# 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
HEATH CONSULTANTS, INC PROFIT SHARING AND RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 10/01/1982

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
HEATH CONSULTANTS, INC

9030 MONROE
HOUSTON, TX 77061

**2b** Employer Identification Number (EIN)
04-2144731

**2c** Sponsor's telephone number
713-844-1330

**2d** Business code (see instructions)
541990

**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. | 11/05/2010 | CAROLYN HAAG |
| | **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")
HEATH CONSULTANTS, INC

9030 MONROE
HOUSTON, TX 77061

**3b** Administrator's EIN
04-2144731

**3c** Administrator's telephone number
713-844-1330

**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** | 774 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 690 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 37 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 727 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 727 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 299 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 15 |
| **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:
3D 2E 2F 2G 2J 2K 2T

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2009**<br>**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
HEATH CONSULTANTS, INC PROFIT SHARING AND RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
HEATH CONSULTANTS, INC

**D** Employer Identification Number (EIN)
04-2144731

## 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).. . . . . [X] 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

NOBLE RETIREMENT GROUP
4665 SWEETWATER BLVD
SUITE 106
SUGARLAND, TX 77479

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

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

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

ASCENSUS

11-3665754

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 37 57 64 60 | RECORD KEEPER | 10239 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

NOBLE RETIREMENT GROUP

4665 SWEETWATER BLVD
SUITE 106
SUGARLAND, TX 77479

| (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? |
|---|---|---|---|---|---|---|
| 33 63 | BROKERAGE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] 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 |
|---|---|---|
| ASCENSUS | 15 60 | 0 |

| **(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. |
|---|---|
| BLACKROCK<br>101 SABIN STREET<br>PAWTUCKET, RI 02860 | SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR SUB-T/A REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ASCENSUS | 15 60 | 0 |

| **(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. |
|---|---|
| CALVERT<br>4550 MONTGOMERY AVE.,<br>STE. 1000N<br>BETHESDA, MD 20814 | SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR SUB-T/A REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ASCENSUS | 15 60 | 0 |

| **(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. |
|---|---|
| CAPITAL RESEARCH AND MANAGEMENT CO.<br>333 SOUTH HOPE ST.<br>LOS ANGELES, CA 90071 | SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR SUB-T/A REVENUE BY FUND. |

## 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 |
|---|---|---|
| ASCENSUS | 15 60 | 0 |

| **(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. |
|---|---|
| JOHN HANCOCK<br>601 CONGRESS STREET<br>BOSTON, MA 02210 | SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR SUB-T/A REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ASCENSUS | 15 60 | 0 |

| **(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. |
|---|---|
| LOOMIS SAYLES FUNDS<br>ONE FINANCIAL CENTER<br>BOSTON, MA 02111 | SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR SUB-T/A REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ASCENSUS | 15 60 | 0 |

| **(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. |
|---|---|
| METLIFE<br>200 PARK AVE<br>NEW YORK, NY 10166 | SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR SUB-T/A REVENUE BY FUND. |

## 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 |
|---|---|---|
| ASCENSUS | 15 60 | 0 |

| **(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. |
|---|---|
| MUNDER CAPITAL MANAGEMENT<br>480 PIERCE STREET<br>BIRMINGHAM, MI 48009 | SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR SUB-T/A REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ASCENSUS | 15 60 | 0 |

| **(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. |
|---|---|
| NEUBERGER BERMAN<br>605 THIRD AVENUE<br>NEW YORK, NY 10158 | SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR SUB-T/A REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ASCENSUS | 15 60 | 0 |

| **(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. |
|---|---|
| OPPENHEIMER<br>TWO WORLD FINANCIAL CENTER<br>225 LIBERTY STREET<br>NEW YORK, NY 10281 | SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR SUB-T/A REVENUE BY FUND. |

## 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 |
|---|---|---|
| ASCENSUS | 15 60 | 0 |

| **(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. |
|---|---|
| PIONEER<br>60 STATE STREET<br>BOSTON, MA 02109 | SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR SUB-T/A REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ASCENSUS | 15 60 | 0 |

| **(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. |
|---|---|
| RS INVESTMENTS<br>7 HANOVER SQUARE<br>SUITE 900<br>NEW YORK, NY 10004 | SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR SUB-T/A REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| NOBLE RETIREMENT GROUP | 33 63 | 0 |

| **(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. |
|---|---|
| BLACKROCK<br>101 SABIN STREET<br>PAWTUCKET, RI 02860 | SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR 12B-1 REVENUE BY FUND. |

