

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
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 10/01/2004 and ending 09/30/2005	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan PROFESSIONAL HEALTHCARE AT HOME 401(K) PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1996
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) PROFESSIONAL HEALTHCARE AT HOME, LLC 925 YGNACIO VALLEY ROAD, SUITE 101 WALNUT CREEK, CA 94596	2b Employer Identification Number (EIN) 94-3186761 2c Sponsor's telephone number 925-891-7000 2d Business code (see instructions) 621399

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/08/2010	AMY CAIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") PROFESSIONAL HEALTHCARE AT HOME, LLC 925 YGNACIO VALLEY ROAD, SUITE 101 WALNUT CREEK, CA 94596	3b Administrator's EIN 94-3186761 3c Administrator's telephone number 925-891-7000
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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 PROFESSIONAL HEALTHCARE AT HOME	4b EIN 94-3186761 4c PN 001	
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5 Total number of participants at the beginning of the plan year	5	258
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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	199
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	41
d Subtotal. Add lines 6a , 6b , and 6c	6d	241
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	241
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	196
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2J 2G 2F 3D 2C

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) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 10/01/2004 and ending 09/30/2005		
A Name of plan PROFESSIONAL HEALTHCARE AT HOME 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. PROFESSIONAL HEALTHCARE AT HOME, LLC		
D Employer Identification Number (EIN) 94-3186761		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	71894	196	10/01/2004	09/30/2005

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
11911	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CALIFORNIA FRINGE BENEFITS JAMES WOOD P.O. BOX 5154 SAN RAMON, CA 94583

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7384			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CALIFORNIA FRINGE BENEFITS SAMANTHA BALBONI P.O. BOX 5154 SAN RAMON, CA 94583

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2978			3

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

LINCOLN FINANCIAL ADVISORS

1300 S. CLINTON, #3506
FORT WAYNE, IN 46801-5541

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1549			3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	591678
5 Current value of plan's interest under this contract in separate accounts at year end	5	1625906

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GR. VAR. ANNUITY CONT W/GUAR FUND

b Balance at the end of the previous year	7b	339306
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c Additions: (1) Contributions deposited during the year	7c(1)	100275	
	7c(2)		
	7c(3)	12658	
	7c(4)	141686	
	7c(5)		
▶ LOAN REPAYMENT PRINCIPAL			

(6) Total additions	7c(6)	254619
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d Total of balance and additions (add b and c(6))	7d	593925
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2247	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)		

▶ LOANS ISSUED

(5) Total deductions	7e(5)	2247
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f Balance at the end of the current year (subtract e(5) from d)	7f	591678
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	
Specify nature of costs ▶		

Part IV Provision of Information

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

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

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2009</div> This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 10/01/2004 and ending 09/30/2005		
A Name of plan PROFESSIONAL HEALTHCARE AT HOME 401(K) PLAN		B Three-digit plan number (PN) ► 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PROFESSIONAL HEALTHCARE AT HOME, LLC		D Employer Identification Number (EIN) 94-3186761
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: AF INDUCRANCE SERVICES GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-148	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 113884
a Name of MTIA, CCT, PSA, or 103-12 IE: GOV CORP BOND		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 153591
a Name of MTIA, CCT, PSA, or 103-12 IE: BALANCED		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-121	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92059
a Name of MTIA, CCT, PSA, or 103-12 IE: AB SMALL MID CAP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-163	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13178
a Name of MTIA, CCT, PSA, or 103-12 IE: AF GROWTH INCOME		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-149	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 133422
a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM H		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-114	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 343834
a Name of MTIA, CCT, PSA, or 103-12 IE: NB AMT REGENCY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-138	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13729

