944		99,948		97,422	
Value Equity (SA #28)	20,637		30,298		31,124	
LVIP T.Rowe Price Growth Stock (FKA AllianceBernstein Large Cap Growth) (SA #29)	2,136		1,608		1,447	
Conservative Balanced (SA #30)	14,453		15,757		15,377	
AllianceBernstein Global Technology (SA #31)	8,976		17,974		17,188	
Aggressive Balanced (SA #32)	24,564		68,854		69,866	
LVIP Delaware Social Awareness (SA #33)	42,154		65,963		69,090	

AFIS Global Growth (SA #34)	20,682	103,626		102,937	
Fidelity VIP Contrafund (SA #35)	39,647	76,726		72,498	
LVIP SSgA Small Cap Index (FKA LVIP Small-Cap Index) (SA #36)	11,832	32,787		32,151	
Neuberger Berman Mid-Cap Growth (SA #37)	3,949	7,715		8,076	
Neuberger Berman AMT Regency (SA #38)	231	11,672		11,441	
AllianceBernstein Small Mid Cap Value (SA #39)	11,672	36,384		35,764	
American Funds Global Small Cap (SA #46)	18,271	45,130		42,959	
American Funds Growth (SA #48)	111,007	201,796	*	203,382	*
American Funds Growth-Income (SA #49)	104,962	228,714	*	236,437	*
American Funds International (SA #54)	48,043	66,528		58,994	
Cohen & Steers Gbl REIT (SA #55)	18,335	24,242		24,105	
Delaware VIP Small Cap Value Series (SA #56)	51,413	67,992		73,262	
Fidelity VIP Equity-Income(SA #57)	19,305	31,173		31,394	
Fidelity VIP Growth (SA #58)	3,896	7,250		6,914	
Fidelity VIP Overseas (SA #59)	14,090	18,575		15,924	
Delaware VIP Value (FKA Delaware Value Fund) (SA #61)	1,236	11,884		12,347	
LVIP Templeton Growth (SA #62)	945	1,358		1,354	
Frank Small-Mid Cap Growth (SA #63)	43,828	63,380		65,844	
Janus Aspen Series Mid-Cap Growth (SA #64)	16,224	28,080		26,958	
MFS VIT Emerging Growth Series (SA #65)	908	15,737		14,990	

MFS VIT Utilities Series (SA #67)	22,176	32,416	28,354
Janus Aspen Large Cap Growth (SA #70)	666	1,511	1,441
BlackRock Aurora (SA #75)	5,140	7,944	7,644
BlackRock Small Mid Cap Growth (SA #76)	5,881	6,624	6,498
BlackRock Global Resources (SA #77)	40,037	93,637	80,531
BlackRock Large Cap Value (SA #80)	31,938	48,852	49,811
BlackRock Capital Appreciation (SA #81)	542	-	-
BlackRock Mid-Cap Value (SA #83)	9,106	8,126	7,095
Fidelity VIP Mid Cap (SA #84)	-	322	330
Temp Global Inc Sec (SA #86)	2,820	185	182
Delaware VIP Capital Reserves (SA #87)	2,511	-	-
American Century VP Inflation Protection (SA #92)	22,499	2,038	1,830
Delaware VIP Diversified Income (SA #93)	21,743	13,947	12,790
Delaware VIP Emerging Markets (SA #94)	29,885	65,876	60,915
LVIP Wilshire 2010 Profile (SAL1)	1,350	-	-
LVIP Wilshire 2020 Profile (SAL2)	1,489	-	-
LVIP Wilshire 2030 Profile (SAL3)	2,781	-	-
	2,197,941	3,278,000	3,221,877
Uncertified:			
Participant Loans	45,408	42,776	27,154
Assets held for investment purposes at fair value	$2,243,349	$3,320,776	$3,249,031

*Represents 5% or more of Net Assets Available for Benefits.

Interest income was as follows:

	Year ended December 31, 2008	Three months Ended December 31, 2007
Participant loans	$2,768	$559
Guaranteed Account income	19,384	4,694
Interest income	$22,152	$5,253

The Plan's investments (including gains and losses on investments bought and sold, as well as held) depreciated in value as follows:

	Year ended December 31, 2008	Three months Ended December 31, 2007
Pooled Separate Accounts	($772,206)	($44,371)

NOTE 5 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2008 and 2007.

Pooled Separate Accounts: Valued at a unitized share basis based on the value of the underlying investments in the pooled account.

