Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
HATTIE LARLHAM CARE GROUP 403(B) RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1991

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
HATTIE LARLHAM CARE GROUP

9772 DIAGONAL ROAD
MANTUA, OH 44255

2b Employer Identification Number (EIN) 36-4446861

2c Sponsor's telephone number 330-274-2272

2d Business code (see instructions) 623000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	MARC RUBINSTEIN
	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

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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") HATTIE LARLHAM CARE GROUP 9772 DIAGONAL ROAD MANTUA, OH 44255	**3b** Administrator's EIN 36-4446861 **3c** Administrator's telephone number 330-274-2272

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:		**4b** EIN
a Sponsor's name		**4c** PN

5 Total number of participants at the beginning of the plan year	**5**	866
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**	809
b Retired or separated participants receiving benefits	**6b**	6
c Other retired or separated participants entitled to future benefits	**6c**	76
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	891
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	891
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	250
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2M

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)			**9b** Plan benefit arrangement (check all that apply)		
(1)	X	Insurance	**(1)**	X	Insurance
(2)		Code section 412(e)(3) insurance contracts	**(2)**		Code section 412(e)(3) insurance contracts
(3)	X	Trust	**(3)**	X	Trust
(4)		General assets of the sponsor	**(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			**b General Schedules**			
(1)	X	**R** (Retirement Plan Information)	**(1)**	X		**H** (Financial Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	**(2)**			**I** (Financial Information – Small Plan)
			(3)	X	1	**A** (Insurance Information)
			(4)	X		**C** (Service Provider Information)
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	**(5)**			**D** (DFE/Participating Plan Information)
			(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)	Insurance 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.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**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
HATTIE LARLHAM CARE GROUP 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
HATTIE LARLHAM CARE GROUP

D Employer Identification Number (EIN)
36-4446861

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

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	**(g)** To
13-5581829	65978	1009668-01	250	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
3806	0

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

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

LEISA SCOTT
METROPOLITAN LIFE
400 ATRIUM DRIVE
SOMERSET, NJ 08873

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
3806			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1455971
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year		7b	1327076
c	Additions: (1) Contributions deposited during the year	7c(1)	112425	
	(2) Dividends and credits	7c(2)	0	
	(3) Interest credited during the year	7c(3)	53625	
	(4) Transferred from separate account	7c(4)	29273	
	(5) Other (specify below) ▶ LOAN PAYMENTS	7c(5)	989	
	(6)Total additions		7c(6)	196312
d	Total of balance and additions (add **b** and **c(6)**).		7d	1523388
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	62254	
	(2) Administration charge made by carrier	7e(2)	5163	
	(3) Transferred to separate account	7e(3)	0	
	(4) Other (specify below) ▶	7e(4)	0	
	(5) Total deductions		7e(5)	67417
f	Balance at the end of the current year (subtract **e(5)** from **d**)		7f	1455971

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan
HATTIE LARLHAM CARE GROUP 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HATTIE LARLHAM CARE GROUP

D Employer Identification Number (EIN)
36-4446861

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)

METROPOLITAN LIFE INSURANCE COMPANY

400 ATRIUM DRIVE
SOMERSET, NJ 08873

84-1233483

(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?
64	RECORDKEEPER	9270	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

PROMANAGE LLC

111 W. MONROE STREET
CHICAGO, IL 60603

(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?
16	CONSULTING	5118	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)	Financial 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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **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
HATTIE LARLHAM CARE GROUP 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HATTIE LARLHAM CARE GROUP

D Employer Identification Number (EIN)
36-4446861

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	183	8139
(2) Participant contributions	1b(2)	1362	40461
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	13269	18694
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1929053	2625141
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1327076	1455971
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	3270943	4148406
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	4927
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	4927
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3270943	4143479

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)	61508	
(B) Participants	2a(1)(B)	348764	
(C) Others (including rollovers)	2a(1)(C)	3077	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		413349
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	936	
(F) Other	2b(1)(F)	85740	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		86676
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		546685
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1046710

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	159786	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		159786
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	14388	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		14388
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		174174

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		872536
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: HOWARD, WERSHBALE & CO. **(2)** EIN: 34-1663157

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		36321
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		X	

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

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

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

SCHEDULE R (Form 5500)	Retirement Plan 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 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.**	**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
HATTIE LARLHAM CARE GROUP 403(B) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HATTIE LARLHAM CARE GROUP

D Employer Identification Number (EIN)
36-4446861

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): 20-3691658 _____

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):

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):