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-123	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21672
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-124	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40771
a Name of MTIA, CCT, PSA, or 103-12 IE: DWS EQUITY 500 INDEX VIP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-127	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59711
a Name of MTIA, CCT, PSA, or 103-12 IE: DELAWARE VALUE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-161	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7119
a Name of MTIA, CCT, PSA, or 103-12 IE: AB VPS GLOBAL TECHNOLOGY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-131	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3278
a Name of MTIA, CCT, PSA, or 103-12 IE: MEDIUM CAP EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-117	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12519
a Name of MTIA, CCT, PSA, or 103-12 IE: AF NEW PERSPECTIVE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-134	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66159
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACK ROCK AURORA		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-175	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6644
a Name of MTIA, CCT, PSA, or 103-12 IE: DELAWARE VIP SMALL CP VLUE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-156	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46830
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELTY VIP EQUITY INCOME		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-157	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4726

a Name of MTIA, CCT, PSA, or 103-12 IE: FR SMALL MED CAP GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-163	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32796
a Name of MTIA, CCT, PSA, or 103-12 IE: AB VPS GROWTH AND INCOME		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-119	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8870
a Name of MTIA, CCT, PSA, or 103-12 IE: AB VPS LARGE CAP GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-129	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 107
a Name of MTIA, CCT, PSA, or 103-12 IE: AF GLOBAL SMALL CAP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-146	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6629
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP OVERSEAS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-159	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2104
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS VIT UTILITIES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-167	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15246
a Name of MTIA, CCT, PSA, or 103-12 IE: SOCIAL AWARENESS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-133	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37272
a Name of MTIA, CCT, PSA, or 103-12 IE: AF INTERNATIONAL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-154	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23774
a Name of MTIA, CCT, PSA, or 103-12 IE: NB AMT MID-CAP GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-137	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16269
a Name of MTIA, CCT, PSA, or 103-12 IE: AGGRESSIVE BALANCED		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49374

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACK ROCK SMALL MID CAP GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-176	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2627
a Name of MTIA, CCT, PSA, or 103-12 IE: CORE EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-111	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16012
a Name of MTIA, CCT, PSA, or 103-12 IE: DWS SMALL CAP INDEX VIP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-136	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24651
a Name of MTIA, CCT, PSA, or 103-12 IE: VALUE EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-128	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21409
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP CONTRAFUND		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-135	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28330
a Name of MTIA, CCT, PSA, or 103-12 IE: FID VIP GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-158	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2472
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS ASPEN MID CAP GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-164	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18379
a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD BOND		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-120	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65330
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS VIT EMERGING GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-165	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8378
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE COMPANY		
c EIN-PN 35-0472300-122	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26106

a Name of MTIA, CCT, PSA, or 103-12 IE: **CONSERVATIVE BALANCED****b** Name of sponsor of entity listed in (a): **LINCOLN NATIONAL LIFE INSURANCE COMPANY**

c EIN-PN 35-0472300-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4664
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DELAWARE VIP REIT****b** Name of sponsor of entity listed in (a): **LINCOLN NATIONAL LIFE INSURANCE COMPANY**

c EIN-PN 35-0472300-155	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16970
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TEMPLETON GROWTH****b** Name of sponsor of entity listed in (a): **LINCOLN NATIONAL LIFE INSURANCE COMPANY**

c EIN-PN 35-0472300-162	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 722
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BLACK ROCK GLOBAL RES****b** Name of sponsor of entity listed in (a): **LINCOLN NATIONAL LIFE INSURANCE COMPANY**

c EIN-PN 35-0472300-177	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44836
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JANUS ASPEN LARGE CAP GROWTH****b** Name of sponsor of entity listed in (a): **LINCOLN NATIONAL LIFE INSURANCE COMPANY**

c EIN-PN 35-0472300-170	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 605
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AC VP INFLATION PROTECTION****b** Name of sponsor of entity listed in (a): **LINCOLN NATIONAL LIFE INSURANCE COMPANY**

c EIN-PN 35-0472300-192	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 152
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DELAWARE VIP DIVERSIFIED INCOME****b** Name of sponsor of entity listed in (a): **LINCOLN NATIONAL LIFE INSURANCE COMPANY**

c EIN-PN 35-0472300-193	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 726
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **DELAWARE VIP EMERGING MARKETS****b** Name of sponsor of entity listed in (a): **LINCOLN NATIONAL LIFE INSURANCE COMPANY**

c EIN-PN 35-0472300-194	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17970
---------------------------------------	-------------------------------	--

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)
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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)
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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
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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 10/01/2004 and ending 09/30/2005		
A Name of plan PROFESSIONAL HEALTHCARE AT HOME 401(K) PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 PROFESSIONAL HEALTHCARE AT HOME, LLC	D Employer Identification Number (EIN) 94-3186761	