## 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 |
|---|---|---|
| NOBLE RETIREMENT GROUP | 33 63 | 0 |

| **(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. |
|---|---|
| CALVERT<br>4550 MONTGOMERY AVE.,<br>STE. 1000N<br>BETHESDA, MD 20814 | SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR 12B-1 REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| NOBLE RETIREMENT GROUP | 33 63 | 0 |

| **(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. |
|---|---|
| CAPITAL RESEARCH AND MANAGEMENT CO.<br>333 SOUTH HOPE ST.<br>LOS ANGELES, CA 90071 | SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR 12B-1 REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| NOBLE RETIREMENT GROUP | 33 63 | 0 |

| **(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. |
|---|---|
| JOHN HANCOCK<br>601 CONGRESS STREET<br>BOSTON, MA 02210 | SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR 12B-1 REVENUE BY FUND. |

## 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 |
|---|---|---|
| NOBLE RETIREMENT GROUP | 33 63 | 0 |

| **(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. |
|---|---|
| LOOMIS SAYLES FUNDS<br>ONE FINANCIAL CENTER<br>BOSTON, MA 02111 | SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR 12B-1 REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| NOBLE RETIREMENT GROUP | 33 63 | 0 |

| **(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. |
|---|---|
| METLIFE<br>200 PARK AVE<br>NEW YORK, NY 10166 | SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR 12B-1 REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| NOBLE RETIREMENT GROUP | 33 63 | 0 |

| **(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. |
|---|---|
| MUNDER CAPITAL MANAGEMENT<br>480 PIERCE STREET<br>BIRMINGHAM, MI 48009 | SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR 12B-1 REVENUE BY FUND. |

## 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 |
|---|---|---|
| NOBLE RETIREMENT GROUP | 33 63 | 0 |

| **(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. |
|---|---|
| NEUBERGER BERMAN<br>605 THIRD AVENUE<br>NEW YORK, NY 10158 | SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR 12B-1 REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| NOBLE RETIREMENT GROUP | 33 63 | 0 |

| **(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. |
|---|---|
| OPPENHEIMER<br>TWO WORLD FINANCIAL CENTER<br>225 LIBERTY STREET<br>NEW YORK, NY 10281 | SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR 12B-1 REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| NOBLE RETIREMENT GROUP | 33 63 | 0 |

| **(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. |
|---|---|
| PIONEER<br>60 STATE STREET<br>BOSTON, MA 02109 | SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR 12B-1 REVENUE BY FUND. |

## 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 |
|---|---|---|
| NOBLE RETIREMENT GROUP | 33 63 | 0 |

| **(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. |
|---|---|
| RS INVESTMENTS<br>7 HANOVER SQUARE<br>SUITE 900<br>NEW YORK, NY 10004 | SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR 12B-1 REVENUE BY FUND. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| NOBLE RETIREMENT GROUP | 33 63 | 0 |

| **(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. |
|---|---|
| TRANSAMERICA<br>11111 SANTA MONICA BLVD<br>LOS ANGELES, CA 90025 | SEE FORMULA DESCRIPTION REPORT LISTING THE FORMULA FOR 12B-1 REVENUE BY FUND. |

| **(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
HEATH CONSULTANTS, INC PROFIT SHARING AND RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
HEATH CONSULTANTS, INC

**D** Employer Identification Number (EIN)
04-2144731

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MET LIFE STABLE VALUE FUND

**b** Name of sponsor of entity listed in (a): MET LIFE

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 58-1428634-004 | C | 1777217 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

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

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

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

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

**A** Name of plan
HEATH CONSULTANTS, INC PROFIT SHARING AND RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
HEATH CONSULTANTS, INC

**D** Employer Identification Number (EIN)
04-2144731

## 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) | 13410 | |
| **(2)** Participant contributions | 1b(2) | 34277 | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 32 | 38 |
| **(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) | 192222 | 176972 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 1992219 | 1777217 |
| **(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) | 4160876 | 6533635 |
| **(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 | 6393036 | 8487862 |
| | **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 | 6393036 | 8487862 |

## 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) | 245248 | |
| | **(B)** Participants | 2a(1)(B) | 643740 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 5252 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 894240 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 6 | |
| | **(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) | 12920 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 12926 |
| | **(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) | 50490 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 50490 |
| | **(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) | | 57013 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 1633644 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2648313 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 543233 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 543233 |
| **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) | 10254 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 10254 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 553487 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 2094826 |
| **l** Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: NULL-LAIRSON, P.C. (2) EIN: 76-0551362