Hattie Larlham Care Group 403(b) Retirement Savings Plan

DECEMBER 31, 2009 AND 2008

HATTIE LARLHAM CARE GROUP 403(b) RETIREMENT SAVINGS PLAN

DECEMBER 31, 2009 AND 2008

CONTENTS

	Page
Independent auditors' report	1
Financial statements:	
Statements of net assets available for benefits, December 31, 2009 and 2008	2
Statement of changes in net assets available for benefits, year ended December 31, 2009	3
Notes to financial statements	4 - 10
Supplemental schedules, December 31, 2009:	
Schedule of assets held for investment purposes at year end	11
Schedule of delinquent participant contributions	12

Howard, Wershbale & Co.
CPAs & Advisors

Independent Auditors' Report

Board of Trustees
Hattie Larlham Care Group 403(b) Retirement Savings Plan
Mantua, Ohio

We were engaged to audit the statement of net assets available for benefits of Hattie Larlham Care Group 403(b) Retirement Savings Plan and the related statement of changes in net assets available for benefits as of and for the year ended December 31, 2009, the supplemental schedule on page 11 as of December 31, 2009 and the supplemental schedule on page 12 for the year ended December 31, 2009. These financial statements and the supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the 2009 information disclosed in Note 7, which was certified by Metropolitan Life Insurance Company, the trustee of the Plan, 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee 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 2009 financial statements and the supplemental schedules taken as a whole. The form and content of the information included in the 2009 financial statements and the supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have compiled the accompanying statement of net assets available for benefits of the Hattie Larlham Care Group 403(b) Retirement Savings Plan as of December 31, 2008, in accordance with the Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying 2008 statement of net assets available for benefits and, accordingly, do not express an opinion or any other form of assurance on it.

Howard, Wershbale & Co.

October 14, 2010

23240 Chagrin Blvd, Suite 700
Cleveland, OH 44122-5450
P 216·831·1200
F 216·831·1842
hwco.com

Cleveland + Columbus

Member
IGAF WORLDWIDE
An Association of Independent Firms

HATTIE LARLHAM CARE GROUP 403(b) RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2009 AND 2008

	Audited 2009	Compiled 2008
Assets:		
Investments, at fair value	$ 4,081,112	$ 3,256,129
Participant loans	18,694	13,269
Total investments	4,099,806	3,269,398
Receivables:		
Contributions:		
Employers	8,139	183
Participants	40,461	1,362
	48,600	1,545
Total assets	4,148,406	3,270,943
Liabilities; excess contributions payable	4,927	
Net assets available for benefits	**$ 4,143,479**	**$ 3,270,943**

See notes to financial statements.

HATTIE LARLHAM CARE GROUP 403(b) RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2009

Changes to net assets attributed to:	
Investment income:	
Net increase in fair value of investments	$ 546,685
Interest and dividends	86,676
	633,361
Contributions:	
Employers	61,508
Participants, including rollovers	351,841
	413,349
Total additions	1,046,710
Deductions from net assets attributed to:	
Benefits paid to participants	159,786
Administrative expenses	14,388
Total deductions	174,174
Increase in net assets	872,536
Net assets available for plan benefits, beginning	3,270,943
Net assets available for plan benefits, ending	**$ 4,143,479**

See notes to financial statements.

HATTIE LARLHAM CARE GROUP 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

1. Description of Plan:

General:

The Plan, established January 1, 1991, and as amended on January 1, 2009, is a defined contribution plan covering all employees of Hattie Larlham Care Group and affiliates (the "Plan Sponsor") who meet the eligibility requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Contributions:

Participants can elect to defer a percentage of their eligible compensation on a pre-tax or after tax basis, subject to limits set by the Plan and the Internal Revenue Service. The employers match 25% of participant elective deferrals, limited to 6% of eligible compensation.

The Plan Sponsor may make discretionary contributions to participants' accounts as determined periodically by the Plan Sponsor's Board of Directors. The Plan Sponsor did not make any discretionary contributions in 2009.

Contributions received from employers are net of payments of $4,927 in 2009 paid in February 2010 to certain active participants to return to them excess match contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. This amount is included in the statements of net assets available for benefits as excess contributions payable at December 31, 2009.

Qualified lump sum distributions from a prior employer's plan may be contributed to the Plan.

Participant accounts:

Separate accounts for each participant are maintained by the trustee. Each account is credited with contributions and earnings from investments held in the account. Participants may direct their contributions, including the employer's portion, into any combination of 15 investment funds. Participants may change their investment elections daily.

Income is allocated to participant accounts based on earnings in the respective investment accounts.

