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;
- [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
AT HOME SOLUTIONS, LLC EMPLOYEES PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2008

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

111-02 JAMAICA AVENUE
SUITE 2B
RICHMOND HILL, NY 11418

2b Employer Identification Number (EIN)
20-1699013

2c Sponsor's telephone number
718-441-6802

2d Business code (see instructions)
621610

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.	10/14/2010	DIMITRY ARONSHTEIN
	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")
AT HOME SOLUTIONS, LLC

111-02 JAMAICA AVENUE
SUITE 2B
RICHMOND HILL, NY 11418

3b Administrator's EIN
20-1699013

3c Administrator's telephone number
718-441-6802

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**	223
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**	358
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	24
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	382
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	382
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	119
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 2G 2J 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)		**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)		**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

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
AT HOME SOLUTIONS, LLC EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AT HOME SOLUTIONS, LLC

D Employer Identification Number (EIN)
20-1699013

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)	24613	41516
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)	1008	29258
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	25621	70774
	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	25621	70774

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)	41516	
	(B) Participants	2a(1)(B)	3587	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		45103
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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)		550
(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		45653
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	500	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		500
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		500
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		45153
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) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

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

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

(1) Name: JOSEPH G. GONZAL, CPA (2) EIN: 11-2701202

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e		X	
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)

EMPLOYEES PENSION PLAN

AS ADOPTED BY AT HOME SOLUTIONS, LLC

FINANCIAL STATEMENTS

DECEMBER 31, 2009

Joseph G. Gonzal

CERTIFIED PUBLIC ACCOUNTANT

EMPLOYEES PENSION PLAN

AS ADOPTED BY AT HOME SOLUTIONS, LLC

EMPLOYEE PENSION PLAN INCEPTION JANUARY 1, 2008

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DECEMBER 31, 2009

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Joseph G. Gonzal

CERTIFIED PUBLIC ACCOUNTANT

JOSEPH G. GONZAL, CPA

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666 OLD COUNTRY RD., SUITE 507
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INDEPENDENT AUDITOR'S REPORT

TO THE PLAN ADMINISTRATOR AND PARTICIPANTS OF
THE EMPLOYEES PENSION PLAN AS ADOPTED BY AT HOME SOLUTIONS, LLC

I HAVE AUDITED THE ACCOMPANYING FINANCIAL STATEMENTS OF THE EMPLOYEES PENSION PLAN AS ADOPTED BY AT HOME SOLUTIONS, LLC AS AT DECEMBER 31, 2009 AND FOR THE YEAR THEN ENDED. THESE FINANCIAL STATEMENTS ARE THE RESPONSIBILITY OF THE PLAN'S MANAGEMENT. MY RESPONSIBILTY IS TO EXPRESS AN OPINION ON THESE FINANCIAL STATEMENTS BASED ON MY AUDITS.

I CONDUCTED MY AUDITS IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS. THOSE STANDARDS REQUIRE THAT I PLAN AND PREFORM THE AUDIT TO OBTAIN REASONABLE ASSURANCE ABOUT WHETHER THE FINANCIAL STATEMENTS ARE FREE OF MATERIAL MISSTATEMENT. AN AUDIT INCLUDES EXAMINING, ON A TEST BASIS, EVIDENCE SUPPORTING THE AMOUNTS AND DISCLOSURES IN THE FINANCIAL STATEMENTS. AN AUDIT ALSO INCLUDES ASSESSING THE ACCOUNTING PRINCIPLES USED AND SIGNIFICANT ESTIMATES MADE BY MANAGEMENT, AS WELL AS EVALUATING THE OVERALL FINANCIAL STATEMENT PRESENTATION. I BELIEVE THAT MY AUDIT PROVIDES A REASONABLE BASIS FOR MY OPINION.

IN MY OPINION, SUCH FINANCIAL STATEMENTS PRESENT FAIRLY, IN ALL MATERIAL RESPECTS, THE NET ASSETS AVAILABLE FOR BENEFITS OF THE PLAN AS AT DECEMBER 31, 2009, AND THE CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR THEN ENDED IN CONFORMITY WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

MY AUDIT WAS CONDUCTED FOR THE PURPOSE OF FORMING AN OPINION ON THE BASIC FINANCIAL STATEMENTS TAKEN AS A WHOLE. THE ACCOMPANYING SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES ON PAGE 6 IS PRESENTED FOR PURPOSES OF ADDITIONAL ANALYSIS AND IS NOT A REQUIRED PART OF THE FINANCIAL STATEMENTS, SUCH SUPPLEMENTARY INFORMATION IS REQUIRED BY THE UNITED STATES DEPARTMENT OF LABOR'S RULES AND REGULATION FOR REPORTING AND DISCLOSURE UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974. THE SUPPLEMENTAL SCHEDULE HAS BEEN SUBJECTED TO THE AUDITING PROCEDURES APPLIED IN THE AUDIT OF THE BASIC FINANCIAL STATEMENTS AND, IN MY OPINION, IS FAIRLY STATED IN ALL MATERIAL RESPECTS IN RELATION TO THE BASIC FINANCIAL STATEMENTS TAKEN AS A WHOLE.