Guaranteed Account: Valued at fair value based on fair value of assets in the Lincoln general accounts, considering the credit-worthiness of the issuer.

Participant loans: Fair value of participant loans is equal to their outstanding balances, less amounts deemed uncollectible as determined by the Plan Administrator.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes the 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2008 and 2007.

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ -	$1,742,530	$ -	$1,742,530
Guaranteed Account	-	-	455,411	455,411
Participant loans	-	-	45,408	45,408
Assets held for investment purposes at fair value	$ -	$1,742,530	$500,819	$2,243,349

	Assets at Fair Value as of December 31, 2007			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ -	$2,627,659	$ -	$2,627,659
Guaranteed Account	-	-	650,341	650,341
Participant loans	-	-	42,776	42,776
Assets held for investment purposes at fair value	$ -	$2,627,659	$693,117	$3,320,776

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2008 and three month period ended December 31, 2007:

	Guaranteed Account	Participant loans
Balance, September 30, 2007	$ 631,146	$ 27,154
Interest income	4,694	559
Purchases, sales, issuances, and settlements (net)	14,501	15,063
Balance, December 31, 2007	650,341	42,776
Interest income	19,384	2,768
Purchases, sales, issuances, and settlements (net)	(214,314)	(136)
Balance, December 31, 2008	$ 455,411	$ 45,408

NOTE 6 - RELATED PARTY TRANSACTIONS

Certain Plan investments in pooled separate accounts and the guaranteed investment contract are managed by Lincoln, the custodian for the Plan. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA. Administrative fees paid by the Plan to Lincoln during the year ended December 31, 2008 and three month period ended December 31, 2007 amounted to $8,873 and $2,430, respectively.

NOTE 7 - NONEXEMPT TRANSACTION

Certain participant contributions and loan repayments in the amounts of $8,526, $676, $50,780, $3,533 and $206,223 made by participants in calendar year

2008, three month period ended December 31, 2007, fiscal year ended September 30, 2007, 2006 and 2005, respectively, were not deposited with the custodian on a timely basis. Because of the delay in deposit of the participants' contributions and loan repayments, these amounts are considered prohibited transactions under ERISA. The participant contributions and loan repayments were deposited into the Plan in year 2009, 2008, 2007, 2006 and 2005, respectively. The Plan Sponsor deposited $690 into the Plan on October 9, 2009, representing lost earnings (prohibited transaction) of $494, $173 and $23 with respect to the calendar year 2008 and fiscal year 2007 and 2006 untimely deposits of participant contributions and loan repayments. The lost earnings in the amount of $721 related to the September 30, 2005 year were deposited into the Plan in July 2008. Upon determination, the Company will deposit the lost earnings with respect to the untimely deposits during the three month period ended December 31, 2007. The necessary excise tax filings will be made with the Internal Revenue Service.

NOTE 8 - PLAN TERMINATION AND/OR MODIFICATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to amend or terminate the Plan at any time, subject to the provisions of ERISA.

NOTE 9 - TAX STATUS

The Plan has adopted a prototype plan, which received a favorable opinion letter dated December 5, 2002 from the Internal Revenue Service. The Plan has been amended and restated since, however, the Plan Administrator believes that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code and state statutes and is exempt from federal income and state franchise taxes.

NOTE 10 - SUBSEQUENT EVENTS

Effective January 2010, the Plan sponsor purchased Home Health Services Inc., and accordingly employees of Health Services Inc. were allowed to participate in the Plan as of January 11, 2010.

A blackout period from February 17, 2009 to March 19, 2009, occurred due to change in Plan custodian and transfer of assets from Lincoln to Paychex. During the blackout period participants were not able to direct or diversify assets in their accounts, obtain a loan and /or distribution.

Effective January 1, 2009, the Plan has been amended and adopted the Paychex Flexible 401(k) Profit Sharing Plan, that received a favorable opinion letter dated March 31, 2008 from the Internal Revenue Service. Consequently, Paychex has become the Plan custodian of all Plan assets except funds invested in the Lincoln Guaranteed Account. In order to avoid early termination charges assessed by Lincoln, funds invested in the Guaranteed Account are transferred to Paychex in increments of 20% over five years starting in 2009.