Vesting:

Participants are 100% vested immediately with respect to their pre-tax or after tax compensation deferrals, employer matching contributions and discretionary employer contributions plus earnings thereon.

1. Description of Plan (continued):

Payment of benefits:

Participants who suffer serious financial hardship, as defined by the Plan, may withdraw the total balance of their account in order to meet their financial needs. Once participants attain age 55, they may also elect to withdraw from their account, any amount not to exceed their vested portion. All accounts are subject to distribution upon the participant's termination, total disability, retirement or death.

On termination of service, participants may elect to receive a lump sum distribution equal to the vested value of their account balance, or in installments not to exceed the life of the participant. All distributions are to be made in cash.

Benefits are recorded when paid.

Participant loans:

Participants may borrow from their accounts. The minimum loan is $1,000 to a maximum of 50% of the participant balance. Loan transactions are treated as transfers between investment funds and the participant notes fund. Repayment of a loan must be made over a period not to exceed five years, unless the loan is used to purchase a principal residence, in which case the loan is to be repaid over a reasonable period of time that may not exceed fifteen years. The loans are secured by the balance in the participant's account and bear interest at a rate specified by the trustee. Principal and interest must be paid on a timely basis.

2. Summary of significant accounting policies:

Basis of accounting:

The financial statements of the Plan are prepared using the accrual method.

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 amounts reported in the financial statements and accompanying notes. Actual results may differ from those estimates and assumptions.

2. Summary of significant accounting policies (continued):

Investment valuation and income recognition:

The Plan's investments are valued at fair value, which is determined by quoted market prices at December 31, 2009 and 2008, as provided by Metropolitan Life Insurance Company (the "trustee"). The Plan's investments are held by the trustee at December 31, 2009 and 2008. The trustee executes transactions as directed by the Plan's participants.

In accordance with accounting guidance for reporting of investment contracts, investment contracts held by a defined contribution plan are required to be reported at fair value. However, if the investment contract meets the criteria of being fully benefit responsive, an adjustment from fair value to contract value would be recorded. The investment contract owned by the Plan does not meet the criteria of being fully benefit responsive, and therefore, the investment contract is recorded in the statements of net assets available for benefits at fair value.

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. These amounts were provided by the custodian.

Realized gain or loss on investments is the difference between the proceeds received and the historical cost of the investments sold. Unrealized appreciation (depreciation) in the fair value of investments is the net change in the difference between fair value at year end and the fair value at the prior year end or the cost of investments, if acquired during the current year, as provided by the trustee. These gains or losses and net changes in the differences between fair value and the cost of investments are reflected in the statement of changes in net assets available for benefits as net increase (decrease) in fair value of investments.

Investment contract with insurance company:

The Plan's contract with Metropolitan Life Insurance Company is recorded at the estimated fair value, as provided by Metropolitan Life Insurance Company. The average yield was 3.86% in 2009 and 3.67% in 2008.

Pooled separate accounts:

The pooled separate accounts are stated at fair value, as provided by the trustee. The pooled separate accounts are valued at quoted market prices that represent the asset values of units held by the Plan at year end. Purchases and sales of securities are recorded on a trade-date basis, as provided by the trustee.

2. Summary of significant accounting policies (continued):

Subsequent events:

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through the date of the auditors' report on these financial statements.

3. Investments:

The following table presents the fair value of investments at December 31, 2009 and 2008. Investments that represent 5% or more of the Plan's net assets in either year are separately identified. All investments are participant directed.

	Fair Value	
	2009	2008
Investments at fair value as provided by Metropolitan Life Insurance Company:		
Pooled separate accounts:		
Nationwide S&P 500 Index Fund A, 88,216 units in 2009 and 83,869 units in 2008	$ 819,525	$ 630,697
Causeway International Value Fund, 61,750 units in 2009 and 83,869 units in 2008	694,684	498,657
Touchstone Mid Cap Growth A, 14,016 units in 2009 and 83,869 units in 2008	266,167	184,883
Keeley Small Cap Value Fund, 13,190 units in 2009 and 83,869 units in 2008	261,426	203,876
T. Rowe Price Equity Income Fund, 9,066 units in 2009 and 8,580 units in 2008	189,929	146,210
Other (less than 5% of plan assets)	393,410	264,730
Guaranteed interest account:		
MetLife Guaranteed Asset Account, annualized effective interest rate of 3.86% in 2009 and 3.67% in 2008	1,455,971	1,327,076
Participant loans (less than 5% of plan assets)	18,694	13,269
Total investments	$ 4,099,806	$ 3,269,398

4. Fair value:

The following information is presented in accordance with accounting principles generally accepted in the United States of America, which defines fair value as the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date and establishes a framework for measuring fair value. Accounting principles generally accepted in the United States of America establishes a three-level valuation hierarchy for disclosure of fair value measurements based upon the transparency of inputs to the valuation of an asset as of the measurement date.