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)	270000	101000
(2) Participant contributions	1b(2)	13141	14548
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	5332	16969
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	1549163	1625906
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		591678
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	1837636	2350101

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1837636	2350101
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	101000	
(B) Participants	2a(1)(B)	318976	
(C) Others (including rollovers)	2a(1)(C)	7913	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		427889

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	885	
(F) Other	2b(1)(F)	12658	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13543

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		148872
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		590304

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	73099	
(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)		73099
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)	0	
(3) Investment advisory and management fees	2i(3)	4740	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4740
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		77839

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		512465
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: SILICON VALLEY ACCOUNTANCY CORP.

(2) EIN: 77-0573994

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	☒		244531
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.).....		☒	
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.)		☒	
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.).....		☒	
e Was this plan covered by a fidelity bond?.....	☒		100000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒		
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.).....		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		☒	
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.			

- 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 10/01/2004 and ending 09/30/2005

A Name of plan <u>PROFESSIONAL HEALTHCARE AT HOME 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PROFESSIONAL HEALTHCARE AT HOME, LLC</u>	D Employer Identification Number (EIN) <u>94-3186761</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>35-0472300</u>	
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 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Professional HealthCare at Home 401(k) Plan

Financial Statements and Supplemental Schedules

September 30, 2005 and 2004

and for the year ended September 30, 2005 with Independent Auditors' Report

Professional HealthCare at Home 401(k) Plan

Financial Statements and Supplemental Schedules

**September 30, 2005 and 2004
and for the year ended September 30, 2005**

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Silicon Valley Accountancy
Corporation

Certified Public Accountants
and Business Advisors

Independent Auditors' Report

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

We were engaged to audit the financial statements and supplemental schedules of the Professional HealthCare at Home 401(k) Plan ("the Plan") as of September 30, 2005 and 2004 and for the year ended September 30, 2005, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Lincoln National Life Insurance Company ("Lincoln"), the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that Lincoln holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from Lincoln as of September 30, 2005 and 2004, and for the year ended September 30, 2005, that the information provided to the Plan Administrator 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 Lincoln have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Silicon Valley Accountancy Corporation

SILICON VALLEY ACCOUNTANCY CORPORATION

San Jose, California
July 19, 2010

3150 Almaden Expwy, Suite 105
San Jose, CA 95118
Tel: 408-448-8000
Fax: 408-448-8021
eMail: info@cpas-svac.com
www.cpas-svac.com

Professional HealthCare at Home 401(k) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	September 30,	
	2005	2004
Assets:		
Investments, at fair value	\$ 2,217,584	\$ 1,549,163
Participant loans	16,969	5,332
Assets held for investment purposes	2,234,553	1,554,495
Employer's contribution receivable	101,000	270,000
Participants' contribution receivable	14,548	13,141
Total assets	2,350,101	1,837,636
Net assets available for benefits	\$ 2,350,101	\$ 1,837,636

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

Professional HealthCare at Home 401(k) Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended September 30, 2005
Additions to net assets attributed to:	
Investment income:	
Interest income	\$ 13,543
Net realized and unrealized appreciation in fair value of investments	148,872
Contributions:	
Employer's	101,000
Participants'	318,976
Rollovers	7,913
Total additions	<u>590,304</u>
Deductions from net assets attributed to:	
Withdrawals and distributions	73,099
Administrative fees	4,740
Total deductions	<u>77,839</u>
Net increase in net assets	512,465
Net assets available for benefits:	
Beginning of year	<u>1,837,636</u>
End of year	<u><u>\$ 2,350,101</u></u>

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

Professional HealthCare at Home 401(k) Plan

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2005 AND 2004 (See Independent Auditors' Report)

NOTE 1 - DESCRIPTION OF PLAN

General - The following description of the Professional HealthCare at Home 401(k) Plan ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

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

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

Contributions - Each year, participants may contribute up to the maximum amount allowed by law of eligible pre-tax annual compensation, as defined in the Plan agreement. Participants who are fifty years or older can elect to make catch-up contributions to the Plan, not to exceed the maximum allowed by law. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company may make discretionary profit sharing and matching contributions. For the year ended September 30, 2005, the Company's Board of Directors approved a profit sharing contribution in the amount of \$101,000 that is a receivable as of September 30, 2005 and was paid in December 2005. No discretionary matching contribution was made for the year ended September 30, 2005. Participants direct the investment of all contributions into various investment options offered by the Plan.

