Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
HEALTH & HOME MANAGEMENT 401(K) PLAN - EMPLOYEES

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2000

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

5454 W. FARGO
SKOKIE, IL 60077

2b Employer Identification Number (EIN)
36-3223168

2c Sponsor's telephone number
847-674-5454

2d Business code (see instructions)
541600

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.	09/24/2010	SIDNEY GLENNER
	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")
HEALTH & HOME MANAGEMENT

5454 W. FARGO
SKOKIE, IL 60077

3b Administrator's EIN
36-3223168

3c Administrator's telephone number
847-674-5454

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**	1036
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**	690
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	292
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	982
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	982
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	494
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

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

A Name of plan
HEALTH & HOME MANAGEMENT 401(K) PLAN - EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HEALTH & HOME MANAGEMENT

D Employer Identification Number (EIN)
36-3223168

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

THE WEISS GROUP, INC.

1111 EAST TOUHY AVE.
SUITE 235
DES PLAINES, IL 60018

36-4028918

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	N/A	51234	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

OSTROW REISIN BERK & ABRAMS, LTD.

455 NORTH CITYFRONT PLAZA DRIVE
26TH FLOOR
CHICAGO, IL 60611

36-2938874

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	N/A	7000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
HEALTH & HOME MANAGEMENT 401(K) PLAN - EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HEALTH & HOME MANAGEMENT

D Employer Identification Number (EIN)
36-3223168

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)	3099	14766
(2) Participant contributions	1b(2)	22491	98085
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	149235	64651
(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)	265825	403787
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2609496	2726789
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1330000	1460000

			(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	4380146	4768078
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	7198	5609
k	Total liabilities (add all amounts in lines 1g through1j)	1k	7198	5609
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4372948	4762469

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)	90809	
	(B) Participants	2a(1)(B)	623402	
	(C) Others (including rollovers)	2a(1)(C)	17493	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		731704
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)	16280	
	(F) Other	2b(1)(F)	44363	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		60643
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		347226
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1139573
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	138551	
(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)		138551
f Corrective distributions (see instructions)	2f		4869
g Certain deemed distributions of participant loans (see instructions)	2g		993
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	55	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	58161	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		58216
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		202629
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		936944
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		547423

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: OSTROW REISIN BERK & ABRAMS, LTD. (2) EIN: 36-2938874

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		68372
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
VNA HOME HEALTH OF ILLINOIS, LTD 401(K) PLAN AND TRUST	36-4113099	001

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
HEALTH & HOME MANAGEMENT 401(K) PLAN - EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HEALTH & HOME MANAGEMENT

D Employer Identification Number (EIN)
36-3223168

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 26-0010549

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):

HEALTH & HOME MANAGEMENT, INC. 401(k) PLAN - EMPLOYEES

YEARS ENDED DECEMBER 31, 2009 AND 2008

HEALTH & HOME MANAGEMENT, INC.
401(k) PLAN - EMPLOYEES

YEARS ENDED DECEMBER 31, 2009 AND 2008

CONTENTS

	Page
Independent auditors' report	1
Financial statements:	
Statement of net assets available for benefits	2
Statement of changes in net assets available for benefits	3
Notes to financial statements	4-14
Supplemental schedules required by the Department of Labor:	
Schedule of assets (held at end of year)	15-16
Schedule of delinquent participant contributions	17

Ostrow
Reisin
Berk &
Abrams,
Ltd.

Certified Public Accountants*
NBC Tower - Suite 1500
455 N. Cityfront Plaza Dr.
Chicago, IL 60611-5313

Telephone 312.670.7444
Facsimile 312.670.8301
E-mail info@orba.com
Web site www.orba.com

Independent Affiliate of BKR International

Independent Auditors' Report

Plan Administrator and Board of Trustees
Health & Home Management, Inc.
401(k) Plan - Employees
Skokie, Illinois

We were engaged to audit the financial statements of Health & Home Management, Inc. 401(k) Plan - Employees (the Plan) as of December 31, 2009 and 2008 and for the years then ended and the supplemental schedules as of and for the year ended December 31, 2009 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 (ERISA), the Plan Administrator instructed us not to perform and we did not perform, any audit procedures with respect to the information summarized in Note 3, which was certified by Mid Atlantic Trust Company (the Custodian), except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to and do not, express an opinion on the accompanying financial statements and supplemental 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 the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Ostrow Reisin Berk & Abrams, LTD.