4. Fair value (continued):

- Level 1 – inputs to the valuation methodology are quoted prices (unadjusted) for identical assets in active markets.
- Level 2 – inputs to the valuation methodology include quoted prices for similar assets in active markets, and inputs that are observable for the asset, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 – inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Assets measured at fair value on a recurring basis at December 31, 2009, were as follows:

	Level 2	Level 3	Total
Pooled separate accounts	$ 2,625,141		$ 2,625,141
Participant loans		$ 18,694	18,694
Guaranteed interest account		1,455,971	1,455,971
	$ 2,625,141	$ 1,474,665	$ 4,099,806

Assets measured at fair value on a recurring basis at December 31, 2008, were as follows:

	Level 2	Level 3	Total
Pooled separate accounts	$ 1,929,053		$ 1,929,053
Participant loans		$ 13,269	13,269
Guaranteed interest account		1,327,076	1,327,076
	$ 1,929,053	$ 1,340,345	$ 3,269,398

For pooled separate accounts, fair value is corroborated through quoted prices in active markets for the funds' underlying holdings. The guaranteed interest account with Metropolitan Life Insurance Company and participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed interest account is determined by the trustee by discounting the related cash flows based on current yields of similar instruments with comparable durations, and the fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance.

For assets measured at fair value on a recurring basis using significant unobservable inputs (Level 3) during the year ended December 31, 2009 and 2008, generally accepted accounting principles require reconciliation of the beginning and ending balances, separately for each major category of assets.

4. Fair value (continued):

	2009	2008
Guaranteed interest account:		
Beginning balance	$ 1,327,076	$ 1,192,383
Purchases and sales, net	128,895	134,693
Ending balance	$ 1,455,971	$ 1,327,076
Participant loans:		
Beginning balance	$ 13,269	$ 17,149
Purchases, sales, issuances, and settlements, net	5,425	(3,880)
Ending balance	$ 18,694	$ 13,269

5. Administrative and investment expenses:

Certain administrative and investment expenses of the Plan are paid by the Plan Sponsor.

6. Party-in-interest transactions:

The Plan's investments are managed by the trustee, Metropolitan Life Insurance Company, representing investment contracts and pooled separate accounts that are the insurance company's assets with the Plan maintaining rights to assets underlying the separate accounts. Metropolitan Life Insurance Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest.

7. Information certified by trustee:

Management of the Plan engaged Metropolitan Life Insurance Company as trustee of the Plan. The financial information included in the Plan's financial statements, except for receivables and contributions, has been derived from information certified as complete and accurate by the trustee, in accordance with Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

8. Income tax status:

The Internal Revenue Service has determined that the Hattie Larlham Care Group 403(b) Retirement Savings Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Sponsor believes the Plan is being operated in compliance with applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is exempt from taxation.

The Plan is no longer subject to Federal income tax examination by tax authorities for years before 2006.

9. Plan termination:

The Plan Sponsor expects to continue the Plan but reserves the right at any time within its sole discretion to reduce, suspend or discontinue contributions to the Plan or to terminate the Plan. However, no such action may deprive any participant or beneficiary under the Plan of any vested right.

10. Risks and uncertainties:

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

HATTIE LARLHAM CARE GROUP 403(b) RETIREMENT SAVINGS PLAN

EIN 36-4446861
PLAN NUMBER 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT YEAR END

DECEMBER 31, 2009

Description	Number of Shares/ Units	Cost	Fair Value
* **Metropolitan Life Insurance Company; participant directed:**			
Guaranteed interest account:			
MetLife Guaranteed Asset Account, annualized effective interest rate of 3.86%			$ 1,455,971
Pooled separate accounts:			
Nationwide S&P 500 Index Fund A	88,216		819,525
Causeway International Value Fund	61,750		694,684
Touchstone Mid Cap Growth A	14,016		266,167
Keeley Small Cap Value Fund	13,190		261,426
T. Rowe Price Equity Income Fund	9,066		189,929
American Funds Growth Fund of America	5,288		142,413
Oppenheimer Global Fund A	1,587		84,147
Perkins Mid Cap Value S	3,835		75,886
America Funds Income Fund of America	2,454		37,890
PIMCO Total Return Fund R	2,523		27,481
Calvert Social Investment Balanced Portfolio	888		22,049
Calvert Large Cap Growth Fund A	77		1,950
T. Rowe Price Growth Stock Fund	57		1,568
Baron Small Cap Fund	1		26
* **Participant loans, interest rates of 4.25% to 9.25%**		**$ 0**	18,694
Total assets held for investments at year end			**$ 4,099,806**

The above information has been certified by Metropolitan Life Insurance Company, the trustee of the Plan, as complete and accurate.

* Represents a party-in-interest to the Plan.

HATTIE LARLHAM CARE GROUP 403(b) RETIREMENT SAVINGS PLAN

EIN 36-4446861
PLAN NUMBER 002

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2009

Participant contributions of the current plan year not deposited into the Plan within the time period described in 29 CFR 2510.3-102	$	36,321
Less: Amount fully corrected under the DOL's Voluntary Fiduciary Correction Program (VFC Program) and PTE 2002-51		(36,321)
Delinquent deposits of current year plan participant contributions constituting prohibited transactions		
Plus: Delinquent deposits of prior year participant contributions not yet fully corrected		
Total delinquent deposits of participant contributions constituting prohibited transactions	$	

HATTIE LARLHAM CARE GROUP 403(b) RETIREMENT SAVINGS PLAN

EIN 36-4446861
PLAN NUMBER 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT YEAR END

DECEMBER 31, 2009

Description	Number of Shares/ Units	Cost	Fair Value
* **Metropolitan Life Insurance Company; participant directed:**			
Guaranteed interest account:			
MetLife Guaranteed Asset Account, annualized effective interest rate of 3.86%			$ 1,455,971
Pooled separate accounts:			
Nationwide S&P 500 Index Fund A	88,216		819,525
Causeway International Value Fund	61,750		694,684
Touchstone Mid Cap Growth A	14,016		266,167
Keeley Small Cap Value Fund	13,190		261,426
T. Rowe Price Equity Income Fund	9,066		189,929
American Funds Growth Fund of America	5,288		142,413
Oppenheimer Global Fund A	1,587		84,147
Perkins Mid Cap Value S	3,835		75,886
America Funds Income Fund of America	2,454		37,890
PIMCO Total Return Fund R	2,523		27,481
Calvert Social Investment Balanced Portfolio	888		22,049
Calvert Large Cap Growth Fund A	77		1,950
T. Rowe Price Growth Stock Fund	57		1,568
Baron Small Cap Fund	1		26
* **Participant loans, interest rates of 4.25% to 9.25%**		**$ 0**	18,694
Total assets held for investments at year end			**$ 4,099,806**

The above information has been certified by Metropolitan Life Insurance Company, the trustee of the Plan, as complete and accurate.

* Represents a party-in-interest to the Plan.

Hattie Larlham Care Group 403(b) Retirement Savings Plan

DECEMBER 31, 2009 AND 2008

HATTIE LARLHAM CARE GROUP 403(b) RETIREMENT SAVINGS PLAN

DECEMBER 31, 2009 AND 2008

CONTENTS

	Page
Independent auditors' report	1
Financial statements:	
Statements of net assets available for benefits, December 31, 2009 and 2008	2
Statement of changes in net assets available for benefits, year ended December 31, 2009	3
Notes to financial statements	4 - 10
Supplemental schedules, December 31, 2009:	
Schedule of assets held for investment purposes at year end	11
Schedule of delinquent participant contributions	12

Howard, Wershbale & Co.
CPAs & Advisors

Independent Auditors' Report

Board of Trustees
Hattie Larlham Care Group 403(b) Retirement Savings Plan
Mantua, Ohio

We were engaged to audit the statement of net assets available for benefits of Hattie Larlham Care Group 403(b) Retirement Savings Plan and the related statement of changes in net assets available for benefits as of and for the year ended December 31, 2009, the supplemental schedule on page 11 as of December 31, 2009 and the supplemental schedule on page 12 for the year ended December 31, 2009. These financial statements and the supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the 2009 information disclosed in Note 7, which was certified by Metropolitan Life Insurance Company, the trustee of the Plan, 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee 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 2009 financial statements and the supplemental schedules taken as a whole. The form and content of the information included in the 2009 financial statements and the supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have compiled the accompanying statement of net assets available for benefits of the Hattie Larlham Care Group 403(b) Retirement Savings Plan as of December 31, 2008, in accordance with the Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying 2008 statement of net assets available for benefits and, accordingly, do not express an opinion or any other form of assurance on it.

Howard, Wershbale & Co.

October 14, 2010

23240 Chagrin Blvd, Suite 700
Cleveland, OH 44122-5450
P 216·831·1200
F 216·831·1842
hwco.com

Cleveland + Columbus

Member
IGAF WORLDWIDE
An Association of Independent Firms

HATTIE LARLHAM CARE GROUP 403(b) RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2009 AND 2008

	Audited 2009	Compiled 2008
Assets:		
Investments, at fair value	$ 4,081,112	$ 3,256,129
Participant loans	18,694	13,269
Total investments	4,099,806	3,269,398
Receivables:		
Contributions:		
Employers	8,139	183
Participants	40,461	1,362
	48,600	1,545
Total assets	4,148,406	3,270,943
Liabilities; excess contributions payable	4,927	
Net assets available for benefits	**$ 4,143,479**	**$ 3,270,943**

See notes to financial statements.

HATTIE LARLHAM CARE GROUP 403(b) RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2009

Changes to net assets attributed to:	
Investment income:	
Net increase in fair value of investments	$ 546,685
Interest and dividends	86,676
	633,361
Contributions:	
Employers	61,508
Participants, including rollovers	351,841
	413,349
Total additions	1,046,710
Deductions from net assets attributed to:	
Benefits paid to participants	159,786
Administrative expenses	14,388
Total deductions	174,174
Increase in net assets	872,536
Net assets available for plan benefits, beginning	3,270,943
Net assets available for plan benefits, ending	**$ 4,143,479**

See notes to financial statements.

HATTIE LARLHAM CARE GROUP 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

1. Description of Plan:

General:

The Plan, established January 1, 1991, and as amended on January 1, 2009, is a defined contribution plan covering all employees of Hattie Larlham Care Group and affiliates (the "Plan Sponsor") who meet the eligibility requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Contributions:

Participants can elect to defer a percentage of their eligible compensation on a pre-tax or after tax basis, subject to limits set by the Plan and the Internal Revenue Service. The employers match 25% of participant elective deferrals, limited to 6% of eligible compensation.

The Plan Sponsor may make discretionary contributions to participants' accounts as determined periodically by the Plan Sponsor's Board of Directors. The Plan Sponsor did not make any discretionary contributions in 2009.

Contributions received from employers are net of payments of $4,927 in 2009 paid in February 2010 to certain active participants to return to them excess match contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. This amount is included in the statements of net assets available for benefits as excess contributions payable at December 31, 2009.

Qualified lump sum distributions from a prior employer's plan may be contributed to the Plan.

Participant accounts:

Separate accounts for each participant are maintained by the trustee. Each account is credited with contributions and earnings from investments held in the account. Participants may direct their contributions, including the employer's portion, into any combination of 15 investment funds. Participants may change their investment elections daily.

Income is allocated to participant accounts based on earnings in the respective investment accounts.

Vesting:

Participants are 100% vested immediately with respect to their pre-tax or after tax compensation deferrals, employer matching contributions and discretionary employer contributions plus earnings thereon.

1. Description of Plan (continued):

Payment of benefits:

Participants who suffer serious financial hardship, as defined by the Plan, may withdraw the total balance of their account in order to meet their financial needs. Once participants attain age 55, they may also elect to withdraw from their account, any amount not to exceed their vested portion. All accounts are subject to distribution upon the participant's termination, total disability, retirement or death.

On termination of service, participants may elect to receive a lump sum distribution equal to the vested value of their account balance, or in installments not to exceed the life of the participant. All distributions are to be made in cash.

Benefits are recorded when paid.

Participant loans:

Participants may borrow from their accounts. The minimum loan is $1,000 to a maximum of 50% of the participant balance. Loan transactions are treated as transfers between investment funds and the participant notes fund. Repayment of a loan must be made over a period not to exceed five years, unless the loan is used to purchase a principal residence, in which case the loan is to be repaid over a reasonable period of time that may not exceed fifteen years. The loans are secured by the balance in the participant's account and bear interest at a rate specified by the trustee. Principal and interest must be paid on a timely basis.

2. Summary of significant accounting policies:

Basis of accounting:

The financial statements of the Plan are prepared using the accrual method.

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 amounts reported in the financial statements and accompanying notes. Actual results may differ from those estimates and assumptions.

2. Summary of significant accounting policies (continued):

Investment valuation and income recognition:

The Plan's investments are valued at fair value, which is determined by quoted market prices at December 31, 2009 and 2008, as provided by Metropolitan Life Insurance Company (the "trustee"). The Plan's investments are held by the trustee at December 31, 2009 and 2008. The trustee executes transactions as directed by the Plan's participants.

In accordance with accounting guidance for reporting of investment contracts, investment contracts held by a defined contribution plan are required to be reported at fair value. However, if the investment contract meets the criteria of being fully benefit responsive, an adjustment from fair value to contract value would be recorded. The investment contract owned by the Plan does not meet the criteria of being fully benefit responsive, and therefore, the investment contract is recorded in the statements of net assets available for benefits at fair value.

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. These amounts were provided by the custodian.

Realized gain or loss on investments is the difference between the proceeds received and the historical cost of the investments sold. Unrealized appreciation (depreciation) in the fair value of investments is the net change in the difference between fair value at year end and the fair value at the prior year end or the cost of investments, if acquired during the current year, as provided by the trustee. These gains or losses and net changes in the differences between fair value and the cost of investments are reflected in the statement of changes in net assets available for benefits as net increase (decrease) in fair value of investments.

Investment contract with insurance company:

The Plan's contract with Metropolitan Life Insurance Company is recorded at the estimated fair value, as provided by Metropolitan Life Insurance Company. The average yield was 3.86% in 2009 and 3.67% in 2008.

Pooled separate accounts:

The pooled separate accounts are stated at fair value, as provided by the trustee. The pooled separate accounts are valued at quoted market prices that represent the asset values of units held by the Plan at year end. Purchases and sales of securities are recorded on a trade-date basis, as provided by the trustee.

2. Summary of significant accounting policies (continued):

Subsequent events:

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through the date of the auditors' report on these financial statements.

3. Investments:

The following table presents the fair value of investments at December 31, 2009 and 2008. Investments that represent 5% or more of the Plan's net assets in either year are separately identified. All investments are participant directed.

	Fair Value	
	2009	2008
Investments at fair value as provided by Metropolitan Life Insurance Company:		
Pooled separate accounts:		
Nationwide S&P 500 Index Fund A, 88,216 units in 2009 and 83,869 units in 2008	$ 819,525	$ 630,697
Causeway International Value Fund, 61,750 units in 2009 and 83,869 units in 2008	694,684	498,657
Touchstone Mid Cap Growth A, 14,016 units in 2009 and 83,869 units in 2008	266,167	184,883
Keeley Small Cap Value Fund, 13,190 units in 2009 and 83,869 units in 2008	261,426	203,876
T. Rowe Price Equity Income Fund, 9,066 units in 2009 and 8,580 units in 2008	189,929	146,210
Other (less than 5% of plan assets)	393,410	264,730
Guaranteed interest account:		
MetLife Guaranteed Asset Account, annualized effective interest rate of 3.86% in 2009 and 3.67% in 2008	1,455,971	1,327,076
Participant loans (less than 5% of plan assets)	18,694	13,269
Total investments	$ 4,099,806	$ 3,269,398

4. Fair value:

The following information is presented in accordance with accounting principles generally accepted in the United States of America, which defines fair value as the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date and establishes a framework for measuring fair value. Accounting principles generally accepted in the United States of America establishes a three-level valuation hierarchy for disclosure of fair value measurements based upon the transparency of inputs to the valuation of an asset as of the measurement date.

4. Fair value (continued):

- Level 1 – inputs to the valuation methodology are quoted prices (unadjusted) for identical assets in active markets.
- Level 2 – inputs to the valuation methodology include quoted prices for similar assets in active markets, and inputs that are observable for the asset, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 – inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Assets measured at fair value on a recurring basis at December 31, 2009, were as follows:

	Level 2	Level 3	Total
Pooled separate accounts	$ 2,625,141		$ 2,625,141
Participant loans		$ 18,694	18,694
Guaranteed interest account		1,455,971	1,455,971
	$ 2,625,141	$ 1,474,665	$ 4,099,806

Assets measured at fair value on a recurring basis at December 31, 2008, were as follows:

	Level 2	Level 3	Total
Pooled separate accounts	$ 1,929,053		$ 1,929,053
Participant loans		$ 13,269	13,269
Guaranteed interest account		1,327,076	1,327,076
	$ 1,929,053	$ 1,340,345	$ 3,269,398

For pooled separate accounts, fair value is corroborated through quoted prices in active markets for the funds' underlying holdings. The guaranteed interest account with Metropolitan Life Insurance Company and participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed interest account is determined by the trustee by discounting the related cash flows based on current yields of similar instruments with comparable durations, and the fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance.

For assets measured at fair value on a recurring basis using significant unobservable inputs (Level 3) during the year ended December 31, 2009 and 2008, generally accepted accounting principles require reconciliation of the beginning and ending balances, separately for each major category of assets.

4. Fair value (continued):

	2009	2008
Guaranteed interest account:		
Beginning balance	$ 1,327,076	$ 1,192,383
Purchases and sales, net	128,895	134,693
Ending balance	$ 1,455,971	$ 1,327,076
Participant loans:		
Beginning balance	$ 13,269	$ 17,149
Purchases, sales, issuances, and settlements, net	5,425	(3,880)
Ending balance	$ 18,694	$ 13,269

5. Administrative and investment expenses:

Certain administrative and investment expenses of the Plan are paid by the Plan Sponsor.

6. Party-in-interest transactions:

The Plan's investments are managed by the trustee, Metropolitan Life Insurance Company, representing investment contracts and pooled separate accounts that are the insurance company's assets with the Plan maintaining rights to assets underlying the separate accounts. Metropolitan Life Insurance Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest.

7. Information certified by trustee:

Management of the Plan engaged Metropolitan Life Insurance Company as trustee of the Plan. The financial information included in the Plan's financial statements, except for receivables and contributions, has been derived from information certified as complete and accurate by the trustee, in accordance with Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

8. Income tax status:

The Internal Revenue Service has determined that the Hattie Larlham Care Group 403(b) Retirement Savings Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Sponsor believes the Plan is being operated in compliance with applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is exempt from taxation.

The Plan is no longer subject to Federal income tax examination by tax authorities for years before 2006.

9. Plan termination:

The Plan Sponsor expects to continue the Plan but reserves the right at any time within its sole discretion to reduce, suspend or discontinue contributions to the Plan or to terminate the Plan. However, no such action may deprive any participant or beneficiary under the Plan of any vested right.

10. Risks and uncertainties:

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

HATTIE LARLHAM CARE GROUP 403(b) RETIREMENT SAVINGS PLAN

EIN 36-4446861
PLAN NUMBER 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT YEAR END

DECEMBER 31, 2009

Description	Number of Shares/ Units	Cost	Fair Value
* **Metropolitan Life Insurance Company; participant directed:**			
Guaranteed interest account:			
MetLife Guaranteed Asset Account, annualized effective interest rate of 3.86%			$ 1,455,971
Pooled separate accounts:			
Nationwide S&P 500 Index Fund A	88,216		819,525
Causeway International Value Fund	61,750		694,684
Touchstone Mid Cap Growth A	14,016		266,167
Keeley Small Cap Value Fund	13,190		261,426
T. Rowe Price Equity Income Fund	9,066		189,929
American Funds Growth Fund of America	5,288		142,413
Oppenheimer Global Fund A	1,587		84,147
Perkins Mid Cap Value S	3,835		75,886
America Funds Income Fund of America	2,454		37,890
PIMCO Total Return Fund R	2,523		27,481
Calvert Social Investment Balanced Portfolio	888		22,049
Calvert Large Cap Growth Fund A	77		1,950
T. Rowe Price Growth Stock Fund	57		1,568
Baron Small Cap Fund	1		26
* **Participant loans, interest rates of 4.25% to 9.25%**		**$ 0**	18,694
Total assets held for investments at year end			**$ 4,099,806**

The above information has been certified by Metropolitan Life Insurance Company, the trustee of the Plan, as complete and accurate.

* Represents a party-in-interest to the Plan.

HATTIE LARLHAM CARE GROUP 403(b) RETIREMENT SAVINGS PLAN

EIN 36-4446861
PLAN NUMBER 002

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2009

Participant contributions of the current plan year not deposited into the Plan within the time period described in 29 CFR 2510.3-102	$	36,321
Less: Amount fully corrected under the DOL's Voluntary Fiduciary Correction Program (VFC Program) and PTE 2002-51		(36,321)
Delinquent deposits of current year plan participant contributions constituting prohibited transactions		
Plus: Delinquent deposits of prior year participant contributions not yet fully corrected		
Total delinquent deposits of participant contributions constituting prohibited transactions	$	

HATTIE LARLHAM CARE GROUP 403(b) RETIREMENT SAVINGS PLAN

EIN 36-4446861
PLAN NUMBER 002

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2009

Participant contributions of the current plan year not deposited into the Plan within the time period described in 29 CFR 2510.3-102	$	36,321
Less: Amount fully corrected under the DOL's Voluntary Fiduciary Correction Program (VFC Program) and PTE 2002-51		(36,321)
Delinquent deposits of current year plan participant contributions constituting prohibited transactions		
Plus: Delinquent deposits of prior year participant contributions not yet fully corrected		
Total delinquent deposits of participant contributions constituting prohibited transactions	$	