SUPPLEMENTAL SCHEDULES

Professional HealthCare at Home 401(k) Plan

EIN: 26-0519402
PLAN #001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2008

(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	(e) Current value
*	Guaranteed Account	Guaranteed Investment Contract	$ 455,411
*	Core Equity (SA #11)	Pooled Separate Account	16,194
*	Government/Corporate Bond (SA #12)	Pooled Separate Account	143,934
*	Short Term (SA #14)	Pooled Separate Account	454,494
*	Medium Capitalization Equity (SA #17)	Pooled Separate Account	9,974
*	Alliance VPS Growth & Inc (SA #19)	Pooled Separate Account	15,227
*	High Yield Bond (SA #20)	Pooled Separate Account	81,443
*	Balanced (SA #21)	Pooled Separate Account	61,570
*	International Equity (SA #22)	Pooled Separate Account	15,813
*	Large Capitalization Equity (SA #23)	Pooled Separate Account	10,550
*	Small Capitalization Equity (SA #24)	Pooled Separate Account	11,427
*	LVIP SSgA S&P 500 Index (FKA LVIP S&P 500 Index) (SA #27)	Pooled Separate Account	67,944
*	Value Equity (SA #28)	Pooled Separate Account	20,637
*	LVIP T.Rowe Price Growth Stock (FKA AllianceBernstein Large Cap Growth) (SA #29)	Pooled Separate Account	2,136
*	Conservative Balanced (SA #30)	Pooled Separate Account	14,453
*	AllianceBernstein Global Technology (SA #31)	Pooled Separate Account	8,976
*	Aggressive Balanced (SA #32)	Pooled Separate Account	24,564
*	LVIP Delaware Social Awareness (SA #33)	Pooled Separate Account	42,154
*	AFIS Global Growth (SA #34)	Pooled Separate Account	20,682
*	Fidelity VIP Contrafund (SA #35)	Pooled Separate Account	39,647
*	LVIP SSgA Small Cap Index (FKA LVIP Small-Cap Index) (SA #36)	Pooled Separate Account	11,832
*	Neuberger Berman Mid-Cap Growth (SA #37)	Pooled Separate Account	3,949
*	Neuberger Berman AMT Regency (SA #38)	Pooled Separate Account	231
*	AllianceBernstein Small Mid Cap Value (SA #39)	Pooled Separate Account	11,672
*	American Funds Global Small Cap (SA #46)	Pooled Separate Account	18,271
*	American Funds Growth (SA #48)	Pooled Separate Account	111,007
*	American Funds Growth-Income (SA #49)	Pooled Separate Account	104,962
*	American Funds International (SA #54)	Pooled Separate Account	48,043
*	Cohen & Steers Gbl REIT (SA #55)	Pooled Separate Account	18,335
*	Delaware VIP Small Cap Value Series (SA #56)	Pooled Separate Account	51,413
*	Fidelity VIP Equity-Income(SA #57)	Pooled Separate Account	19,305
*	Fidelity VIP Growth (SA #58)	Pooled Separate Account	3,896
*	Fidelity VIP Overseas (SA #59)	Pooled Separate Account	14,090
*	Delaware VIP Value (FKA Delaware Value Fund) (SA #61)	Pooled Separate Account	1,236
*	LVIP Templeton Growth (SA #62)	Pooled Separate Account	945
*	Frank Small-Mid Cap Growth (SA #63)	Pooled Separate Account	43,828
*	Janus Aspen Series Mid-Cap Growth (SA #64)	Pooled Separate Account	16,224
*	MFS VIT Emerging Growth Series (SA #65)	Pooled Separate Account	908
*	MFS VIT Utilities Series (SA #67)	Pooled Separate Account	22,176
*	Janus Aspen Large Cap Growth (SA #70)	Pooled Separate Account	666
*	BlackRock Aurora (SA #75)	Pooled Separate Account	5,140
*	BlackRock Small Mid Cap Growth (SA #76)	Pooled Separate Account	5,881
*	BlackRock Global Resources (SA #77)	Pooled Separate Account	40,037
*	BlackRock Large Cap Value (SA #80)	Pooled Separate Account	31,938
*	BlackRock Capital Appreciation (SA #81)	Pooled Separate Account	542
*	BlackRock Mid-Cap Value (SA #83)	Pooled Separate Account	9,106
*	Fidelity VIP Mid Cap (SA #84)	Pooled Separate Account	-
*	Temp Global Inc Sec (SA #86)	Pooled Separate Account	2,820
*	Delaware VIP Capital Reserves (SA #87)	Pooled Separate Account	2,511
*	American Century VP Inflation Protection (SA #92)	Pooled Separate Account	22,499
*	Delaware VIP Diversified Income (SA #93)	Pooled Separate Account	21,743
*	Delaware VIP Emerging Markets (SA #94)	Pooled Separate Account	29,885
*	LVIP Wilshire 2010 Profile (SAL1)	Pooled Separate Account	1,350
*	LVIP Wilshire 2020 Profile (SAL2)	Pooled Separate Account	1,489
*	LVIP Wilshire 2030 Profile (SAL3)	Pooled Separate Account	2,781
*	Participant Loans	Interest rates from 6.00% to 9.25%	45,408
	Assets held for investment purposes		$ 2,243,349