**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 | | 83339 |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 500000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

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

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

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
HEATH CONSULTANTS, INC PROFIT SHARING AND RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
HEATH CONSULTANTS, INC

**D** Employer Identification Number (EIN)
04-2144731

## 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): 45-0404698

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

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

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# HEATH CONSULTANTS, INC.
# PROFIT SHARING AND RETIREMENT PLAN

## FINANCIAL REPORT

## December 31, 2009 and 2008

Null-Lairson, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

3411 Richmond Avenue, Suite 500
Houston, Texas 77046
(713) 621-1515

**HEATH CONSULTANTS, INC.**
**PROFIT SHARING AND RETIREMENT PLAN**
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***Schedules Omitted***
*Certain schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, not listed above are omitted because of the absence of conditions under which they are required.*

Null-Lairson, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

**Independent Auditors' Report**

To the Board of Trustees
Heath Consultants, Inc.
Profit Sharing and Retirement Plan

We were engaged to audit the financial statements and supplemental schedules of Heath Consultants, Inc. Profit Sharing and Retirement Plan (the "Plan") as of December 31, 2009, and December 31, 2008, and for the years then ended, and the supplemental schedules as of December 31, 2009, as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Frontier Trust 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 years ended December 31, 2009 and 2008, 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 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Null-Lairson, PC

Houston, Texas
October 14, 2010


3411 Richmond Avenue| Suite 500 | Houston, TX 77046 | (P) 713.621.1515 | (F) 713.621.1570
www.null-lairson.com

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**Financial Statements**

**HEATH CONSULTANTS, INC.**
**PROFIT SHARING AND RETIREMENT PLAN**
***STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS***
***As of December 31, 2009 and 2008***

| | 2009 | 2008 |
|---|---|---|
| **Assets:** | | |
| **Cash** | $ 68 | $ 32 |
| **Investments - At fair value** | | |
| Registered investment companies | 6,533,605 | 4,160,876 |
| Common collective trust | 1,775,220 | 1,833,573 |
| Participant loans | 176,972 | 192,222 |
| **Total Investments** | 8,485,797 | 6,186,671 |
| **Receivables:** | | |
| Employer | | 13,410 |
| Participant | | 34,277 |
| **Total Receivables** | | 47,687 |
| Net assets available for benefits, at fair value | 8,485,865 | 6,234,390 |
| Adjustment from fair value to contract value for benefit-responsive investment contract | 1,997 | 158,646 |
| **Net Assets Available for Plan Benefits** | $ 8,487,862 | $ 6,393,036 |

*See notes to financial statements.*

**HEATH CONSULTANTS, INC.**
**PROFIT SHARING AND RETIREMENT PLAN**
***STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS***
***For the Years Ended December 31, 2009 and 2008***

| | 2009 | 2008 |
|---|---|---|
| **Additions** | | |
| **Investment Income (Loss)** | | |
| Net appreciation (depreciation) in fair value of investments | $ 1,690,657 | $ (3,438,300) |
| Interest and dividends | 50,496 | 63,420 |
| Interest on participant loans | 12,920 | 13,104 |
| **Total Investment Income (Loss)** | 1,754,073 | (3,361,776) |
| **Contributions** | | |
| Participant | 648,992 | 635,509 |
| Employer | 245,248 | 242,877 |
| **Total Contributions** | 894,240 | 878,386 |
| **Total Additions** | 2,648,313 | (2,483,390) |
| **Deductions** | | |
| Benefits paid to participants | 543,233 | 1,131,087 |
| Administrative expenses | 10,254 | 5,699 |
| **Total Deductions** | 553,487 | 1,136,786 |
| Increase (Decrease) in Net Assets Available for Benefits | 2,094,826 | (3,620,176) |
| **Net Assets Available For Benefits, January 1** | 6,393,036 | 10,013,212 |
| **Net Assets Available For Benefits, December 31** | $ 8,487,862 | $ 6,393,036 |

*See notes to financial statements.*

*(This page intentionally left blank.)*

## Note 1 - Description of the Plan

The following description of the Heath Consultants, Inc. Profit Sharing and Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

### *General*

The Plan is a defined contribution plan covering all full-time employees of Heath Consultants, Inc. (the "Company") who have attained the age of 18. The Plan was originally established on October 1, 1982, and was most recently amended on April 1, 2008. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### *Contributions*

Participants may contribute a percentage of pretax annual compensation, subject to a maximum imposed by the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Company matching contributions are based on the amounts contributed by the participants. During 2009 and 2008, the Company contributed a 50-percent matching contribution to the Plan, up to a limit of 6 percent of a participant's eligible compensation to the Plan. Contributions are subject to certain limitations.