GARDEN CITY, NY
OCTOBER 7, 2010

EMPLOYEES PENSION PLAN

AS ADOPTED BY AT HOME SOLUTIONS, LLC

STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

AS OF DECEMBER 31, 2009

ASSETS

ACCOUNTS RECEIVABLE ARISING FROM EMPLOYER AND PARTICIPANTS' CONTRIBUTIONS		$ 41,516
INVESTMENTS, AT FAIR MARKET VALUE	PAGE 6	29,258
TOTAL ASSETS		$ 70,774

LIABILITIES

NO KNOWN LIABILITIES	0
TOTAL ASSETS REPRESENTING NET ASSETS AVAILABLE FOR BENEFITS	$ 70,774

SEE ACCOMPANYING NOTES TO FINANCIAL STATEMENTS.

Joseph G. Gonzal
CERTIFIED PUBLIC ACCOUNTANT

EMPLOYEES PENSION PLAN

AS ADOPTED BY AT HOME SOLUTIONS, LLC

STATEMENT OF CHANGES IN NET ASSETS

FOR THE YEAR ENDED DECEMBER 31, 2009

INCOME:		
EMPLOYER AND PARTICIPANTS' CONTRIBUTIONS	$	45,103
INCREASE IN NET ASSETS ATTRIBUTED TO CHANGE IN FAIR MARKET VALUE OF INVESTMENTS		550
TOTAL INCOME		45,653
EXPENSES:		
BENEFITS PAYMENTS TO PARTICIPANTS OR BENEFICIARIES, INCLUDING ROLLOVERS AND OTHER		500
TOTAL EXPENSES		500
INCOME, LESS EXPENSES, REPRESENTING TOTAL INCREASE IN ASSETS AVAILABLE FOR BENEFIT		45,153
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR, JANUARY 1,		25,621
END OF YEAR, DECEMBER 31,	$	70,774

SEE ACCOMPANYING NOTES TO FINANCIAL STATEMENTS.

Joseph G. Gonzal
CERTIFIED PUBLIC ACCOUNTANT

EMPLOYEES PENSION PLAN
AS ADOPTED BY AT HOME SOLUTIONS, LLC

NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2009

1. DESCRIPTION OF PLAN

HISTORY AND PURPOSE / THE EMPLOYEES PENSION PLAN (401K #001), AS ADOPTED BY AT HOME SOLUTIONS, LLC ["THE COMPANY"] BECAME EFFECTIVE JANUARY 1, 2008. THE PLAN'S PRINCIPAL PURPOSE IS TO ENHANCE THE RETIREMENT BENEFITS OF THE COMPANY'S ELIGIBLE EMPLOYEES. SUCH PLAN IS FUNDED BY THE EMPLOYER AND PARTICIPANTS' CONTRIBUTIONS. IN ADDITION, THE PLAN IS FOR THE EXCLUSIVE BENEFIT OF ELIGIBLE EMPLOYEES OF THE COMPANY AND THEIR BENEFICIARIES.

PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT, WITH AMENDEMENTS, IF ANY, FOR MORE COMPLETE DESCRIPTION OF THE PLAN'S PROVISIONS.

GENERAL / THE PLAN IS A DEFINED CONTRIBUTION PLAN COVERING ALL EMPLOYEES OF THE COMPANY WHO ARE QUALIFIED, IN ACCORDANCE WITH PLAN'S REQUIREMENTS, AND HAVE SATISFIED SUCH ELIGIBILITY REQUIREMENTS. THE ADMINISTRATION OF THE PLAN IS THE RESPONSIBILITY OF THE PLAN'S ADMINISTRATOR/TRUSTEE.

CONTRIBUTIONS / EACH YEAR, THE EMPLOYER AND PARTICIPANTS MAY CONTRIBUTE A CERTAIN AMOUNT OF PRETAX COMPENSATION, AS DEFINED IN THE PLAN AGREEMENT. FURTHER, PARTICIPANTS MAY ALSO CONTRIBUTE AMOUNTS REPRESENTING DISTRIBUTIONS FROM OTHER QUALIFIED DEFINED BENEFIT OR CONTRIBUTIONS PLANS [DIRECT ROLLOVER]. CONTRIBUTIONS ARE INVESTED IN THE PLAN FUNDS, FOLLOWING THE RESPECTIVE PARTICIPANTS' INSTRUCTIONS.

VESTING / PARTICIPANTS ARE IMMEDIATELY VESTED IN THEIR PRE-TAX CONTRIBUTIONS PLUS ACTUAL EARNINGS THEREON.

2. BASIS OF ACCOUNTING

THE FOLLOWING ARE THE *SIGNIFICANT POLICIES FOLLOWED BY THE PLAN:*

INVESTMENTS / *PLAN TRANSACTIONS ARE RECORDED IN THE FINANCIAL STATEMENTS ON A TRADE DATE BASIS.*

VALUATION OF INVESTMENTS / QUOTED MARKET PRICES ARE USED TO DETERMINE FAIR VALUE OF INVESTMENTS.

3. TAX STATUS

THE INTERNAL REVENUE SERVICE HAS DETERMINED AND INFORMED THE COMPANY THAT THE PLAN AND RELATED TRUST ARE DESIGNED IN ACCORDANCE WITH APPLICABLE SECTIONS OF THE INTERNAL REVENUE CODE [IRC]. THE PLAN ADMINISTRATOR BELIEVES THAT THE PLAN IS CURRENTLY BEING OPERATED IN COMPLIANCE WITH THE APPLICABLE REQUIREMENTS OF THE "IRC"; THEREFORE, NO PROVISION FOR FEDERAL, STATE AND LOCAL TAXES BASED ON INCOME HAVE BEEN INCLUDED IN THE PLAN'S FINANCIAL STATEMENTS. THE PLAN'S CORRESPONDING ANNUAL REPORT HAS BEEN FILED WITH THE APPROPIATE GOVERNMENTAL AGENCY, AS REQUIRED UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 [ERISA].6

4. PARTICIPANTS' VESTED INTERESTS

PARTICPANTS' VESTED INTERESTS ARE NOT REQUIRED TO BE PRESENTED IN THESE FINANCIAL STATEMENTS.

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

JOSEPH G. GONZAL, CPA
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GARDEN CITY, NY 11530-2016
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E-MAIL: CPAGONZAL@OPTONLINE.NET

INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTARY INFORMATION

TO THE PLAN ADMINISTRATOR AND PARTICIPANTS OF THE EMPLOYEES PENSION PLAN AS ADOPTED BY AT HOME SOLUTIONS, LLC

MY REPORT ON MY AUDIT OF THE BASIC FINANCIAL STATEMENTS OF THE EMPLOYEES PENSION PLAN AS ADOPTED BY AT HOME SOLUTIONS, LLC AS AT DECEMBER 31, 2009 APPEARS ON PAGE 1. SUCH AUDIT WAS MADE FOR THE PURPOSE OF FORMING AN OPINION ON THE BASIC FINANCIAL STATEMENTS TAKEN AS A WHOLE. THE SUPPLEMENTAL SCHEDULE [PAGE 6] IS PRESENTED FOR PURPOSES OF ADDITIONAL ANALYSIS AND IS NOT A REQUIRED PART OF THE BASIC FINANCIAL STATEMENTS. SUCH INFORMATION HAS BEEN SUBJECTED TO THE AUDITING PROCEDURES APPLIED IN THE AUDIT OF THE BASIC FINANCIAL STATEMENTS AND, IN MY OPINION , IS FAIRLY STATED IN ALL MATERIAL RESPECTS IN RELATION TO THE BASIC FINANCIAL STATEMENTS TAKEN AS A WHOLE. THE SUPPLEMENTARY INFORMATION IS REQUIRED BY THE UNITED STATES DEPARTMENT OF LABOR'S RULES AND REGULATION FOR REPORTING AND DISCLOSURE UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.



GARDEN CITY, NEW YORK
OCTOBER 7, 2010

EMPLOYEES PENSION PLAN

AS ADOPTED BY AT HOME SOLUTIONS, LLC

SCHEDULE H [FORM 5500] PART IV 4i
SCHEDULE OF ASSETS HELD, AS CUSTODIAN, BY AMERICAN FUNDS COMPANY FOR INVESTMENTS PURPOSES [AT YEAR END] - NOTE 5

SEE INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL SCHEDULE [PAGE 5]

AS OF DECEMBER 31, 2009

DESCRIPTION	FAIR MARKET VALUE	SHARES/UNITS [ROUNDED]
THE BOND FUND OF AMERICA - R2	$ 1,949	165
GROWTH FUND OF AMERICA - R2	635	24
AMERICAN BALANCED FUND - R2	2,533	157
MONEY MARKET FUND - R2	24,141	24,141
TOTAL INVESTMENTS, AT FAIR MARKET VALUE	$ 29,258	

Joseph G. Gonzal
CERTIFIED PUBLIC ACCOUNTANT

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

For the plan year beginning **01/01/2009** and ending **12/31/2009**

Name of plan
At Home Solutions, LLC Employees Pension Plan

Employer Identification Number
20-1699013

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
	American Funds	The Bond Fund of America - R2		1,949
	American Funds	Growth Fund of America - R2		635
	American Funds	American Balanced Fund - R2		2,533
	American Funds	Money Market Fund - R2		24,141