September 13, 2010
Chicago, Illinois

*Also licensed to practice by the State of Florida

HEALTH & HOME MANAGEMENT, INC.
401(k) PLAN - EMPLOYEES

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,	2009	2008
Assets:		
Investments	$ 4,655,227	$ 4,354,556
Receivables:		
Employer contributions	14,766	3,099
Participant contributions	98,085	22,491
Total receivables	112,851	25,590
Total assets	4,768,078	4,380,146
Liability:		
Accounts payable	5,609	7,198
Net assets available for benefits	$ 4,762,469	$ 4,372,948

See notes to financial statements.

HEALTH & HOME MANAGEMENT, INC.
401(k) PLAN - EMPLOYEES

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,	2009	2008
Additions to (deductions from) net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 323,010	$ (581,349)
Interest and dividends	68,579	100,163
Interest on participant loans	16,280	23,619
Total investment income (loss)	407,869	(457,567)
Contributions:		
Participants	623,402	560,681
Employer	90,809	81,436
Rollovers	17,493	22,338
Total contributions	731,704	664,455
Total additions	1,139,573	206,888
Deductions from net assets attributed to:		
Benefits paid to participants and former participants	144,413	152,873
Administrative expenses	58,216	59,634
Transfer of plan assets to another plan	547,423	
Total deductions	750,052	212,507
Net increase (decrease)	389,521	(5,619)
Net assets available for benefits:		
Beginning of year	4,372,948	4,378,567
End of year	$ 4,762,469	$ 4,372,948

See notes to financial statements.

HEALTH & HOME MANAGEMENT, INC.
401(k) PLAN - EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

1. Description of Plan

The following description of Health & Home Management, Inc. 401(k) Plan - Employees (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

General:

The Plan is a defined-contribution plan that was adopted on January 1, 2000 covering all full-time employees of Glen Health & Home Management, Inc., Glen Oaks Nursing and Rehabilitation Centre, Ltd., GlenShire Nursing and Rehabilitation Centre, Ltd., Glen Elston Nursing and Rehabilitation Centre, Ltd., GlenBridge Nursing and Rehabilitation Centre, Ltd., GlenCrest Nursing and Rehabilitation Centre, Ltd., Glenbar Management Co., Glenlake Terrace Nursing and Rehabilitation Centre, Ltd., Therapy Masters, Inc. and Brentwood North Healthcare and Rehabilitation Centre, Ltd. (collectively, the Company) who have attained age 21 or older and have completed at least one year of service. Employees may enter the Plan each year on January 1 and July 1.

During the year ended December 31, 2009, Plan assets related to employees of GlenCare at Home, Ltd., GlenCare Home Health, Ltd. and GlenCare Private Duty, Ltd., which were sold in 2008, were transferred to another 401(k) plan.

Contributions:

Each year, participants may contribute up to the lesser of 100% of eligible compensation or $16,500 and $15,500 for the years ended December 31, 2009 and 2008, respectively. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined-benefit or defined-contribution plans. Contributions are limited in accordance with Internal Revenue Service (IRS) regulations. The Plan permits contributions by the Company. In 2009 and 2008, the Company contributed 25% of each participant's first 4% of eligible compensation (a total of 1%) during the year. Employees who have attained age 21 and completed at least one year of service are eligible for matching contributions. In addition, the Company may make annual discretionary profit-sharing contributions. Employees must have completed one year of service and be employed on the last day of the year to be eligible for such discretionary contributions. There were no discretionary profit-sharing contributions for 2009 or 2008.