Participant Accounts - Each participant's account is credited with the participant's contribution, the Company's profit sharing contribution and matching contribution, if any, and an allocation of Plan earnings or losses and Plan expenses. Allocations of Plan earnings and losses are based on participant investment fund selection. Allocations of the profit sharing contribution are based on compensation as defined in the Plan agreement. Allocations of the Company's discretionary profit sharing and matching contributions are subject to certain hours of service and employment requirements. The profit sharing

Professional HealthCare at Home 401(k) Plan

NOTES TO FINANCIAL STATEMENTS (continued)
SEPTEMBER 30, 2005 AND 2004 (See Independent Auditors' Report)

contribution allocation is further subject to integration with Social Security benefits. Participants should refer to the Plan agreement for a more complete description of the eligibility requirements and allocation method. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

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

Participant Loans - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their account balance, whichever is less. The loans are secured by the participant's account balance, and bear interest rates, which are commensurate with local prevailing rates as determined by the Plan Administrator. The outstanding participant loans at September 30, 2005 and 2004 have interest rates ranging from 6.50% to 7.00% and 6.25% to 7.50% respectively. Principal and interest is paid ratably through payroll deductions. Loans must be repaid within a five-year period, unless it is used for the purchase of a principal residence in which case the maximum repayment period may be longer. The specific terms and conditions of such loans are established by the Plan Administrator.

Payment of Benefits - Distributions from the Plan may only be made after specific events have occurred. Participants are eligible for a distribution upon termination of employment, death, disability or retirement, and are paid in accordance with Plan provisions. Participants may be eligible to receive distributions up to their account balances in the case of financial hardship. Participants are allowed to receive in-service distributions upon attaining age 59½. Effective March 27, 2005, the Plan was amended to allow the Plan Sponsor to automatically rollover terminated accounts with balances in excess of \$1,000 but less than or equal to \$5,000 to an Individual Retirement Account.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - The Plan's investments primarily consist of pooled separate accounts which are valued at fair value as

Professional HealthCare at Home 401(k) Plan

NOTES TO FINANCIAL STATEMENTS (continued)
SEPTEMBER 30, 2005 AND 2004 (See Independent Auditors' Report)

reported by Lincoln. Participant loans are valued at cost, which approximates fair value.

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

The Plan's guaranteed investment contract account ("Guaranteed Account") is valued at contract value as reported by Lincoln. Guaranteed income funds held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts. The Guaranteed Account is fully benefit-responsive. Contract value approximates fair value as of September 30, 2005 and 2004.

The average yield for the Plan and the average yield credited to participants for the years ended September 30, 2005 and 2004 was 3.81% and 3.80% respectively. The crediting interest rate as of September 30, 2005 and 2004 was 3.81%, and 3.80%, respectively. The interest rate is determined by Lincoln and is guaranteed for a three-month period, interest income is credited to the account on a daily basis.

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

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

Payment of Benefits - Benefits are recorded when paid.

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

NOTE 3 – RISKS AND UNCERTAINTIES

Professional HealthCare at Home 401(k) Plan

NOTES TO FINANCIAL STATEMENTS (continued)

SEPTEMBER 30, 2005 AND 2004 (See Independent Auditors' Report)

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

NOTE 4 - CERTIFIED INFORMATION

In accordance with 29 CFR 2520.103.8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, information certified by Lincoln regarding the current value of assets held at September 30, 2005 and 2004, and transactions entered into for the year ended September 30, 2005 was used in the preparation of the accompanying financial statements and supplemental schedules. The following table includes the fair values of investment funds that represent 5% or more of the Plan's net assets at September 30:

	2005		2004
Certified:			
Guaranteed Account	\$ 591,678	*	\$ 339,306 *
American Funds Indurance Series Growth (SA # 48)	113,884		64,085
Government/Corporate Bond (SA # 12)	153,591	*	116,387 *
Balanced (SA # 21)	92,059		146,339 *
AllianceBernstein Small Mid Cap	13,178		6,865
American Funds Insurance Series Growth-Income (SA # 49)	133,422	*	71,846
Short Term (SA # 14)	343,834	*	296,243 *
Neuberger Berman AMT Regency (SA # 38)	13,729		17,550
Large Capitalization Equity (SA # 23)	21,672		15,059
Small Capitalization Equity (SA # 24)	40,771		41,299
DWS Equity 500 Index VIP (SA # 27)	59,711		46,628
Delaware Value (SA # 61)	7,119		4,071
AllianceBernstein VPS Global Technology (SA # 31)	3,278		1,928
Medium Capitalization Equity (SA # 17)	12,519		13,922
American Funds New Perspective (SA # 34)	66,159		48,314
BlackRock Aurora (SA # 75)	6,644		3,448
BlackRock Intermediate Government Bond	-		2,871
Delaware VIP Small Cap Value Series	46,830		21,610

Professional HealthCare at Home 401(k) Plan

NOTES TO FINANCIAL STATEMENTS (continued)
 SEPTEMBER 30, 2005 AND 2004 (See Independent Auditors' Report)

(SA # 56)		
Fidelity VIP Equity-Income (SA # 57)	4,726	1,873
Franklin Small-Mid Cap Growth Securities (SA # 63)	32,796	19,224
AllianceBernstein VPS Growth and Income (SA # 19)	8,870	3,235
AllianceBernstein VPS Large Cap Growth (SA # 29)	107	-
Scudder VIT EAFE Equity Index	-	15,363
American Funds Insurance Series Global Small Capitalization (SA # 46)	6,629	754
Fidelity VIP Overseas (SA # 59)	2,104	735
MFS VIT Utilities Series (SA # 67)	15,246	1,200
Social Awareness (SA # 33)	37,272	23,866
American Funds Insurance Series International (SA # 54)	23,774	6,144
Neuberger Berman AMT Mid-Cap Growth (SA # 37)	16,269	21,232
Aggressive Balanced (SA # 32)	49,374	35,297
BlackRock Small/Mid-Cap Growth (SA # 76)	2,627	421
Core Equity (SA # 11)	16,012	13,674
DWS Small Cap Index VIP (SA # 36)	24,651	20,327
Value Equity (SA # 28)	21,409	29,188
Fidelity VIP Contrafund (SA # 35)	28,330	14,714
Fidelity VIP Growth (SA # 58)	2,472	1,089
Janus Aspen Series Mid-Cap Growth (SA # 64)	18,379	14,643
High Yield Bond (SA # 20)	65,330	36,329
MFS VIT Emerging Growth Series (SA # 65)	8,378	3,050
International Equity (SA # 22)	26,106	16,030
Conservative Balanced (SA # 30)	4,664	3,432
Delaware VIP REIT Series (SA # 55)	16,970	5,619
Templeton Growth Securities (SA # 62)	722	319
BlackRock Global Resources (SA # 77)	44,836	3,401
Janus Aspen Series Large Cap Growth (SA # 70)	605	233
American Century VP Inflation Protection (SA # 92)	152	-
Delaware VIP Diversified Income (SA # 93)	726	-

Professional HealthCare at Home 401(k) Plan

NOTES TO FINANCIAL STATEMENTS (continued)
SEPTEMBER 30, 2005 AND 2004 (See Independent Auditors' Report)

Delaware VIP Emerging Markets (SA # 94)	17,970	-
	<u>2,217,584</u>	<u>1,549,163</u>
Uncertified:		
Participant Loans	16,969	5,332
Assets held for investment purposes	<u>\$ 2,234,553</u>	<u>\$ 1,554,495</u>

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

During the year ended September 30, 2005, interest income was as follows:

Participant loans	\$ 885
Guaranteed Account income	<u>12,658</u>
Interest income	<u>\$13,543</u>

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows for the year ended September 30, 2005:

Pooled separate accounts	<u>\$148,872</u>
--------------------------	------------------

NOTE 5 - RELATED PARTY TRANSACTIONS

Certain Plan investments in pooled separate accounts and the guaranteed investment contract are managed by Lincoln, the custodian for the Plan. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA. Administrative fees paid by the Plan during the year ended September 30, 2005 to Lincoln amounted to \$4,740.

NOTE 6 - NONEXEMPT TRANSACTIONS

Certain participant contributions and loan repayments in the amount of \$206,223 and \$38,308 made by participants during the year ended September 30, 2005 and 2004, respectively were not deposited with the custodian on a timely basis. Because of the delay in deposit of the participants' contributions and loan repayments, these amounts are considered prohibited transactions under ERISA. The participant contributions and loan repayments were deposited into the Plan during the 2005 and 2004 fiscal year, respectively. The lost earnings (prohibited transaction) in the amount of \$721 and \$187 related to the fiscal year 2005 and 2004 were deposited into the Plan in July 2008 and fiscal year 2006, respectively. The Company will make necessary excise tax filings with the Internal Revenue Service.

Professional HealthCare at Home 401(k) Plan

NOTES TO FINANCIAL STATEMENTS (continued)
SEPTEMBER 30, 2005 AND 2004 (See Independent Auditors' Report)

NOTE 7 - PLAN TERMINATION AND/OR MODIFICATION

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

NOTE 8 - TAX STATUS

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

NOTE 9 - SUBSEQUENT EVENTS

As of July 19, 2010, some of the major financial market indices have decreased since September 30, 2005, consequently, the Plan's assets may have decreased in value.

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

Certain participant contributions and loan repayments in the amount of \$8,526, \$676, \$50,780, and \$3,533 made by participants in calendar year 2008, three month period ended December 31, 2007, fiscal years ended September 30, 2007, and 2006 respectively, were not deposited with the custodian on a timely basis. Because of the delay in deposit of the participants' contributions and loan repayments, these amounts are considered prohibited transactions under ERISA. The participant contributions and loan repayments were deposited into the Plan in year 2009, 2008, 2007 and 2006, respectively. The lost earnings (prohibited transaction) in the amount of \$494, \$173, and \$23 related to the year 2008, and fiscal years ended September 30, 2007 and 2006, respectively, were deposited into the Plan on October 9, 2009. Upon determination, the Company will deposit the lost earnings with respect to the December 31, 2007 period. The necessary excise tax filings will be made with the Internal Revenue Service.

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

Professional HealthCare at Home 401(k) Plan

NOTES TO FINANCIAL STATEMENTS (continued)
SEPTEMBER 30, 2005 AND 2004 (See Independent Auditors' Report)

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

A blackout period from August 5, 2008 to August 7, 2008, occurred due to transfer of contract within Lincoln. Funds from the existing contract were transferred into a new allocated contract in accordance with the funds and sources of each participant in the prior contract. During the blackout period participants were not able to direct or diversify assets in their accounts, obtain a loan and /or distribution.

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

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

During the year ended September 30, 2007, \$3,354 of employer contribution was deposited to the Plan as a correction of the 2005 employer contribution.

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

SUPPLEMENTAL SCHEDULES

Professional HealthCare at Home 401(k) Plan

EIN: 94-3186761

PLAN #001

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

SEPTEMBER 30, 2005

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
*	Guaranteed Account	Guaranteed Investment Contract	\$ 591,678
*	American Funds Indurance Series Growth (SA # 48)	Pooled Separate Account	113,884
*	Government/Corporate Bond (SA # 12)	Pooled Separate Account	153,591
*	Balanced (SA # 21)	Pooled Separate Account	92,059
*	AllianceBernstein Small Mid Cap	Pooled Separate Account	13,178
*	American Funds Insurance Series Growth-Income (SA # 49)	Pooled Separate Account	133,422
*	Short Term (SA # 14)	Pooled Separate Account	343,834
*	Neuberger Berman AMT Regency (SA # 38)	Pooled Separate Account	13,729
*	Large Capitalization Equity (SA # 23)	Pooled Separate Account	21,672
*	Small Capitalization Equity (SA # 24)	Pooled Separate Account	40,771
*	DWS Equity 500 Index VIP (SA # 27)	Pooled Separate Account	59,711
*	Delaware Value (SA # 61)	Pooled Separate Account	7,119
*	AllianceBernstein VPS Global Technology (SA # 31)	Pooled Separate Account	3,278
*	Medium Capitalization Equity (SA # 17)	Pooled Separate Account	12,519
*	American Funds New Perspective (SA # 34)	Pooled Separate Account	66,159
*	BlackRock Aurora (SA # 75)	Pooled Separate Account	6,644
*	Delaware VIP Small Cap Value Series (SA # 56)	Pooled Separate Account	46,830
*	Fidelity VIP Equity-Income (SA # 57)	Pooled Separate Account	4,726
*	Franklin Small-Mid Cap Growth Securities (SA # 63)	Pooled Separate Account	32,796
*	AllianceBernstein VPS Growth and Income (SA # 19)	Pooled Separate Account	8,870
*	AllianceBernstein VPS Large Cap Growth (SA # 29)	Pooled Separate Account	107
*	American Funds Insurance Series Global Small Capitalization (SA # 46)	Pooled Separate Account	6,629
*	Fidelity VIP Overseas (SA # 59)	Pooled Separate Account	2,104
*	MFS VIT Utilities Series (SA # 67)	Pooled Separate Account	15,246
*	Social Awareness (SA # 33)	Pooled Separate Account	37,272
*	American Funds Insurance Series International (SA # 54)	Pooled Separate Account	23,774
*	Neuberger Berman AMT Mid-Cap Growth (SA # 37)	Pooled Separate Account	16,269
*	Aggressive Balanced (SA # 32)	Pooled Separate Account	49,374
*	BlackRock Small/Mid-Cap Growth (SA # 76)	Pooled Separate Account	2,627
*	Core Equity (SA # 11)	Pooled Separate Account	16,012
*	DWS Small Cap Index VIP (SA # 36)	Pooled Separate Account	24,651
*	Value Equity (SA # 28)	Pooled Separate Account	21,409
*	Fidelity VIP Contrafund (SA # 35)	Pooled Separate Account	28,330
*	Fidelity VIP Growth (SA # 58)	Pooled Separate Account	2,472
*	Janus Aspen Series Mid-Cap Growth (SA # 64)	Pooled Separate Account	18,379
*	High Yield Bond (SA # 20)	Pooled Separate Account	65,330
*	MFS VIT Emerging Growth Series (SA # 65)	Pooled Separate Account	8,378
*	International Equity (SA # 22)	Pooled Separate Account	26,106
*	Conservative Balanced (SA # 30)	Pooled Separate Account	4,664
*	Delaware VIP REIT Series (SA # 55)	Pooled Separate Account	16,970
*	Templeton Growth Securities (SA # 62)	Pooled Separate Account	722
*	BlackRock Global Resources (SA # 77)	Pooled Separate Account	44,836
*	Janus Aspen Series Large Cap Growth (SA # 70)	Pooled Separate Account	605
*	American Century VP Inflation Protection (SA # 92)	Pooled Separate Account	152
*	Delaware VIP Diversified Income (SA # 93)	Pooled Separate Account	726
*	Delaware VIP Emerging Markets (SA # 94)	Pooled Separate Account	17,970
*	Participant Loans	Interest rates from 6.5% to 7.0%	16,969
	Assets held for investment purposes		<u>\$ 2,234,553</u>

* Indicates party-in-interest to the Plan

See Independent Auditors' Report

Professional HealthCare at Home 401(k) Plan

EIN: 94-3186761
PLAN #001

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
YEAR ENDED SEPTEMBER 30, 2005

Plan year ended	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Sept. 30, 2004	\$38,308		\$38,308		
Sept. 30, 2005	\$206,223		\$206,223		

Note: Participant contributions and loan repayments in the amount of \$38,308 and \$206,223 in fiscal year 2004 and 2005 were not deposited to the Plan on a timely basis.

The Plan Sponsor reimbursed the Plan in the amount of \$187 and \$721 during fiscal year 2006 and in July 2008, respectively for the lost earnings (prohibited transaction amount) with respect to the fiscal year 2004 and 2005 deposits.

The Plan Sponsor will make the necessary excise tax filing with the Internal Revenue Service.