### *Participant Accounts*

Each participant's account is credited with the participant's contribution as well as the allocations of the Company's contributions and Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested accounts.

### *Vesting*

Participants are 100% vested in the balance resulting from their participant contributions. Upon termination prior to normal retirement age, vesting in the employer-matching contribution account is based on a participant's total years of service as follows:

| Years of Service | Cumulative Vesting Percentage |
|---|---|
| Less than 2 | 0% |
| 2 | 20% |
| 3 | 40% |
| 4 | 60% |
| 5 | 80% |
| 6 | 100% |

### *Investment Options*

Participants direct the investment of their contributions into 21 registered investment companies, a common collective trust or participant loans offered by the Plan.

**Note 1 - Description of the Plan (continued)**

***Participant Loans***

Participants may borrow from their fund accounts a minimum of $1,000 and up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at the prime interest rate plus 1 percent. Participants may not have more than one loan outstanding at any time. Principal and interest are paid ratably through payroll deductions. Repayment terms for loans are not to exceed the earlier of the participant's normal retirement or five years (except for a loan used to buy a principal residence, which can be repaid over more than five years).

***Withdrawals***

Withdrawals prior to age 59 ½ are allowed only upon termination of employment or on a hardship basis.

On termination of service due to death, disability, retirement, or termination of employment, a participant is entitled to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. If a participant chooses to leave their account under the Plan, it will continue to participate in the Plan investments and provide benefits upon retirement or death.

If a participant's account balance is less than $5,000 then their entire vested balance shall be distributed as soon as practical after termination. If the balance is less than $1,000, the distribution will be paid in a lump-sum unless elected otherwise by the Participant. If the balance is more than $1,000, but less than $5,000, and the participant does not elect to have such distribution paid directly to an eligible retirement plan, then the Plan Administrator will pay the distribution in a direct rollover to an individual retirement plan designated by the Plan Administrator.

***Disposition of Forfeitures***

Forfeitures occur when a participant terminates employment before becoming 100% vested with respect to the Plan sponsor's contributions. Forfeitures shall be applied to reduce employer contributions, as defined in the Plan document. The Plan had no forfeitures available for use as of December 31, 2009 and 2008.

**Note 2 - Summary of Significant Accounting Policies**

***Basis of Accounting***

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles.

***Use of Estimates***

The preparation of financial statements, in conformity with generally accepted accounting principles, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets, liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Note 2 - Summary of Significant Accounting Policies (continued)**

***Benefit Claims Payable***

Distributions provided for in the Plan shall be made as soon as practicable after the valuation date immediately following the period in which a participant's employment is terminated and the participant elects to withdraw or the participant's hardship withdrawal is approved. At December 31, 2009 and 2008, there were no such benefit claims payable to retired and terminated participants.

***Payment of Benefits***

Benefits are recorded when paid.

***Investment Valuation and Income Recognition***

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for the discussion of fair value measurements.

The Plan invests in fully benefit-responsive investment contracts. Investment contracts held by the Plan are required to be reported at fair value. However, contract value is the relevant measurement attributable to that portion of the net assets available for benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investments contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

***Administrative Expenses***

The Company may pay all expenses incurred in the administration of the Plan, including expenses and fees of the trustee, but it shall not be obligated to do so. Any such expenses not so paid by the Company shall be paid from the trust fund. Administrative expenses, as paid by the Plan, consisted of participant loan and recordkeeping fees.