1. Description of Plan (continued)

Participant's accounts:

Each participant directs their individual investments including their share of allocated Company contributions into various investment options offered by the Plan. Each participant's account is credited with contributions, appreciation (depreciation) in fair value of investments and interest and dividend income. Allocations are based on participant earnings or account balances as defined. Certain investments of the Plan are nonparticipant-directed. See Note 4.

Vesting:

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in employer contributions, plus actual earnings thereon, is based on years of credited service. A participant is 20 percent vested after two years of credited service and an additional 20 percent vested after each additional year of credited service.

Participant loans:

Loans are available to Plan participants at the prime interest rate plus 1% as published by the Wall Street Journal. The minimum loan is $1,000 and the maximum amount is equal to the lesser of $50,000 reduced by the highest outstanding loan balance in the participant's account during the prior twelve-month period or 50% of their vested account balance. All loans must be repaid in ratable payments on at least a quarterly basis over a five-year period, unless the loan is for the purchase of a principal residence, for which the term of the loan may be as long as thirty years. Loan defaults are treated as distributions. The loans are secured by the balance in the participant's account.

Payment of benefits:

Payment of benefits shall, in every case, be in the form of a single lump-sum payment. This lump-sum can be received as a single cash distribution or rolled directly into an eligible retirement plan as an eligible rollover distribution.

Forfeitures:

If a participant terminates employment and is less than 100% vested in the employer account, then he may forfeit the non-vested portion of the employer account. Forfeitures are retained in the Plan and will first be used to pay administrative expenses. Any remaining amounts will be used to reduce future employer contributions payable under the Plan. Forfeitures were $3,209 and $7,324 for the years ended December 31, 2009 and 2008, respectively.

1. Description of Plan (continued)

Administrative expenses:

All administrative costs, charges and expenses are paid by the Plan to the extent not paid by the Company. The Plan incurred administrative expenses of $58,216 and $59,634 for the years ended December 31, 2009 and 2008, respectively.

2. Summary of significant accounting policies

Basis of accounting:

The accompanying financial statements and supplemental schedules have been prepared using the accrual basis of accounting.

Investment valuation and income recognition:

The Plan's investments are stated at fair value. 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. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year-end. Participant loans are valued at their outstanding balances, which approximate fair value. Cash and State of Israel bonds are stated at fair value as approximated by cost.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Contributions:

Participants' contributions are recognized by the Plan when withheld from the participants' paychecks by the Company.

Payment of benefits:

Benefits are recorded when paid.

2. Summary of significant accounting policies (continued)

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits as of the end of the Plan year and the reported amounts of changes in net assets available for benefits during the period. Accordingly, actual results could differ from those estimates.

3. Investments (prepared and certified by Mid Atlantic Trust Company)

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate by Mid Atlantic Trust Company (the Custodian).

December 31,		2009		2008
Investments at fair value as determined by quoted market prices:				
Mutual funds:				
American Century Equity Income		$ 84,880		$ 70,414
American Century Strategic Allocation Aggressive		47,738		47,263
American Century Strategic Allocation Conservative		22,820		25,001
American Century Strategic Allocation Moderate		14,800		11,624
American Funds AMCAP Fund		57,974		54,448
American Funds American Balanced Fund		139,557	*	229,665
American Funds Bond Fund of America		65,062		57,766
American Funds Capital World Growth and Income	*	328,171	*	252,241
American Funds Cash Management Trust of America			*	1,410,158
American Funds EuroPacific Growth Fund		111,598		106,131
American Funds Growth Fund of America		107,456		108,225
American Funds Investment Company of America Fund		32,452		50,135
American Funds Money Market Fund	*	1,451,229		
American Funds New World Fund		49,360		22,915
American Funds SMALLCAP World Fund		44,720		23,759
Calamos Growth Fund		11,198		6,921

3. Investments (prepared and certified by Mid Atlantic Trust Company) (continued)

December 31,	2009	2008
Investments at fair value as determined by quoted market prices: (continued)		
Mutual funds: (continued)		
Lord Abbett Mid Cap Value Fund	$ 9,780	$ 10,776
Lord Abbett Small Cap Blend	19,979	18,453
Lord Abbett Small Cap Value	91,236	79,232
Mid Atlantic Cash Account	5,594	4,474
PIMCO Real Return Fund	36,779	24,370
	2,732,383	2,613,971
Other:		
Participant loans (interest rates range from 4.25% - 9.25% in 2009 and 5.00% - 9.25% in 2008)	403,787	265,825
Total investments	$ 3,136,170	$ 2,879,796

* Represents an asset greater than 5% of the Plan's net assets.

During 2009, the Plan's investments noted above (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $323,010. During 2008, the Plan's investments depreciated by $581,349. Interest and dividend income from these investments totaled $40,496 and $70,990 for the years ended December 31, 2009 and 2008, respectively, including interest on participant loans of $16,280 and $23,619, respectively.

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodian of the Plan has certified to the completeness and accuracy of the investments disclosed above which were included in net assets available for benefits as of December 31, 2009 and 2008 and the schedule of assets (held at end of year) as of December 31, 2009 and related investment activity reflected in the statement of changes in net assets available for benefits for the years ended December 31, 2009 and 2008.

3. Investments (prepared and certified by Mid Atlantic Trust Company) (continued)

The Plan's independent accountants did not perform any audit procedures with regard to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

4. Investments – other nonparticipant-directed investments not held at Mid Atlantic Trust Company

Some of the investments are nonparticipant-directed and arose from profit-sharing contributions to a predecessor plan.

At December 31, 2009 and 2008, these investments were comprised of:

December 31,	Face value	Interest	Maturity date		2009		2008
Investments at fair value as approximated by cost:							
Cash					$ 59,057		$ 144,760
State of Israel bonds	$ 470,000	4.00%	01/01/2009			*	470,000
	200,000	2.60%	02/01/2010		200,000		200,000
	455,000	2.74%	06/01/2010	*	455,000	*	455,000
	20,000	2.99%	07/01/2010		20,000		20,000
	60,000	LIBOR + .75 basis points	04/01/2011		60,000		60,000
	600,000	3.14%	01/01/2014	*	600,000		
	125,000	5.40%	05/01/2015		125,000		125,000
					1,460,000		1,330,000
Total investments					$ 1,519,057		$ 1,474,760

* Represents an asset greater than 5% of the Plan's net assets.

4. Investments – other nonparticipant-directed investments not held at Mid Atlantic Trust Company (continued)

A reconciliation of nonparticipant-directed investments is as follows:

Years ended December 31,	2009	2008
Total investments, beginning of year	$ 1,474,760	$ 1,422,024
Interest	44,363	52,792
Other, including transfers to participant-directed investments	(66)	(56)
Total investments, end of year	$ 1,519,057	$ 1,474,760

5. Fair value measurements

Financial Accounting Standards Board Accounting Standards Codification 820 (FASB ASC 820) *Fair Value Measurements and Disclosures* establishes a framework for measuring fair value in generally accepted accounting principles. 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 measurements) 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 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's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

5. Fair value measurements (continued)

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, 2009 and 2008.

Mutual funds:	Valued at the net asset value (NAV) of shares held by the Plan at year-end.
State of Israel bonds:	Valued at fair value as approximated by cost.
Cash:	Valued at fair value as approximated by cost.
Participant loans:	Valued at outstanding balance, which approximates fair value.

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 that its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008.

Assets at fair value as of December 31, 2009:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity funds	$ 1,210,498			$ 1,210,498
Fixed income funds	65,062			65,062
Money market funds	1,456,823			1,456,823
State of Israel bonds		$ 1,460,000		1,460,000
Cash	59,057			59,057
Participant loans			$ 403,787	403,787
Total assets at fair value	$ 2,791,440	$ 1,460,000	$ 403,787	$ 4,655,227

5. Fair value measurements (continued)

Assets at fair value as of December 31, 2008:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity funds	$ 1,141,573			$ 1,141,573
Fixed income funds	57,766			57,766
Money market funds	1,414,632			1,414,632
State of Israel bonds		$ 1,330,000		1,330,000
Cash	144,760			144,760
Participant loans			$ 265,825	265,825
Total assets at fair value	$ 2,758,731	$ 1,330,000	$ 265,825	$ 4,354,556

Level 3 gains and losses:

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 asset for the years ended December 31, 2009 and 2008.