* Indicates party-in-interest to the Plan

See Independent Auditors' Report

Professional HealthCare at Home 401(k) Plan

EIN: 26-0519402
PLAN #001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF PERIOD)
DECEMBER 31, 2007

(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	(e) Current value
*	Guaranteed Account	Guaranteed Investment Contract	$ 650,341
*	Core Equity (SA #11)	Pooled Separate Account	25,272
*	Government/Corporate Bond (SA #12)	Pooled Separate Account	134,456
*	Short Term (SA #14)	Pooled Separate Account	409,540
*	Medium Capitalization Equity (SA #17)	Pooled Separate Account	16,009
*	Alliance VPS Growth & Inc (SA #19)	Pooled Separate Account	19,856
*	High Yield Bond (SA #20)	Pooled Separate Account	134,842
*	Balanced (SA #21)	Pooled Separate Account	98,900
*	International Equity (SA #22)	Pooled Separate Account	40,498
*	Large Capitalization Equity (SA #23)	Pooled Separate Account	23,250
*	Small Capitalization Equity (SA #24)	Pooled Separate Account	62,407
*	LVIP SSgA S&P 500 Index (FKA LVIP S&P 500 Index) (SA #27)	Pooled Separate Account	99,948
*	Value Equity (SA #28)	Pooled Separate Account	30,298
*	LVIP T.Rowe Price Growth Stock (FKA AllianceBernstein Large Cap Growth) (SA #29)	Pooled Separate Account	1,608
*	Conservative Balanced (SA #30)	Pooled Separate Account	15,757
*	AllianceBernstein Global Technology (SA #31)	Pooled Separate Account	17,974
*	Aggressive Balanced (SA #32)	Pooled Separate Account	68,854
*	LVIP Delaware Social Awareness (SA #33)	Pooled Separate Account	65,963
*	AFIS Global Growth (SA #34)	Pooled Separate Account	103,626
*	Fidelity VIP Contrafund (SA #35)	Pooled Separate Account	76,726
*	LVIP SSgA Small Cap Index (FKA LVIP Small-Cap Index) (SA #36)	Pooled Separate Account	32,787
*	Neuberger Berman Mid-Cap Growth (SA #37)	Pooled Separate Account	7,715
*	Neuberger Berman AMT Regency (SA #38)	Pooled Separate Account	11,672
*	AllianceBernstein Small Mid Cap Value (SA #39)	Pooled Separate Account	36,384
*	American Funds Global Small Cap (SA #46)	Pooled Separate Account	45,130
*	American Funds Growth (SA #48)	Pooled Separate Account	201,796
*	American Funds Growth-Income (SA #49)	Pooled Separate Account	228,714
*	American Funds International (SA #54)	Pooled Separate Account	66,528
*	Cohen & Steers Gbl REIT (SA #55)	Pooled Separate Account	24,242
*	Delaware VIP Small Cap Value Series (SA #56)	Pooled Separate Account	67,992
*	Fidelity VIP Equity-Income(SA #57)	Pooled Separate Account	31,173
*	Fidelity VIP Growth (SA #58)	Pooled Separate Account	7,250
*	Fidelity VIP Overseas (SA #59)	Pooled Separate Account	18,575
*	Delaware VIP Value (FKA Delaware Value Fund) (SA #61)	Pooled Separate Account	11,884
*	LVIP Templeton Growth (SA #62)	Pooled Separate Account	1,358
*	Frank Small-Mid Cap Growth (SA #63)	Pooled Separate Account	63,380
*	Janus Aspen Series Mid-Cap Growth (SA #64)	Pooled Separate Account	28,080
*	MFS VIT Emerging Growth Series (SA #65)	Pooled Separate Account	15,737
*	MFS VIT Utilities Series (SA #67)	Pooled Separate Account	32,416
*	Janus Aspen Large Cap Growth (SA #70)	Pooled Separate Account	1,511
*	BlackRock Aurora (SA #75)	Pooled Separate Account	7,944
*	BlackRock Small Mid Cap Growth (SA #76)	Pooled Separate Account	6,624
*	BlackRock Global Resources (SA #77)	Pooled Separate Account	93,637
*	BlackRock Large Cap Value (SA #80)	Pooled Separate Account	48,852
*	BlackRock Mid-Cap Value (SA #83)	Pooled Separate Account	8,126
*	Fidelity VIP Mid Cap (SA #84)	Pooled Separate Account	322
*	Temp Global Inc Sec (SA #86)	Pooled Separate Account	185
*	American Century VP Inflation Protection (SA #92)	Pooled Separate Account	2,038
*	Delaware VIP Diversified Income (SA #93)	Pooled Separate Account	13,947
*	Delaware VIP Emerging Markets (SA #94)	Pooled Separate Account	65,876
*	Participant Loans	Interest rates from 6.00% to 9.25%	42,776
	Assets held for investment purposes		$ 3,320,776

* Indicates party-in-interest to the Plan

See Independent Auditors' Report

Professional HealthCare at Home 401(k) Plan

EIN: 26-0519402
PLAN #001

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
YEAR ENDED DECEMBER 31, 2008

Plan year/period ended	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Sept. 30, 2005	$206,223		$206,223		
Sept. 30, 2006	$3,533		$3,533		
Sept. 30, 2007	$50,780		$50,780		
Dec. 31, 2007	$676		$676		
Dec. 31, 2008	$8,526		$8,526		

Note: Participant contributions and loan repayments in the amount of $206,223; $3,533; $50,780; $676 and $8,526 in fiscal year 2005, 2006 and 2007, period ended December 31, 2007 and year ended December 31, 2008 were not deposited with the custodian on a timely basis.
The Plan Sponsor reimbursed the Plan in July 2008, in the amount of $721 related to the Sept. 30, 2005, lost earnings.
The Plan Sponsor reimbursed the Plan on Oct. 9, 2009, in the amount of $690 related to the Sept. 30, 2006 and 2007, and calendar year 2008 lost earnings.
Upon determination, the Plan Sponsor will deposit the lost earnings with respect to the period ended Dec. 31, 2007
The Plan Sponsor will make the necessary excise tax filing with the Internal Revenue Service.

See Independent Auditors' Report

Professional HealthCare at Home 401(k) Plan

EIN: 26-0519402
PLAN #001

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS PERIOD OCTOBER 1, 2007 TO DECEMBER 31, 2007

Plan year/period ended	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Sept. 30, 2005	$206,223		$206,223		
Sept. 30, 2006	$3,533		$3,533		
Sept. 30, 2007	$50,780		$50,780		
Dec. 31, 2007	$676		$676		

Note: Participant contributions and loan repayments in the amount of $206,223; $3,533; $50,780 and $676 in fiscal year 2005, 2006 and 2007, period ended December 31, 2007 were not deposited with the custodian on a timely basis.
The Plan Sponsor reimbursed the Plan in July 2008, in the amount of $721 related to the Sept. 30, 2005, lost earnings.
The Plan Sponsor reimbursed the Plan on Oct. 9, 2009, in the amount of $690 related to the Sept. 30, 2006 and 2007, and calendar year 2008 lost earnings.
Upon determination, the Plan Sponsor will deposit the loast earnings with respect to the period ended Dec. 31, 2007
The Plan Sponsor will make the necessary excise tax filing with the IRS.