**Note 3 - Investments (Unaudited)**

The following is a summary of unaudited information included in the financial statements and supplemental schedules prepared by Frontier Trust Company (the "Trustee" of the Plan) and furnished to the Plan Administrator. The Plan Administrator has obtained certification from the Trustee that such information is complete and accurate.

| | December 31, 2009 | | December 31, 2008 | |
|---|---|---|---|---|
| **Investments at fair value:** | | | | |
| Registered investment companies: | | | | |
| American Funds EuroPacific Growth R2 | $ 371,440 | | $ 264,377 | |
| BlackRock Large Cap Value Fund | 444,425 | * | 241,251 | |
| BlackRock Small Cap Growth Fund II | 191,357 | | 130,303 | |
| Calvert Large Cap Growth A | 242,430 | | 177,370 | |
| Calvert Income Fund A | 81,669 | | 65,789 | |
| John Hancock Lifestyle Aggressive R3 | 134,768 | | 74,454 | |
| John Hancock Lifestyle Balanced R3 | 40,170 | | 13,604 | |
| John Hancock High Yield Fund A | 40,773 | | 13,362 | |
| John Hancock Lifestyle Growth R3 | 67,830 | | 25,491 | |
| John Hancock Lifestyle Moderate R3 | 67,755 | | 8,238 | |
| John Hancock Lifestyle Conservative R3 | 20,646 | | 23,851 | |
| Loomis Sayles Strategic Income Fund A | 223,497 | | 146,081 | |
| Munder Asset Allocation Fund-Balanced A | 873,676 | * | 798,532 | * |
| Munder Mid-Cap Core Growth A | 841,739 | * | 609,635 | * |
| Munder Small-Cap Value Fund | 153,032 | | 102,252 | |
| Neuberger Berman Partners Fund | 1,116,428 | * | 751,363 | * |
| Oppenheimer Global Fund N | 197,442 | | 126,331 | |
| Pioneer Mid Cap Value Fund R | 70,621 | | 51,315 | |
| RS Value Fund | 245,806 | | 162,718 | |
| RS Technology Fund | 679,994 | * | 115,339 | |
| TA Index Transamerica Small/Md Cap Value A | 428,107 | * | 259,220 | |
| | 6,533,605 | | 4,160,876 | |
| Cash | 68 | | 32 | |
| Common Collective Trust | | | | |
| MetLife Stable Value Fund | 1,775,220 | * | 1,833,573 | * |
| Total | 1,775,220 | | 1,833,573 | |
| Participant Loans | 176,972 | | 192,222 | |
| **Total Investments** | $ 8,485,865 | | $ 6,186,703 | |

** - Indicates investment that represents 5 percent or more of the Plan's net assets .*

The contract value of the MetLife Stable Value Fund was $1,777,217 and $1,992,219 as of December 31, 2009 and 2008, respectively.

**Note 3 - Investments (Unaudited) (continued)**

Certified investment income is as follows:

| | December 31, 2009 | December 31, 2008 |
|---|---|---|
| Investment income: | | |
| Net appreciation in fair value of: | | |
| Registered investment companies | $ 1,633,648 | $ (3,495,199) |
| Common collective trust | 57,009 | 56,899 |
| Dividends earned on: | | |
| Registered investment companies | 50,496 | 59,147 |
| Interest earned on: | | |
| Participant loans | 12,920 | 13,104 |
| Common collective trust | | 4,273 |
| Total investment income | $ 1,754,073 | $ (3,361,776) |

**Note 4 - Fair Value Measurements**

Financial Accounting Standards Board Topic ASC 820, Fair Value Measurements (FASB ASC 820), formerly FAS 157, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB Statement No. 157 are described below:

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

**Level 2** - Inputs to the valuation methodology include:

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

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

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

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

**Note 4 - Fair Value Measurements (continued)**

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

- Registered investment companies: Valued at quoted market prices which represent the net asset value ("NAV") of shares held by the Plan at year-end.

- Collective Trust - MetLife Stable Value Fund: The fair value is based on the net asset value of units held by the Plan as of December 31, 2009 and 2008.

- Participant loans: Valued at amortized cost, which approximates fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

| | Assets at Fair Value as of December 31, 2009 (Unaudited) | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Investment in registered investment companies | | | | |
| Asset Allocation | $ 371,942 | $ | $ | $ 371,942 |
| Balanced | 873,676 | | | 873,676 |
| Fixed Income | 305,166 | | | 305,166 |
| Foreign | 568,882 | | | 568,882 |
| Large Blend | 1,116,428 | | | 1,116,428 |
| Large Growth | 242,430 | | | 242,430 |
| Large Value | 444,425 | | | 444,425 |
| Mid Blend | 245,806 | | | 245,806 |
| Mid Growth | 841,739 | | | 841,739 |
| Mid Value | 70,621 | | | 70,621 |
| Small Blend | 581,139 | | | 581,139 |
| Small Growth | 191,357 | | | 191,357 |
| Specialty | 679,994 | | | 679,994 |
| Common collective trust | | 1,775,220 | | 1,775,220 |
| Participant Loans | | | 176,972 | 176,972 |
| **Total assets at fair value** | $ 6,533,605 | $ 1,775,220 | $ 176,972 | $ 8,485,797 |