	Participant loans	
	2009	2008
Balance, beginning of year	**$ 265,825**	$ 267,895
Issuances and settlements, net	**137,962**	(2,070)
Balance, end of year	**$ 403,787**	$ 265,825

6. Related party transactions

Some of the Plan investments are shares of mutual funds or other accounts managed by Mid Atlantic Trust Company, who is the Custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

7. Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in all of their account balances.

8. Tax status

The Company has received a favorable determination letter from the IRS dated December 5, 2002 stating that the Plan is designed in accordance with the Internal Revenue Code (IRC). Although the Plan has been amended since receipt of the determination letter, the Plan Administrator is not aware of any activity or transactions that may adversely affect the qualified status of the Plan and believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC.

9. Risks and uncertainties

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

10. Subsequent events

The Plan Administrator has reviewed and evaluated subsequent events from December 31, 2009, the financial statement date, through September 13, 2010, the date the financial statements were available to be issued. No events have occurred in this period that would be required to be recognized and/or disclosed in these financial statements as required by generally accepted accounting principles.

HEALTH & HOME MANAGEMENT, INC.
401(k) PLAN - EMPLOYEES

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2009

Employer Identification Number 36-3223168
Plan Number 002
Schedule H, Part IV, Line 4i – Schedule of assets (held at end of year)

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Participant-directed 401(k) investments:			
		American Century Equity Income	**	$ 84,880
		American Century Strategic Allocation Aggressive	**	47,738
		American Century Strategic Allocation Conservative	**	22,820
		American Century Strategic Allocation Moderate	**	14,800
		American Funds AMCAP Fund	**	57,974
		American Funds American Balanced Fund	**	139,557
		American Funds Bond Fund of America	**	65,062
		American Funds Capital World Growth and Income	**	328,171
		American Funds EuroPacific Growth Fund	**	111,598
		American Funds Growth Fund of America	**	107,456
		American Funds Investment Company of America Fund	**	32,452
		American Funds Money Market Fund	**	1,451,229
		American Funds New World Fund	**	49,360
		American Funds SMALLCAP World Fund	**	44,720
		Calamos Growth Fund	**	11,198
		Lord Abbett Mid Cap Value Fund	**	9,780
		Lord Abbett Small Cap Blend	**	19,979
		Lord Abbett Small Cap Value	**	91,236
*		Mid Atlantic Cash Account	**	5,594
		PIMCO Real Return Fund	**	36,779
				2,732,383

HEALTH & HOME MANAGEMENT, INC.
401(k) PLAN - EMPLOYEES

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2009

Employer Identification Number 36-3223168
Plan Number 002
Schedule H, Part IV, Line 4i – Schedule of assets (held at end of year)

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Nonparticipant-directed 401(k) investments:			
		Cash	$ 59,057	$ 59,057
		State of Israel Bond, 2.60%, 02/01/2010	200,000	200,000
		State of Israel Bond, 2.74%, 06/01/2010	455,000	455,000
		State of Israel Bond, 2.99%, 07/01/2010	20,000	20,000
		State of Israel Bond, LIBOR + .75 basis points, 04/01/2011	60,000	60,000
		State of Israel Bond, 3.14%, 01/01/2014	600,000	600,000
		State of Israel Bond, 5.40%, 05/01/2015	125,000	125,000
			1,460,000	1,460,000
*	Participant loans	Interest rates ranging from 4.25% to 9.25%		403,787
	Total assets held at end of year			$ 4,655,227

* Represents a party-in-interest.
** Participant-directed investment, cost not required.

HEALTH & HOME MANAGEMENT, INC.
401(k) PLAN - EMPLOYEES

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2009

Employer Identification Number 36-3223168
Plan Number 002
Form 5500 Schedule H, Part IV, Line 4a – Schedule of delinquent participant contributions

Participant contributions transferred late to Plan		Total that constitutes nonexempt prohibited transactions			Total fully corrected under VFCF and PTE 2002-51
Check here if late participant loan repayments are included	☐	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
Period ended March 15, 2009	$ 20,437		$ 20,437		
Period ended August 15, 2009	604		604		
Period ended November 15, 2009	20,950		20,950		
Period ended December 15, 2009	26,381		26,381		
Total	$ 68,372		$ 68,372		

HEALTH & HOME MANAGEMENT, INC.
401(k) PLAN - EMPLOYEES

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2009

Employer Identification Number 36-3223168
Plan Number 002
Schedule H, Part IV, Line 4i – Schedule of assets (held at end of year)

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Participant-directed 401(k) investments:			
		American Century Equity Income	**	$ 84,880
		American Century Strategic Allocation Aggressive	**	47,738
		American Century Strategic Allocation Conservative	**	22,820
		American Century Strategic Allocation Moderate	**	14,800
		American Funds AMCAP Fund	**	57,974
		American Funds American Balanced Fund	**	139,557
		American Funds Bond Fund of America	**	65,062
		American Funds Capital World Growth and Income	**	328,171
		American Funds EuroPacific Growth Fund	**	111,598
		American Funds Growth Fund of America	**	107,456
		American Funds Investment Company of America Fund	**	32,452
		American Funds Money Market Fund	**	1,451,229
		American Funds New World Fund	**	49,360
		American Funds SMALLCAP World Fund	**	44,720
		Calamos Growth Fund	**	11,198
		Lord Abbett Mid Cap Value Fund	**	9,780
		Lord Abbett Small Cap Blend	**	19,979
		Lord Abbett Small Cap Value	**	91,236
*		Mid Atlantic Cash Account	**	5,594
		PIMCO Real Return Fund	**	36,779
				2,732,383

HEALTH & HOME MANAGEMENT, INC.
401(k) PLAN - EMPLOYEES

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2009

Employer Identification Number 36-3223168
Plan Number 002
Schedule H, Part IV, Line 4i – Schedule of assets (held at end of year)

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Nonparticipant-directed 401(k) investments:			
		Cash	$ 59,057	$ 59,057
		State of Israel Bond, 2.60%, 02/01/2010	200,000	200,000
		State of Israel Bond, 2.74%, 06/01/2010	455,000	455,000
		State of Israel Bond, 2.99%, 07/01/2010	20,000	20,000
		State of Israel Bond, LIBOR + .75 basis points, 04/01/2011	60,000	60,000
		State of Israel Bond, 3.14%, 01/01/2014	600,000	600,000
		State of Israel Bond, 5.40%, 05/01/2015	125,000	125,000
			1,460,000	1,460,000
*	Participant loans	Interest rates ranging from 4.25% to 9.25%		403,787
	Total assets held at end of year			$ 4,655,227

* Represents a party-in-interest.
** Participant-directed investment, cost not required.

HEALTH & HOME MANAGEMENT, INC.
401(k) PLAN - EMPLOYEES

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2009

Employer Identification Number 36-3223168
Plan Number 002
Form 5500 Schedule H, Part IV, Line 4a – Schedule of delinquent participant contributions

Participant contributions transferred late to Plan		Total that constitutes nonexempt prohibited transactions			Total fully corrected under VFCF and PTE 2002-51
Check here if late participant loan repayments are included	☐	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
Period ended March 15, 2009	$ 20,437		$ 20,437		
Period ended August 15, 2009	604		604		
Period ended November 15, 2009	20,950		20,950		
Period ended December 15, 2009	26,381		26,381		
Total	$ 68,372		$ 68,372		