See Independent Auditors' Report

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

For the plan year beginning 01/01/2008 and ending 12/31/2008

Name of plan

Professional Healthcare At Home 401(K) Plan

Employer Identification Number

26-0519402

Three-digit plan number ▶ 001

(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
*	LINCOLN FINANCIAL GROUP	NB MID CAP GROWTH		3,949
*	LINCOLN FINANCIAL GROUP	LVIP MID VALUE		231
*	LINCOLN FINANCIAL GROUP	ALL GROWTH INCOME		15,227
*	LINCOLN FINANCIAL GROUP	LVIP TRG		2,136
*	LINCOLN FINANCIAL GROUP	AB GLOBAL TECH		8,976
*	LINCOLN FINANCIAL GROUP	CORE EQUITY		16,194
*	LINCOLN FINANCIAL GROUP	GOVT/CORP BOND		143,934
*	LINCOLN FINANCIAL GROUP	SHORT TERM		454,494
*	LINCOLN FINANCIAL GROUP	MID CAP EQUITY		9,974
*	LINCOLN FINANCIAL GROUP	HIGH YIELD		81,443
*	LINCOLN FINANCIAL GROUP	AB SMALL MID CAP		11,672
*	LINCOLN FINANCIAL GROUP	AMERICAN G SMALL CAP		18,271
*	LINCOLN FINANCIAL GROUP	AMERICAN GROWTH		111,007
*	LINCOLN FINANCIAL GROUP	AMERICAN GROWTH INCOME		104,962
*	LINCOLN FINANCIAL GROUP	AMERICAN INTERNATIONAL		48,043
*	LINCOLN FINANCIAL GROUP	DEL SMALL CAP VALUE		51,413
*	LINCOLN FINANCIAL GROUP	MFS EMERGING GROWTH		908
*	LINCOLN FINANCIAL GROUP	MFS UTILITIES		22,176
*	LINCOLN FINANCIAL GROUP	BLK AURORA		5,140
*	LINCOLN FINANCIAL GROUP	BLK S MID GROWTH		5,881
*	LINCOLN FINANCIAL GROUP	BLK GLO RE		40,037
*	LINCOLN FINANCIAL GROUP	BLK MID VALUE		9,106
*	LINCOLN FINANCIAL GROUP	TEMPLETON GL INCOME		2,820
*	LINCOLN FINANCIAL GROUP	DEL CAP RESERVE		2,511
*	LINCOLN FINANCIAL GROUP	A C INFL PRO		22,499
*	LINCOLN FINANCIAL GROUP	DEL DIV INC		21,743
*	LINCOLN FINANCIAL GROUP	DEL EMERGING MARKET		29,885
*	LINCOLN FINANCIAL GROUP	LVIP 10		1,350
*	LINCOLN FINANCIAL GROUP	AGGRESSIVE BALANCE		24,564
*	LINCOLN FINANCIAL GROUP	DEL VALUE		1,236
*	LINCOLN FINANCIAL GROUP	GUARANTEED ACCOUNT		515,155
*	LINCOLN FINANCIAL GROUP	DEL SOCIAL AWARENESS		42,154
*	LINCOLN FINANCIAL GROUP	AF GLO GROWTH		20,682
*	LINCOLN FINANCIAL GROUP	FID VIP CONTRAFUND		39,647
*	LINCOLN FINANCIAL GROUP	BLK LARGE CAP VALUE		31,938
*	LINCOLN FINANCIAL GROUP	BLK CAP		542
*	LINCOLN FINANCIAL GROUP	LVIP 500		67,944
*	LINCOLN FINANCIAL GROUP	LVIP SC		11,832
*	LINCOLN FINANCIAL GROUP	GBL REIT		18,335

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

For the plan year beginning 01/01/2008 and ending 12/31/2008

Name of plan
Professional Healthcare At Home 401(K) Plan

Employer Identification Number
26-0519402

Three-digit plan number ▶ 001

(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
*	LINCOLN FINANCIAL GROUP	TEMPLETON GWT		945
*	LINCOLN FINANCIAL GROUP	BALANCED		61,570
*	LINCOLN FINANCIAL GROUP	INTERNATIONAL EQUITY		15,813
*	LINCOLN FINANCIAL GROUP	LARGE CAP EQUITY		10,550
*	LINCOLN FINANCIAL GROUP	SMALL CAP EQUITY		11,427
*	LINCOLN FINANCIAL GROUP	VALUE EQUITY		20,637
*	LINCOLN FINANCIAL GROUP	CONSERVATIVE BALANCE		14,453
*	LINCOLN FINANCIAL GROUP	FID VIP EQUITY INCOME		19,305
*	LINCOLN FINANCIAL GROUP	FID VIP GROWTH		3,896
*	LINCOLN FINANCIAL GROUP	FID VIP OVERSEAS		14,090
*	LINCOLN FINANCIAL GROUP	SMALL MID CAP		43,828
*	LINCOLN FINANCIAL GROUP	JANUS AP MG		16,224
*	LINCOLN FINANCIAL GROUP	JANUS LARGE CAP GROWTH		666
*	LINCOLN FINANCIAL GROUP	LVIP 20		1,489
*	LINCOLN FINANCIAL GROUP	LVIP 30		2,781