## Note 4 - Fair Value Measurements (continued)

| | Assets at Fair Value as of December 31, 2008 (Unaudited) | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Investment in registered investment companies | | | | |
| Asset Allocation | $ 159,000 | $ | $ | $ 159,000 |
| Balanced | 798,532 | | | 798,532 |
| Fixed Income | 211,870 | | | 211,870 |
| Foreign | 390,708 | | | 390,708 |
| Large Blend | 751,363 | | | 751,363 |
| Large Growth | 177,370 | | | 177,370 |
| Large Value | 241,251 | | | 241,251 |
| Mid Blend | 162,718 | | | 162,718 |
| Mid Growth | 609,635 | | | 609,635 |
| Mid Value | 51,315 | | | 51,315 |
| Small Blend | 361,472 | | | 361,472 |
| Small Growth | 130,303 | | | 130,303 |
| Specialty | 115,339 | | | 115,339 |
| Common collective trust | | 1,833,573 | | 1,833,573 |
| Participant Loans | | | 192,222 | 192,222 |
| **Total assets at fair value** | $ 4,160,876 | $ 1,833,573 | $ 192,222 | $ 6,186,671 |

## Level 3 Gains and Losses (Unaudited)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets:

| | 2009 | 2008 |
|---|---|---|
| Participant loans | | |
| Balance, beginning of the year | $ 192,222 | $ 123,754 |
| Purchases, sales, issuances and settlements (net) | (15,250) | 68,468 |
| Balance, end of year | $ 176,972 | $ 192,222 |

**Note 5 - Investment Contracts with MetLife Insurance Company**

In 2008, the Plan entered into a benefit-responsive investment contract with MetLife Insurance Company (MetLife). MetLife maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by MetLife. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract (GIC). Contract value, as reported to the Plan by MetLife, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2009 and 2008, was $1,775,220 and $1,833,573, respectively. The Contract Value was $1,777,217 and $1,992,219 as of December 31, 2009 and 2008, respectively. The credit ratings for the Met-managed GIC as of December 31, 2009 and 2008, were Aa2 by Moody’s Investors and AA by Standard & Poor’s.

In a Met-managed GIC, the assets are invested in a MetLife separate account. MetLife will guarantee principal and accrued interest, based on credited interest rates, for participant initiated withdrawals as long as the contract remains active. Interest is credited to the contract at interest rates that reflect the performance of the underlying portfolio with a minimum credited rate of zero percent. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

| Average Yields: | 2009 | 2008 |
|---|---|---|
| Based on actual earnings | 12.27% | -4.50% |
| Based on interest rate credit to participants | 3.27% | 4.28% |

**Note 6 - Plan Termination**

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

**Note 7 - Tax Status**

The Internal Revenue Service had determined and informed the administrator by a letter dated August 7, 2001, that the prototype plan is designed to be in accordance with applicable sections of the Internal Revenue Code (IRC) and, therefore, the Plan is tax-exempt. The letter also states that an employer who adopts the prototype plan may rely on the letter in respect to qualification of its Plan under Internal revenue Code section 401(a). The Company has not requested an individual determination letter on the Plan.

The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the trust is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**Note 8 - 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 value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

**Note 9 - Non-Exempt (Prohibited) Transactions**

The Department of Labor ("DOL") requires that employee contributions and loan repayments be contributed to the Plan as of the earliest date on which such contributions can reasonably be segregated from the employer's general assets. The Company incurred non-exempt (prohibited) transactions for the remittance of contributions and loan repayments during 2009 which did not comply with the DOL requirements. The 2009 contributions and loan repayments, in the amount of $83,339, are pending correction through the DOL's Voluntary Fiduciary Correction Program.

**Note 10 - Subsequent Events**

The Company has evaluated subsequent events through October 14, 2010, the date on which the financial statements were available to be issued. There were subsequent events evaluated by management that required disclosure.

In April 2010, the Plan Sponsor amended the eligibility requirements. Previously, participants were eligible upon date of hire, if participants met the Plan's age requirement of 18. As of April 2010, participants become eligible after one (1) year of service and attainment of age 18.