See Independent Auditors' Report

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 10/01/2004 and ending 09/30/2005

Name of plan

Professional Healthcare At Home 401(K) Plan

Employer Identification Number

94-3186761

Three-digit
plan number

001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	LINCOLN NATIONAL LIFE INS. CO.	GUARANTEED FIXED		591,678
*	LINCOLN NATIONAL LIFE INS. CO.	AF GROWTH		113,884
*	LINCOLN NATIONAL LIFE INS. CO.	GOVERNMENT CORP BOND		153,591
*	LINCOLN NATIONAL LIFE INS. CO.	AB SMALL MID CAP		13,178
*	LINCOLN NATIONAL LIFE INS. CO.	AF GROWTH INCOME		133,422
*	LINCOLN NATIONAL LIFE INS. CO.	SHORT TERM		343,834
*	LINCOLN NATIONAL LIFE INS. CO.	NB AMT REGENCY		13,729
*	LINCOLN NATIONAL LIFE INS. CO.	LARGE CAP EQUITY		21,672
*	LINCOLN NATIONAL LIFE INS. CO.	SNALL CAP EQUITY		40,771
*	LINCOLN NATIONAL LIFE INS. CO.	DWS EQUITY 500 INDEX VIP		59,711
*	LINCOLN NATIONAL LIFE INS. CO.	DELAWARE VALUE		7,119
*	LINCOLN NATIONAL LIFE INS. CO.	AB VPS GLOBAL TECHNOLOGY		3,278
*	LINCOLN NATIONAL LIFE INS. CO.	MED CAP EQUITY		12,519
	LINCOLN NATIONAL LIFE INS. CO.	AF NEW PERSPECTIVE		66,159
*	LINCOLN NATIONAL LIFE INS. CO.	BLACK ROCK AURORA		6,644
*	LINCOLN NATIONAL LIFE INS. CO.	DELAWARE VIP SMALL CAP VALUE		46,830
*	LINCOLN NATIONAL LIFE INS. CO.	FIDELITY EQUITY INCOME		4,726
*	LINCOLN NATIONAL LIFE INS. CO.	FR SMALL MID CAP GROWTH		32,796
*	LINCOLN NATIONAL LIFE INS. CO.	AB VPS GROWTH AND INCOME		8,870
*	LINCOLN NATIONAL LIFE INS. CO.	AB VPS LARGE CAP GROWTH		107
*	LINCOLN NATIONAL LIFE INS. CO.	AF GLOBAL SMALL CAP		6,629
*	LINCOLN NATIONAL LIFE INS. CO.	FIDELITY VIP OVERSEAS		2,104
*	LINCOLN NATIONAL LIFE INS. CO.	MFS VIT UTILITIES		15,246
*	LINCOLN NATIONAL LIFE INS. CO.	SOCIAL AWARENESS		37,272
*	LINCOLN NATIONAL LIFE INS. CO.	AF INTERNATIONAL		23,774
*	LINCOLN NATIONAL LIFE INS. CO.	NB AMT MID CAP GROWTH		16,269
*	LINCOLN NATIONAL LIFE INS. CO.	AGGRESSIVE BALANCED		49,374
*	LINCOLN NATIONAL LIFE INS. CO.	BLACKROCK SMALL MID CAP GROWTH		2,627
*	LINCOLN NATIONAL LIFE INS. CO.	CORE EQUITY		16,012
*	LINCOLN NATIONAL LIFE INS. CO.	DWS SMALL CAP INDEX VIP		24,651
*	LINCOLN NATIONAL LIFE INS. CO.	VALUE EQUITY		21,409
*	LINCOLN NATIONAL LIFE INS. CO.	FIDELITY VIP CONTRAFUND		28,330
*	LINCOLN NATIONAL LIFE INS. CO.	FIDELITY VIP GROWTH		2,472
*	LINCOLN NATIONAL LIFE INS. CO.	JANUS ASPEN MID CAP GROWTH		18,379
*	LINCOLN NATIONAL LIFE INS. CO.	HIGH YIELD BOND		65,330
*	LINCOLN NATIONAL LIFE INS. CO.	MFS VIT EMERGING GROWTH		8,378
*	LINCOLN NATIONAL LIFE INS. CO.	INTERNATIONAL EQUITY		26,106
*	LINCOLN NATIONAL LIFE INS. CO.	CONSERVATIVE BALANCED		4,664
*	LINCOLN NATIONAL LIFE INS. CO.	DELAWARE VIP REIT		16,970

Schedule of Assets (Held At End of Year)

[illegible]