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## Supplemental Schedules

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**HEATH CONSULTANTS, INC.** **EIN: 04-2144731**

**PROFIT SHARING AND RETIREMENT PLAN** **PN: 002**

***SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END-OF-YEAR)***

**December 31, 2009**

| Column (a) | Column (b) | Column (c) | Column (d) | Column (e) |
|---|---|---|---|---|
| | Identity of Issuer, Borrower, Lessor or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | Cost | Current Value |
| | Registered Investment Companies: | | | |
| | American Funds | American Funds EuroPacific Growth R2 | N/A | $ 371,440 |
| | BlackRock | BlackRock Large Cap Value Fund | N/A | 444,425 |
| | BlackRock | BlackRock Small Cap Growth Fund II | N/A | 191,357 |
| | Calvert | Calvert Large Cap Growth A | N/A | 242,430 |
| | Calvert | Calvert Income Fund A | N/A | 81,669 |
| | John Hancock | John Hancock Lifestyle Aggressive R3 | N/A | 134,768 |
| | John Hancock | John Hancock Lifestyle Balanced R3 | N/A | 40,170 |
| | John Hancock | John Hancock High Yield Fund A | N/A | 40,773 |
| | John Hancock | John Hancock Lifestyle Growth R3 | N/A | 67,830 |
| | John Hancock | John Hancock Lifestyle Moderate R3 | N/A | 67,755 |
| | John Hancock | John Hancock Lifestyle Conservative R3 | N/A | 20,646 |
| | Loomis Sayles | Loomis Sayles Strategic Income Fund A | N/A | 223,497 |
| | Munder | Munder Asset Allocation Fund-Balanced A | N/A | 873,676 |
| | Munder | Munder Mid-Cap Core Growth A | N/A | 841,739 |
| | Munder | Munder Small-Cap Value Fund | N/A | 153,032 |
| | Neuberger | Neuberger Berman Partners Fund | N/A | 1,116,428 |
| | Oppenheimer | Oppenheimer Global Fund N | N/A | 197,442 |
| | Pioneer | Pioneer Mid Cap Value Fund R | N/A | 70,621 |
| | RS Funds | RS Value Fund | N/A | 245,806 |
| | RS Funds | RS Technology Fund | N/A | 679,994 |
| | Transamerica | TA Index Transamerica Small/Md Cap Value A | N/A | 428,107 |
| | | | | 6,533,605 |
| | Cash | Cash | N/A | 68 |
| | Common Collective Trust | | | |
| | MetLife | MetLife Stable Value Fund | N/A | 1,775,220 |
| | | | | 1,775,220 |
| * | Participant Loans | 5.00% - 9.25% | | 176,972 |
| | **Total** | | N/A | $ 8,485,865 |

* - Party-in-Interest

N/A - Cost information not required for participant-directed investments.

**HEATH CONSULTANTS, INC.** **EIN: 04-2144731**

**PROFIT SHARING AND RETIREMENT PLAN** **PN: 002**

***SUPPLEMENTAL SCHEDULE 2 - Form 5500 Schedule H Part IV Line 4a***

***SCHEDULE OF DELINQUENT CONTRIBUTIONS***

***For The Year Ended December 31, 2009***

| | Totals that Represent Non-Exempt Prohibited Transactions | | | |
|---|---|---|---|---|
| Participant contributions transferred late to Plan | Contributions not corrected | Contributions corrected outside VFCP | Contributions pending correction in VFCP | Total fully corrected under VFCP and PTE 2002-51 |
| 2009 | | | $ 83,339 | * |

* - Includes participants' loan repayments

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e) Formula Description

Plan Name: HEATH CONSULTANTS, INC. PS & RETIREMENT PLAN

Plan Number: 146971

Broker Dealer: Noble Retirement Group

| Ticker Symbol | Investment Name | Formula used to determine Sub-TA Compensation paid to Ascensus | Formula used to determine 12b-1 Compensation to Broker Dealer |
|---|---|---|---|
| RSVAX | RS Value Fund | 25 basis points | 25 basis points |
| JHHBX | John Hancock High Yield Fund A | 25 basis points | 25 basis points |
| CFICX | Calvert Income Fund A | 12 dollars per fund position | 25 basis points |
| NEFZX | Loomis Sayles Strategic Income Fund A | 20 basis points | 25 basis points |
| MUBAX | Munder Asset Allocation Fund-Balanced A | 25 basis points | 25 basis points |
| MDLVX | BlackRock Large Cap Value Fund | 25 basis points | 25 basis points |
| NBPBX | Neuberger Berman Partners Fund | 25 basis points | 25 basis points |
| CLGAX | Calvert Large Cap Growth A | 12 dollars per fund position | 25 basis points |
| IIVAX | Transamerica Small/Mid Cap Value A | N/A | 35 basis points |
| QUUGQ | MetLife Stable Value Fund | 25 basis points | 40 basis points |
| MDSWX | BlackRock Small Cap Growth Fund II | 25 basis points | 25 basis points |
| PCMRX | Pioneer Mid Cap Value Fund R | 25 basis points | 50 basis points |
| MGOAX | Munder Mid-Cap Core Growth A | 25 basis points | 25 basis points |
| RERBX | American Funds EuroPacific Growth R2 | 25 basis points | 75 basis points |
| OGLNX | Oppenheimer Global Fund N | Lesser of 12 dollars per fund position or 25 basis points | 50 basis points |
| RSIFX | RS Technology Fund | 25 basis points | 25 basis points |
| JRLAX | John Hancock Lifestyle Aggressive R3 | 15 basis points | 50 basis points |
| JRLGX | John Hancock Lifestyle Growth R3 | 15 basis points | 50 basis points |
| JRLBX | John Hancock Lifestyle Balanced R3 | 15 basis points | 50 basis points |
| JRLCX | John Hancock Lifestyle Conservative R3 | 15 basis points | 50 basis points |
| JRLMX | John Hancock Lifestyle Moderate R3 | 15 basis points | 50 basis points |
| MNVAX | Munder Small-Cap Value Fund | 25 basis points | 25 basis points |

**Attachment to 2009 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** HEATH CONSULTANTS, INC PROFIT SHARING AND RETIREMENT PLAN **EIN:** 04-2144731
**Plan Sponsor's Name** HEATH CONSULTANTS, INC **PN:** 002

| (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 |
|---|---|---|---|---|
| | MetLife | MetLife Stable Value Fund | 0 | 1,777,217 |
| | John Hancock | John Hancock High Yield Fund A | 0 | 40,773 |
| | Calvert | Calvert Income Fund A | 0 | 81,699 |
| | Loomis Sayles | Loomis Sayles Strategic Income Fund A | 0 | 223,497 |
| | Munder | Munder Asset Allocation Fund-Balanced A | 0 | 873,676 |
| | BlackRock | BlackRock Large Cap Value Fund | 0 | 444,425 |
| | Neuberger | Neuberger Berman Partners Fund | 0 | 1,116,428 |

**Attachment to 2009 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** _____ **EIN:** _____
**Plan Sponsor's Name** _____ **PN:** _____

| (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 |
|---|---|---|---|---|
| | Calvert | Calvert Large Cap Growth A | 0 | 242,430 |
| | Transamercia | Transamerica Small/Mid Cap Value A | 0 | 428,107 |
| | Munder | Munder Small-Cap Value Fund | 0 | 153,032 |
| | BlackRock | BlackRock Small Cap Growth Fund II | 0 | 191,357 |
| | RS | RS Value Fund | 0 | 245,806 |
| | Munder | Munder Mid-Cap Core Growth A | 0 | 841,739 |
| | Amercian funds | American Funds EuroPacific Growth R2 | 0 | 371,440 |

**Attachment to 2009 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** _____ **EIN:** _____
**Plan Sponsor's Name** _____ **PN:** _____

| (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 |
|---|---|---|---|---|
| | Oppenheimer | Oppenheimer Global Fund N | 0 | 197,442 |
| | RS | RS Technology Fund | 0 | 679,994 |
| | John Hancock | John Hancock Lifestyle Aggressive R3 | 0 | 134,768 |
| | John Hancock | John Hancock Lifestyle Growth R3 | 0 | 67,755 |
| | John Hancock | John Hancock Lifestyle Balanced R3 | 0 | 40,170 |
| | John Hancock | John Hancock Lifestyle Conservative R3 | 0 | 20,646 |
| | John Hancock | John Hancock Lifestyle Moderate R3 | 0 | 67,830 |

**Attachment to 2009 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** HEATH CONSULTANTS, INC PROFIT SHARING AND RETIREMENT PLAN **EIN:** 04-2144731
**Plan Sponsor's Name** HEATH CONSULTANTS, INC **PN:** 002

| (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 |
|---|---|---|---|---|
| | Pioneer | Pioneer Mid Cap Value Fund R | 0 | 70,621 |
| | Participants loan account | Various Rates and Maturities | 0 | 176,972 |
| | Frontier Trust Company | Contribution Account | 0 | 38 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |