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
SBK CAPITAL, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/2006

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

C/O CPI-QPC, INC.
P.O. BOX 1167
GREAT BEND, KS 67530

2b Employer Identification Number (EIN)
58-2551326

2c Sponsor's telephone number
620-793-8473

2d Business code (see instructions)
623000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/23/2011	JODY GOODWIN
	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")
SBK CAPITAL, LLC

C/O CPI-QPC, INC.
P.O. BOX 1167
GREAT BEND, KS 67530

3b Administrator's EIN
58-2551326

3c Administrator's telephone number
620-793-8473

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
MID FLORIDA NURSING CENTERS, LLC

4b EIN
05-0589852

4c PN
001

5 Total number of participants at the beginning of the plan year	**5**	1115
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**	1046
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	17
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1063
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	1063
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	226
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

(1)	X	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)	X	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)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

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

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

A Name of plan
SBK CAPITAL, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
SBK CAPITAL, LLC

D Employer Identification Number (EIN)
58-2551326

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

1 Coverage Information:

(a) Name of insurance carrier
VARIABLE LIFE INSURANCE CO.

(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	Policy or contract year (g) To
74-1625348	70238	68420	216	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
6606	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
KELLY J TORRESIN
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
4842			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
RUDOLF L MOLNAR
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
1019			3

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

VINCE SORRENTINO
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
589			3

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

OTIS R THAMES
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
52			3

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

SCOTT C CONNOR
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
41			3

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

GREGORY A KOENIG
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
35			3

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

HOWARD THORWER III
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
15			3

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

JACQUELYN BLETZACKER
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
13			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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☐ other ▶

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

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)**	0
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)**	0
(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)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan
SBK CAPITAL, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SBK CAPITAL, LLC

D Employer Identification Number (EIN)
58-2551326

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

VALIC

74-1625348

(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 27 37 50 60 62 63 64	NONE	2159	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
SBK CAPITAL, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SBK CAPITAL, LLC

D Employer Identification Number (EIN)
58-2551326

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		0
(2) Participant contributions	1b(2)		0
(3) Other	1b(3)		0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		0
(2) U.S. Government securities	1c(2)		0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		0
(B) All other	1c(3)(B)		0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		0
(B) Common	1c(4)(B)		0
(5) Partnership/joint venture interests	1c(5)		0
(6) Real estate (other than employer real property)	1c(6)		0
(7) Loans (other than to participants)	1c(7)		0
(8) Participant loans	1c(8)	20799	33234
(9) Value of interest in common/collective trusts	1c(9)		0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		0
(12) Value of interest in 103-12 investment entities	1c(12)		0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	295144	542574
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	180119	250721
(15) Other	1c(15)		0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		0
(2) Employer real property	1d(2)		0
e Buildings and other property used in plan operation	1e		0
f Total assets (add all amounts in lines 1a through 1e)	1f	496062	826529
Liabilities			
g Benefit claims payable	1g		0
h Operating payables	1h		0
i Acquisition indebtedness	1i		0
j Other liabilities	1j		0
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	496062	826529

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)		
(B) Participants	2a(1)(B)	267520	
(C) Others (including rollovers)	2a(1)(C)	6842	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		274362
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)	845	
(F) Other	2b(1)(F)	7262	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8107
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		103813
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		386282
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	54622	
(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)		54622
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)	1193	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1193
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		55815
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		330467
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: LGG & ASSOCIATES, P.C. (2) EIN: 57-1153685

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
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
SBK CAPITAL, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SBK CAPITAL, LLC

D Employer Identification Number (EIN)
58-2551326

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): 74-1625348

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):

SBK CAPITAL, LLC 401(k) PLAN

Financial Statements
and
Supplementary Information

Years Ended December 31, 2009 and 2008

SBK CAPITAL, LLC 401(k) PLAN
(formerly Mid Florida Nursing Centers 401(k) Plan)

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LGG & Associates, P.C.
Certified Public Accountants and Consultants
305 Suwanee East Drive
Lawrenceville, Georgia 30043

Report of Independent Certified Public Accountants
on the Financial Statements and Supplementary Information

To the Participants and Board of Trustees
SBK CAPITAL, LLC 401(k) PLAN
Melbourne, Florida

In accordance with the terms and objectives of our engagement, we were engaged to audit the accompanying statements of net assets available for plan benefits of the **SBK CAPITAL, LLC 401(k) PLAN (formerly Mid Florida Nursing Centers 401(k) Plan) (the "Plan")** as of December 31, 2009 and 2008 (Restated), and the related statements of changes in net assets available for plan benefits and the changes in variable annuity funds for the years (2008 Restated) then ended, together with the supplementary information as of December 31, 2009 and 2008 (Restated). These financial statements and supplementary information are the responsibility of **the Plan's** administrator and board of trustees.

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's** administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the 2009 and 2008 financial positions and results of operations information summarized in Note 6 to these financial statements, which was certified by **The Variable Annuity Life Insurance Company**, the custodian of **the Plan's** assets as of December 31, 2009 and 2008, except for comparing that information with the related information included in the financial statements and supplementary information.

We have been informed by **the Plan's** administrator that **The Variable Annuity Life Insurance Company** holds **the Plan's** investment assets and participant loans and executes participant-directed investment transactions. **The Plan's** administrator has obtained certifications from **The Variable Annuity Life Insurance Company** as of and for the years ended December 31, 2009 and 2008, that the information, including the participant loan fund information, provided to **the Plan's** administrator by **The Variable Annuity Life Insurance Company** is complete and accurate.

Office: 770 513-1752 Mobile: 770 596-6784 Fax: 770 962-6331
louis@qbconsultants.com • Member of AICPA & GSCPA

Because of the significance of the information that we did not audit, we are unable to, and we do not, express an opinion on the accompanying financial statements and supplementary information as of December 31, 2009 and 2008, and for the years then ended, taken as a whole.

However, the form and content of the information included in the financial statements and supplementary information, other than that derived from the information certified by **The Variable Annuity Life Insurance Company**, 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**.

LGG & Associates, PC

LGG & Associates, PC
Certified Public Accountants
and Management Consultants

Saturday, May 14, 2011
Lawrenceville, Georgia

SBK CAPITAL, LLC 401(k) PLAN

(formerly Mid Florida Nursing Centers 401(k) Plan)

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2009 and 2008 (2008 Restated)

ASSETS	2009	2008
Investments:		
Financial instruments held by the Variable Annuity Life Insurance Company:		
VALIC Fixed Account Plus, at Contract Value	$ 234,114	$ 164,099
VALIC Short-Term Fixed Account, at Contract Value	16,607	16,020
Total	250,721	180,119
Mark-to-Market	(14,417)	(10,357)
VALIC Fixed-Funds, at Fair Value	236,304	169,762
Variable Annuity Funds:		
International Equities Fund	42,288	23,029
Mid Cap Index Fund	68,113	36,647
Money Market I Fund	39,190	21,264
Socially Responsible Fund	66,848	39,072
Stock Index Fund	56,963	27,481
Funds under 5% of total	269,171	147,651
Total	542,573	295,144
Participant loans	35,958	23,381
Total investments	814,835	488,287
Contributions receivable:		
Employees	-	7,655
Employer	-	-
Total assets	814,835	495,942
LIABILITIES	-	32,617
NET ASSETS AVAILABLE FOR PLAN BENEFITS, at Fair Value	814,835	463,325
Adjustment from fair value to contract value for fully benefit-responsive investment contract	14,417	10,357
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 829,252	$ 473,682
REPRESENTED BY:		
Employee salary reduction	$ 903,926	$ 603,789
Rollover contributions	139,687	132,845
Employee contributions receivable	-	7,655
Net investment income (loss)	(17,858)	(129,918)
Participant benefits and withdrawals	(196,468)	(141,846)
Administrative fees	(2,617)	(1,425)
Reinstated prior year delinquent loans	2,582	2,582
Total	$ 829,252	$ 473,682

See the accompanying report of independent certified public accountants and the notes to the financial statements.

SBK CAPITAL, LLC 401(k) PLAN

(formerly Mid Florida Nursing Centers 401(k) Plan)

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

Year Ended December 31, 2009

	Participant-Directed			
	Fixed Interest Funds	Variable Annuity Funds	Loan Fund	Total
Additions to net assets attributed to:				
Investment income:				
Net realized and unrealized gains	$ -	$ 103,811	$ -	$ 103,811
Dividends and interest earned	7,262	-	-	7,262
Interest on participants' loans	-	-	987	987
Net investment income	7,262	103,811	987	112,060
Contributions:				
Employee salary reduction	102,641	197,496	-	300,137
Employer contributions	-	-	-	-
Employee contributions receivable:				
Beginning of year	-	(7,655)	-	(7,655)
End of year	-	-	-	-
Net contributions	102,641	189,841	-	292,482
Rollovers from other plans	-	6,842	-	6,842
Net additions	109,903	300,494	987	411,384
Deductions from net assets attributed to:				
Participant benefits and withdrawals	29,050	23,556	2,016	54,622
Administrative fees	17	1,175	-	1,192
Total deductions	29,067	24,731	2,016	55,814
Net change before interfund transfers	80,836	275,763	(1,029)	355,570
Interfund transfers:				
Fund balances	(10,234)	10,234	-	-
Loan repayments	-	4,165	(4,165)	-
New loans to participants	-	(17,771)	17,771	-
Net interfund transfers	(10,234)	(3,372)	13,606	-
Net increase in net assets	70,602	272,391	12,577	355,570
Net assets available for plan benefits:				
Beginning of year	180,119	270,182	23,381	473,682
End of year	$ 250,721	$ 542,573	$ 35,958	$ 829,252

See the accompanying report of independent certified public accountants and the notes to the financial statements.

SBK CAPITAL, LLC 401(k) PLAN

(formerly Mid Florida Nursing Centers 401(k) Plan)

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

Year Ended December 31, 2008 (Restated)

	Participant-Directed			
	Fixed Income Funds	Variable Annuity Funds	Loan Fund	Total
Additions to net assets attributed to:				
Investment income:				
Net realized and unrealized gains (losses)	$ -	$ (134,538)	$ -	$ (134,538)
Dividends and interest earned	5,590	-	-	5,590
Interest on participants' loans	-	-	432	432
Net investment income (loss)	5,590	(134,538)	432	(128,516)
Contributions:				
Employee salary reduction	84,614	157,561	-	242,175
Employer contributions	-	-	-	-
Employee contributions receivable:				
Beginning of year	-	(3,222)	-	(3,222)
End of year	-	7,655	-	7,655
Net contributions	84,614	161,994	-	246,608
Rollovers from other plans	-	20,696	-	20,696
Net additions	90,204	48,152	432	138,788
Deductions from net assets attributed to:				
Participant benefits and withdrawals	44,338	83,148	3,502	130,988
Administrative fees	24	1,001	-	1,025
Total deductions	44,362	84,149	3,502	132,013
Net change before interfund transfers	45,842	(35,997)	(3,070)	6,775
Interfund transfers:				
Fund balances	14,427	(14,427)	-	-
Loan repayments	-	1,662	(1,662)	-
New loans to participants	-	(14,061)	14,061	-
Net interfund transfers	14,427	(26,826)	12,399	-
Net increase (decrease) in net assets	60,269	(62,823)	9,329	6,775
Net assets available for plan benefits:				
Beginning of year	119,850	333,005	14,052	466,907
End of year	$ 180,119	$ 270,182	$ 23,381	$ 473,682

See the accompanying report of independent certified public accountants and the notes to the financial statements.

SBK CAPITAL, LLC 401(k) PLAN

(formerly Mid Florida Nursing Centers 401(k) Plan)

STATEMENT OF CHANGES IN VARIABLE ANNUITY FUNDS
Year Ended December 31, 2009

	Participant-Directed						
	International Equities Fund	Mid Cap Index Fund	Money Market I Fund	Socially Responsible Fund	Stock Index Fund	Funds Under 5% of Total	Total
Additions to net assets attributed to:							
Investment income:							
Net realized and unrealized gains (losses)	$ 8,863	$ 16,339	$ (258)	$ 14,687	$ 10,267	$ 53,913	$ 103,811
Dividends and interest earned	-	-	-	-	-	-	-
Interest on participants' loans	-	-	-	-	-	-	-
Net investment income (loss)	8,863	16,339	(258)	14,687	10,267	53,913	103,811
Contributions:							
Employee salary reduction	13,122	18,893	15,448	20,229	15,899	113,905	197,496
Employer contributions	-	-	-	-	-	-	-
Employee contributions receivable:							
Beginning of year	-	-	-	-	-	(7,655)	(7,655)
End of year	-	-	-	-	-	-	-
Net contributions	13,122	18,893	15,448	20,229	15,899	106,250	189,841
Rollovers from other plans	889	889	-	1,437	547	3,080	6,842
Net additions	22,874	36,121	15,190	36,353	26,713	163,243	300,494
Deductions from net assets attributed to:							
Participant benefits and withdrawals	2,287	2,363	4,910	3,573	1,535	8,888	23,556
Administrative fees	151	155	-	239	104	526	1,175
Total deductions	2,438	2,518	4,910	3,812	1,639	9,414	24,731
Net change before interfund transfers	20,436	33,603	10,280	32,541	25,074	153,829	275,763
Interfund transfers:							
Fund balances	(1,177)	(2,137)	7,646	(4,765)	4,408	6,259	10,234
Loan repayments	-	-	-	-	-	4,165	4,165
New loans to participants	-	-	-	-	-	(17,771)	(17,771)
Net interfund transfers	(1,177)	(2,137)	7,646	(4,765)	4,408	(7,347)	(3,372)
Net increase in net assets	19,259	31,466	17,926	27,776	29,482	146,482	272,391
Net assets available for plan benefits:							
Beginning of year	23,029	36,647	21,264	39,072	27,481	122,689	270,182
End of year	$ 42,288	$ 68,113	$ 39,190	$ 66,848	$ 56,963	$ 269,171	$ 542,573

See the accompanying report of independent certified public accountants and the notes to the financial statements.

SBK CAPITAL, LLC 401(k) PLAN

(formerly Mid Florida Nursing Centers 401(k) Plan)

STATEMENT OF CHANGES IN VARIABLE ANNUITY FUNDS
Year Ended December 31, 2008 (Restated)

	Participant-Directed						
	International Equities Fund	Mid Cap Index Fund	Money Market I Fund	Socially Responsible Fund	Stock Index Fund	Funds Under 5% of Total	Total
Additions to net assets attributed to:							
Investment income:							
Net realized and unrealized gains (losses)	$ (14,415)	$ (20,546)	$ 1,447	$ (22,025)	$ (18,673)	$ (60,326)	$ (134,538)
Dividends and interest earned	-	-	-	-	-	-	-
Interest on participants' loans	-	-	-	-	-	-	-
Net investment income (loss)	(14,415)	(20,546)	1,447	(22,025)	(18,673)	(60,326)	(134,538)
Contributions:							
Employee salary reduction	13,512	21,188	61,335	24,348	21,550	15,628	157,561
Employer contributions	-	-	-	-	-	-	-
Employee contributions receivable:							
Beginning of year	-	-	-	-	-	(3,222)	(3,222)
End of year	-	-	-	-	-	7,655	7,655
Net contributions	13,512	21,188	61,335	24,348	21,550	20,061	161,994
Rollovers from other plans	4,012	7,107	38,321	7,406	7,107	(43,257)	20,696
Net additions (deductions)	3,109	7,749	101,103	9,729	9,984	(83,522)	48,152
Deductions from net assets attributed to:							
Participant benefits and withdrawals	8,314	9,932	1,026	14,587	8,968	40,321	83,148
Administrative fees	137	145	-	240	144	335	1,001
Total deductions	8,451	10,077	1,026	14,827	9,112	40,656	84,149
Net change before interfund transfers	(5,342)	(2,328)	100,077	(5,098)	872	(124,178)	(35,997)
Interfund transfers:							
Fund balances	(2,454)	(10,201)	(107,267)	(4,805)	(17,663)	127,963	(14,427)
Loan repayments	-	-	-	-	-	1,662	1,662
New loans to participants	(1,113)	(1,234)	(2,150)	(1,765)	(1,225)	(6,574)	(14,061)
Net interfund transfers	(3,567)	(11,435)	(109,417)	(6,570)	(18,888)	123,051	(26,826)
Net increase in net assets	(8,909)	(13,763)	(9,340)	(11,668)	(18,016)	(1,127)	(62,823)
Net assets available for plan benefits:							
Beginning of year	31,938	50,410	30,604	50,740	45,497	123,816	333,005
End of year	$ 23,029	$ 36,647	$ 21,264	$ 39,072	$ 27,481	$ 122,689	$ 270,182

See the accompanying report of independent certified public accountants and the notes to the financial statements.

SBK CAPITAL, LLC 401(k) PLAN
(formerly Mid Florida Nursing Centers 401(k) Plan)

Notes to the Financial Statements
Years Ended December 31, 2009 and 2008

1. DESCRIPTION OF THE PLAN

The following description of the **SBK CAPITAL, LLC 401(k) PLAN (formerly Mid Florida Nursing Centers 401(k) Plan) (the "Plan")** provides only general information. Participants and other interested parties should refer to **the Plan's** documents for a more complete description of **the Plan's** provisions.

General

The Plan is a defined contribution retirement benefit plan under Section 401(k) of the Internal Revenue Code covering all employees of **SBK CAPITAL, LLC ("SBK Capital")** and its affiliates, (except seasonal, temporary, and employees who work less than 20 hours per week) who have six months of service and are age twenty-one or older. These employees can elect to enter **the Plan** as of January 1 or July 1 next following the date of eligibility. **The Plan** is subject to the provisions of the **Employee Retirement Income Security Act of 1974 ("ERISA")**.

SBK Capital's affiliates include the following:

- Orchard Park Rehabilitation Center
- Port Charlotte Rehab & Nursing Center
- Center Pointe HRC, LLC
- Conway Lakes Health & Rehab Center
- Melbourne Terrace Rehab Center
- Spring Lake Rehab Center
- Belleair Health Care Center
- East Bay Nursing

Contributions and Participants Accounts

Each year a participant may contribute up to an annual dollar limit of their pretax earnings set by the Internal Revenue Service **(the "IRS")**. For the years ended December 31, 2009 and 2008 these limits amounted to $16,500 and $15,500, respectively, and $5,500 and $5,000, respectively, for those more than 50 years of age.

Participants may change their deferral percentage as of the beginning of each payroll period. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (so-called, rollovers).

1. DESCRIPTION OF THE PLAN (continued)

Contributions and Participants Accounts (continued)

SBK Capital may make discretionary matching contributions in an amount equal to a percentage of participants compensation contributed to **the Plan** to be determined annually by a Management Committee resolution of **SBK Capital**. For the years ended December 31, 2009 and 2008, **SBK Capital** did not make any matching contributions.

Each participant's account is credited with the participant's contributions and allocations of **SBK Capital's** matching contributions, if any, and **the Plan's** earnings, and charged with an allocation of administrative and other fees. Allocations are based on participant earnings or account balances, as defined in **the Plan**. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account balance.

Vesting

The term "vesting" refers to the participant's right to his or her own contributions or earnings credited to a participant's account on those contributions and the participant's right to **SBK Capital's** matching contributions, if any.

However, vesting in **SBK Capital's** discretionary contributions, if any, plus earnings thereon are based on years of credited service as defined in **the Plan**. A participant becomes 100 percent vested in these discretionary contributions, if any, after five years of credited service.

Access to Benefits

The following paragraphs describe how participants may gain access to their benefits. Participants may take a lump sum distribution from **the Plan** or purchase an annuity contract in the event of termination, retirement, or disability. A participant's beneficiary will receive his or her distribution in the event of death. A participant may take a distribution from his or her account upon the attainment of age fifty-nine and a half. However, participants will pay income tax on any such distributions. Taxable distributions will be subject to a 20% Federal Income Tax withholding requirement unless directly rolled over to an IRA or another qualified plan.

1. DESCRIPTION OF THE PLAN (continued)

Access to Benefits (continued)

Participants may make hardship withdrawals, if they qualify, from their account balances, for expenses for (or necessary to obtain) medical care that would be deductible under Internal Revenue Code ("IRC") Section 213(d) (determined without regard to whether the expenses exceed 7.5% of adjusted gross income), payment of costs directly related to the purchase of a principal residence for the participant (excluding mortgage payments), payment of tuition, related educational fees, and room and board expenses, for up to the next 12 months post secondary education for the participant, participant's spouse, children, or dependents (as defined in IRC Section 152, and for taxable years beginning on or after January 1, 2005, without regard to IRC Section 152(b), (b)(2), and (d)(1b), required payments to prevent eviction of the participant from the participant's residence or foreclosure on the mortgage on that residence, payments for burial or funeral expenses for a participant's deceased parent, spouse, children, or dependents (as defined in IRC Section 152 and for taxable years beginning on or after January 1, 2005, without regard to IRC Section 152(d)(1b) or, expenses for the repair of damage to the participant's principal residence that would quality for a casualty loss under IRC Section 165 (determined without regard to whether the loss exceeds 10% of adjusted gross income). Amounts withdrawn are subject to a 20% Federal Income Tax withholding requirement and a 10% withdrawal penalty may apply to certain distributions.

Participant Loans

Loans from participant account balances are also available, if the participant qualifies, on amounts contributed as well as on vested employer matching contributions, if any, subject to annual IRS maximums. The maximum loan a participant may receive is the lesser of 50% of a participant's vested account balance or $50,000. The minimum loan is $1,000. Participants may only have one loan outstanding at any given time. All loans must be paid back within five years unless it is for the purchase of a principal residence. Loans for the purchase of a principal residence are to be paid back within 10 years. Participants pay back the principal and interest charges to their own account through withdrawals made to their personal accounts outside of the Plan. Interest rates on these loans are consistent with interest rates charged by commercial lenders for a loan made under similar circumstances.

1. DESCRIPTION OF THE PLAN (continued)

Participant Loans (continued)

These rates currently equal 5.5 - 6.0 percent. These loans amounting to $35,958 and $23,381 (Restated) as of December 31, 2009 and 2008, respectively are secured by participant's vested account balances of $143,186 and $57,701 (Restated), respectively. See Notes 4 and 5 to these financial statements for additional information.

Investment Options

Upon enrollment in **the Plan**, a participant may direct participant contributions to any of many different investment options. See the schedules of assets held for investment purposes for a detailed listing. These schedules are incorporated by reference. **The Plan** is intended to qualify as a participant-directed account plan under Section 404© of ERISA. This means that the participant is responsible for the investment decisions under **the Plan**. Neither **the Plan** fiduciaries, including **The Variable Annuity Life Insurance Company**, nor **SBK Capital**, are responsible for any losses incurred as a result of participant investment decisions. Participants may change their investment options at any time.

The Variable Annuity Life Insurance Company or its affiliates manage all of these options. **The Variable Annuity Life Insurance Company** is the custodian of **the Plan's** investment assets and participant loans and, therefore, qualifies as a party-in-interest. Administrative fees paid by **the Plan** for investment and loan management services amounted to $1,192 and $1,025 for the years ended December 31, 2009 and 2008, respectively.

Sometime in 2006, **the Plan** entered into a fully benefit-responsive investment contract with **The Variable Annuity Life Insurance Company**. **The Variable Annuity Life Insurance Company** holds participants and **SBK Capital's** contributions, if any, in this guaranteed investment contract in an unallocated general account. **The Variable Annuity Life Insurance Company** is contractually obligated to repay the principal and a specific interest rate that are guaranteed to **the Plan**.

As described in Note 2 to these financial statements, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for the portion of the net assets available for benefits attributable to the guaranteed investment contract.

1. DESCRIPTION OF THE PLAN (continued)

Investment Options (continued)

There are no reserves against contract value for credit risk of **The Variable Annuity Life Insurance Company** (the issuer) or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but not less than 2%. Such interest rates are reviewed on a quarterly basis for resetting.

A benefit-responsive investment contract provides a liquidity guarantee by a financially responsible third party of principal and previously accrued interest, net of liquidations, transfers, loans, or hardship withdrawals initiated by plan participants exercising their rights to withdraw, borrow, or transfer dollar amounts under the terms of an ongoing plan. From the perspective of the participants, the contract value of a fully benefit-responsive investment contract held by a plan is the amount they would receive if they were to initiate transactions under the terms of the ongoing plan.

Benefit responsiveness is defined as the extent to which a contract's terms or related agreement and the plan itself permit and require withdrawals at contract value for the benefit payments, loans, or transfers to other investment options offered to the participant by the plan. The plan itself must allow participants reasonable access to their funds. If plan participants are allowed access at contract value to all or a portion of their account balances only upon termination of their participation in the plan, it would not be considered reasonable access and, therefore, investment contracts held by that plan would generally not be deemed to be fully benefit-responsive.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Generally Accepted Accounting Principles

This summary of significant accounting policies is presented to assist the user in understanding **the Plan's** financial statements. These financial statements and notes are the representations of **the Plan's** administrator and the board of trustees, who are responsible for their integrity and objective. These accounting policies conform to generally accepted accounting principles in the United States of America (**"US GAAP"**) and have been applied on a consistent basis in the presentation of these financial statements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Generally Accepted Accounting Principles (continued)

The phrase **"Generally Accepted Accounting Principles"** is a technical accounting term that encompasses the conventions, rules, and procedures necessary to define accepted accounting practice at a particular time. It includes not only broad guidelines of general application, but also detailed practices and procedures. These conventions, rules, and procedures provide standards by which to present, measure, and judge financial statements.

Generally accepted accounting principles are concerned with the measurement of economic activity, the time when such measurements are to be made and recorded, the disclosures surrounding this activity, and the preparation and presentation of summarized economic information in the form of financial statements.

US GAAP is developed when questions arise about how to best accomplish those objectives – measurement, time and recognition, disclosure, or presentation. **US GAAP** is either prescribed in official pronouncements of authoritative bodies empowered to create it, or it originates over time through the development of customary practices that evolve when authoritative bodies fail to respond.

Thus, **US GAAP** is a reaction to and a product of the economic environment in which it develops. As such, the development of accounting and financial reporting standards has lagged the development and creation of increasingly intricate economic structures and transactions.

There are two broad categories of accounting principles – **Recognition and Disclosure**. **Recognition** principles determine the timing and measurement of items that enter the accounting cycle and impact the financial statements. These are quantitative standards that require economic information to be reflected numerically.

Disclosure principles deal with factors that are not always numeric. Disclosures involve qualitative information that is an essential ingredient of a full set of financial statements. Their absence would make the financial statements misleading by omitting information relevant to the decision-making needs of the user.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Generally Accepted Accounting Principles (continued)

Disclosure principles complement recognition principles by explaining estimates and assumptions underlying the numerical information and providing additional information on accounting policies, contingencies, uncertainties, etc., which are essential to fully understand the performance and financial condition of the reporting entity.

The preparation of financial statements in conformity with **US GAAP** requires **the Plan** administrator and the board of trustees to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of earned revenues and costs and expenses during the reporting period. Actual results can differ significantly from those estimates.

For purposes of these financial statements, certain matters may be described as either material or immaterial. Items are considered material if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is a small amount could be considered material as a result of qualitative factors.

Basis of Accounting

The financial statements of **the Plan** are presented on the accrual basis accounting method. The primary objective of a defined contribution plan's financial statements is to provide information that is useful in assessing **the Plan's** present and future ability to pay benefits when they are due. To accomplish that objective, a plan's financial statements should provide information about

- plan resources and how the stewardship responsibility for those resources has been discharged,
- the results of transactions and events that affect the information about those resources, and
- other factors necessary for users to understand the information provided.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Basis of Accounting (continued)

In a defined contribution plan, a plan's net assets available to pay benefits equals the sum of participants individual account balances.

Accordingly, a plan's ability to pay benefits when they are due relates to the plan's ability to pay individual participants the then current value of their account balances when due.

It should be recognized that

- information in addition to that contained in a plan's financial statements is needed in assessing the plan's present and future ability to pay benefits when due, and
- financial statements for several plan years can provide more useful information for assessing the plan's future ability to pay benefits than can financial statements for a single plan year.

In the past, **US GAAP** required that for participant-directed investment programs (for example, equity, debt, or employer securities and amounts relating to those individual programs had) to be disclosed as a separate fund, either in the financial statements in columnar form (by participant-directed and non participant-directed categories), or in the related disclosures or by separate financial statements for each program.

In 1999, **US GAAP** was amended to eliminate the requirement for defined contribution plans to disclose each material participant-directed investment option in columnar form on the face of the financial statements, in notes to the financial statements, or in separate financial statements for each investment option.

Participant-directed investments may now be presented as a one-line item in the statement of net assets available for plan benefits. **SBK Capital** has voluntarily included these disclosures on the face of the statement of net assets available for plan benefits.

For plans with both participant-directed and nonparticipant-directed investments, **US GAAP** requires the plan to disclose information about the nonparticipant-

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Basis of Accounting (continued)

directed investments "with such reasonable detail, either in the financial statements or accompanying notes, as is necessary to identify the types of investments and changes therein." Details of the nonparticipant-directed investments must also be presented in the statements of net assets available for plan benefits or in the related notes by general type.

There are no nonparticipant-directed investments.

A plan provides for participant-directed investment programs if it allows participants to choose among various investment alternatives. The available alternatives are usually pooled fund vehicles, such as registered investment companies or commingled funds of banks, that provide varying types of investments – for example, equity funds or fixed-income funds.

The participant can select between the various available alternatives and periodically change that selection. Each investment alternative provided is considered a separate investment fund option. For example, if a plan provides two bond funds, an equity fund, a fixed-income fund, and an employer securities fund, the plan would offer five separate investment fund options.

Effective for the year ended December 31, 2008, **US GAAP** required all guaranteed investment contracts held by defined contribution plans, including derivative and fully benefit-responsive guaranteed investment contracts to be presented in the accompanying statements of net assets available for plan benefits at fair value. According to **US GAAP**, which applies to "deposit liabilities with no defined maturity," fair value is the amount which is payable on demand on a reporting date. If all participants are eligible for a distribution of their full account balances from a plan on a reporting date, the amount payable on demand on the reporting date would be contract value.

In the event that full value cannot be paid upon demand, such as amounts subject to a "Group Fixed Unallocated Annuity Contract" Market Value Adjustment **("MVA")**, the fair value estimates are based upon "demand value" for the contract; i.e., the amount due to the contract holder under the surrender value provisions of the contract.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Basis of Accounting (continued)

It is **The Variable Annuity Life Insurance Company's** position that the average yield on the fund's assets and the average yield credited to participants accounts are one and the same because there is no ownership right to the assets in the general account held by **The Variable Annuity Life Insurance Company**, which support the obligations of the fixed account options.

The average yield is calculated by multiplying the December crediting rate by the contract value to determine the one-day annualized earnings. Using the one-day annualized earnings from this calculation and dividing by the **GFUA** fair value determined above yields 3.79% in 2009 and 3.82% in 2008. The minimum guaranteed interest rate for the **GFUA** is 2.00%.

The **GFUA** is a group unallocated fixed annuity featuring a highly competitive current interest rate. The rate is declared monthly with interest credited on a daily basis at an annual effective rate. **GFUA** credits interest earned under a portfolio method in which all deposits receive the same return regardless of the date of initial deposit.

The fixed account options are supported by **The Variable Annuity Life Insurance Company** general account and offer guaranteed crediting rates specified in advance of participant investments and set in response to several factors, including the following:

- The totality of investments previously made by participants.
- Their anticipated payout timing requirements,
- The current investment climate,
- Contractual minimum interest rate guarantees,
- Competitive requirements, and
- Required return on invested capital supporting the product.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Basis of Accounting (continued)

The Variable Annuity Life Insurance Company seeks to earn a risk adjusted return in excess of the rate credited on account values. Actual investments are subject to risks which include, but are not limited to, the following:

- Default risk (that bonds or mortgage holders may default),
- Credit risk (that bonds or mortgages credit rating may decrease, reducing the market value of the investments),
- Interest rate volatility (that interest rates may rise, reducing the value of bonds held or that interest rates may decrease below the rate needed to support the product guarantees),
- Disintermediation risk and liquify risk (that participants and/or groups may move investments out of the general account resulting in the need to sell assets which could be below market), and
- Business risk (that the cost of administering a plan could exceed the revenues anticipated, including revenues from the fixed account).

The Variable Annuity Life Insurance Company incurs these risks and holds additional assets (surplus) in order to have sufficient funds to meet participant and plan guarantees.

However, contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants are entitled to if they initiate permitted transactions under the terms of the Plan. Accordingly, as required by US GAAP, the Statements of Net Assets Available for Plan Benefits presents the fair value of the investment contract as well as an adjustment of the fully benefit-responsive investment from fair value to contract value. In addition, the Statements of Changes in Net Assets Available for Plan Benefits is presented on a contract value basis.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition

Effective January 1, 2009, a new framework for establishing fair values for assets and liabilities was established by accounting principles generally accepted in the United States of America. That framework establishes a hierarchy that prioritizes the inputs to valuation techniques used to measure fair values.

The hierarchy gives priority to unadjusted quoted prices in active markets for identical assets or liabilities (so-called level 1 measurements) and lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy as established by generally accepted accounting principles are described as follows:

Level 1: Quoted prices (unadjusted) of identical assets or liabilities in active markets that **the Plan** has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect **the Plan's** own assumptions about the assumptions the participants in that market would use in pricing the items as assets or liabilities.

The asset and liability 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. **The Plan's** variable annuity investment funds are presented at fair values.

Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by **the Plan** at year-end. These measurement standards are consistent with **Level 1**, as defined above.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition (continued)

Participant notes receivable are valued at cost, which approximates fair value. This measurement standard is consistent with **Level 3**, as defined above.

Payment of Benefits

Benefits are recorded when paid.

Plan Termination

Although it has not expressed any intent to do so, **SBK Capital** has the right to terminate **the Plan** subject to the provisions of **ERISA**. In the event of **the Plan's** termination, participants would become 100 percent vested in their accounts.

Income Tax Status

For purposes of acceptability under Section 401 of the Internal Revenue Code, **the Plan** is an adaptation of a prototype non-standardized profit-sharing plan. In that connection, the IRS has determined and informed **SBK Capital** or its affiliates, by a letter dated March 21, 2002, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

The Plan has been amended since receiving that determination letter. However, **the Plan** administrator and **SBK Capital** believe that **the Plan** is designed and is currently being operated in compliance with the applicable requirements of the IRC.

3. RISKS AND UNCERTAINTIES

The Plan invests in various participant-directed investment securities. These securities are exposed to various risks such as interest rate, market, and credit risks. In the current environment and the level of risk associated with investment securities in general, it is at least reasonably possible that changes in the values of these securities will occur in the near term and that such changes could materially affect participants account balances and the amounts reported in the Statements of Net Assets Available for Plan Benefits.

4. PARTICIPANT LOANS

Participant loans as of December 31, 2009 and 2008 (Restated) consist of the following:

	2009	2008
Current, including escrow funds	$ 33,234	$ 20,799
Delinquent	2,724	2,582
Totals	$ 35,958	$ 23,381

These loans are collateralized with participant vested balances as follows:

Current, including escrow funds	$ 121,099	$ 43,614
Delinquent, including escrow funds	22,087	14,087
Totals	$ 143,186	$ 57,701

An analysis of changes in participant loans follows:

	2009	2008
Participant loans, beginning of year	$ 20,799	$ 14,052
Capitalized interest	987	432
New loans	17,771	14,061
	42,139	28,545
Loan payments:		
Principal	6,047	4,994
Interest	134	170
Total payments	6,181	5,164
Participant loans, end of year	$ 35,958	$ 23,381

5. RECONCILIATION OF FINANCIAL STATEMENTS WITH FORM 5500

The following is a reconciliation of the statements of net assets available for plan benefits as of December 31, 2009 and 2008 (Restated) to Schedule H of Form 5500 for the years then ended:

	2009	2008
Net assets available for plan benefits per the financial statements	$ 829,253	$ 473,682
Delinquent loans	(2,724)	(2,582)
Net refundable to participants (Note 6)	–	32,617
Contributions receivable	–	(7,655)
Net assets available for plan benefits per Schedule H to Form 5500	$ 826,529	$ 496,062

Delinquent participant loans of $x,xxx and $2,582 as of December 31, 2009 and 2008, respectively, disclosed in Note 4 to these financial statements have been excluded from these financial statements and Form 5500 because 1099-R's have been issued. However, these loans remain in the Plan's records until the individual participant meets a distributable event as defined in the Plan.

6. INFORMATION CERTIFIED TO BY THE VARIABLE ANNUITY LIFE INSURANCE COMPANY

The following information included in the accompanying financial statements and supplementary information was developed from data that has been prepared by and certified to as complete and accurate by **The Variable Annuity Life Insurance Company**.

	2009	2008
Investments, including participant loans	$ 496,062	$ 496,062
Net investment income (loss)	$ (134,343)	$ (134,343)
Participants' contributions deposited	$ 248,563	$ 248,563
Rollovers from other plans	$ 51,553	$ 51,553
Participant benefits and withdrawals	$ 133,396	$ 133,396
Administrative fees	$ 1,055	$ 1,055

6. INFORMATION CERTIFIED TO BY THE VARIABLE ANNUITY LIFE INSURANCE COMPANY (continued)

In addition, all interfund fund balance transfers have also been prepared by and certified to as complete and accurate by the Variable Annuity Life Insurance Company.

The accompanying statement of net assets available for plan benefits as of December 31, 2008 and the related statement of changes in net assets available for plan benefits for the year then ended have been adjusted to account for three employees who did not meet service requirements. Accordingly, certain data prepared by and certified to as complete and accurate by **The Variable Annuity Life Insurance Company** have been decreased as follows:

Rollovers from other plans	$ 30,857
Participants contributions deposited	6,388
Dividends and interest earned	120
Net gains/(losses) on investments	(4,718)
Administrative fees	(30)
Net refundable to participants	$ 32,617

This net refundable to participants amount of $32,617 which is presented as a liability in the December 31, 2008 statement of net assets available for plan benefits will most likely rollover into the related statement of changes in net assets available for plan benefits for the year ended December 31, 2009.

7. SUBSEQUENT EVENTS

The Plan's administrator and board of trustees have considered subsequent events affecting conditions existing at the date of the financial statements and subsequently discovered facts which could affect the financial statements and have determined that none of these events need to be incorporated into the financial statements. In addition, **the Plan's** administrator and board of trustees have evaluated its ability to continue as a going concern. These determinations have been made through May 14, 2011, which is the date these financial statements were available for issuance.

SBK CAPITAL, LLC 401(k) PLAN

(formerly Mid Florida Nursing Centers 401(k) Plan)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
December 31, 2009

Party in Interest	Identity of Issue	Description of Investment	Cost	Current Value	Percent
*	Ariel Appreciation Fund	Ariel Appreciation Fund	$ NA	$ 240	-
*	Ariel Fund	Ariel Fund	NA	814	-
*	Asset Allocation Fund	Asset Allocation Fund	NA	4,230	1%
*	Blue Chip Growth Fund	Blue Chip Growth Fund	NA	9,621	1%
*	Fixed Account Plus	Fixed Account Plus	NA	234,114	28%
*	Foreign Value	Foreign Value	NA	24,029	3%
*	Global Real Estate Fund	Global Real Estate Fund	NA	20,391	2%
*	High Yield Bond Fund	High Yield Bond Fund	NA	738	-
*	Inflation Protected Fund	Inflation Protected Fund	NA	674	-
*	International Equities Fund	International Equities Fund	NA	42,288	5%
*	International Growth Fund	International Growth Fund	NA	14,838	2%
*	International Small Cap Equity	International Small Cap Equity	NA	37,512	5%
*	Large Cap Core	Large Cap Core	NA	3,369	-
*	Large Cap Value Fund	Large Cap Value Fund	NA	4,102	-
*	Lou Holland Growth Fund	Lou Holland Growth Fund	NA	8,620	1%
*	Mid Cap Growth Fund	Mid Cap Growth Fund	NA	9,235	1%
*	Mid Cap Index Fund	Mid Cap Index Fund	NA	68,113	8%
*	Mid Cap Strategic Growth	Mid Cap Strategic Growth	NA	501	-
*	Mid Cap Value Fund	Mid Cap Value Fund	NA	417	-
*	Money Market I Fund	Money Market I Fund	NA	39,190	5%
*	NasDac 100® Index Fund	NasDac 100® Index Fund	NA	770	-
*	Science & Technology Fund	Science & Technology Fund	NA	516	-
*	Short Term Fixed Account	Short Term Fixed Account	NA	16,607	2%
*	Sm Cap Aggressive Growth	Sm Cap Aggressive Growth	NA	758	-
*	Small Cap Growth Fund	Small Cap Growth Fund	NA	510	-
*	Small Cap Index Fund	Small Cap Index Fund	NA	22,082	3%
*	Small Cap Special Value Fund	Small Cap Special Value Fund	NA	1,302	-
*	Small Cap Value Fund	Small Cap Value Fund	NA	25,695	3%
*	Small Mid Growth Fund	Small Mid Growth Fund	NA	1,084	-
*	Socially Responsible Fund	Socially Responsible Fund	NA	66,848	8%
*	Stock Index Fund	Stock Index Fund	NA	56,963	7%
*	Strategic Bond Fund	Strategic Bond Fund	NA	26,438	3%
*	Value Fund	Value Fund	NA	427	-
*	Vanguard Lifestrategy Conser	Vanguard Lifestrategy Conser	NA	7,543	1%
*	Vanguard Lifestrategy Growth	Vanguard Lifestrategy Growth	NA	1,759	-
*	Vanguard Lifestrategy Modera	Vanguard Lifestrategy Modera	NA	17,786	2%
*	Vanguard Long-Term Treasury	Vanguard Long-Term Treasury	NA	155	-
*	Vanguard LT Inv-Grade Fund	Vanguard LT Inv-Grade Fund	NA	2,112	-
*	Vanguard Wellington Fund, Inc.	Vanguard Wellington Fund, Inc.	NA	175	-
*	Vanguard Windsor II	Vanguard Windsor II	NA	20,728	2%
			NA	793,294	96%
	Participant loans, including escrow loan fund of $624	5.5 - 6.0%	NA	35,958	4%
			$ NA	$ 829,252	100%

See the accompanying report of independent certified public accountants.

SBK CAPITAL, LLC 401(k) PLAN

(formerly Mid Florida Nursing Centers 401(k) Plan)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
12/31/2008 (Restated)

Party in Interest	Identity of Issue	Description of Investment	Cost	Current Value	Percent
*	Asset Allocation Fund	Asset Allocation Fund	$ NA	$ 3,456	-
*	Blue Chip Growth Fund	Blue Chip Growth Fund	NA	4,188	1%
*	Fixed Account Plus	Fixed Account Plus	NA	164,099	33%
*	Foreign Value	Foreign Value	NA	12,155	2%
*	Global Real Estate Fund	Global Real Estate Fund	NA	9,695	2%
*	High Yield Bond Fund	High Yield Bond Fund	NA	365	-
*	Inflation Protected Fund	Inflation Protected Fund	NA	3,589	1%
*	International Equities Fund	International Equities Fund	NA	23,029	5%
*	International Growth Fund	International Growth Fund	NA	8,673	2%
*	International Small Cap Equity	International Small Cap Equity	NA	20,877	4%
*	Large Cap Core	Large Cap Core	NA	1,613	-
*	Large Cap Value Fund	Large Cap Value Fund	NA	2,484	-
*	Lou Holland Growth Fund	Lou Holland Growth Fund	NA	6,167	1%
*	Mid Cap Growth Fund	Mid Cap Growth Fund	NA	4,380	1%
*	Mid Cap Index Fund	Mid Cap Index Fund	NA	36,647	7%
*	Money Market I Fund	Money Market I Fund	NA	21,264	4%
*	Short Term Fixed Account	Short Term Fixed Account	NA	16,020	3%
*	Small Cap Index Fund	Small Cap Index Fund	NA	15,704	3%
*	Small Cap Special Value Fund	Small Cap Special Value Fund	NA	273	-
*	Small Cap Value Fund	Small Cap Value Fund	NA	10,163	2%
*	Small Mid Growth Fund	Small Mid Growth Fund	NA	753	-
*	Socially Responsible Fund	Socially Responsible Fund	NA	39,072	8%
*	Stock Index Fund	Stock Index Fund	NA	27,481	6%
*	Strategic Bond Fund	Strategic Bond Fund	NA	18,440	4%
*	Value Fund	Value Fund	NA	93	-
*	Vanguard Lifestrategy Conser	Vanguard Lifestrategy Conser	NA	3,646	1%
*	Vanguard Lifestrategy Growth	Vanguard Lifestrategy Growth	NA	1,001	-
*	Vanguard Lifestrategy Modera	Vanguard Lifestrategy Modera	NA	9,550	2%
*	Vanguard Long-Term Treasury	Vanguard Long-Term Treasury	NA	235	-
*	Vanguard LT Inv-Grade Fund	Vanguard LT Inv-Grade Fund	NA	79	-
*	Vanguard Windsor II	Vanguard Windsor II	NA	10,072	2%
			NA	475,263	95%
	Participant loans, including escrow loan fund of $354	5.5 - 6.0%	NA	23,381	5%
			$ NA	$ 498,644	100%

See the accompanying report of independent certified public accountants.

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

Name of Plan:

► SBK Capital, LLC 401(k) Plan

Employer Identification Number:► 58-2551326

For plan year (beginning/ending):► 01/01/2009 - 12/31/2009 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
	PARTICIPANT LOANS	3%	N/A	33,234
	FIXED ACCOUNT PLUS	Value of Insurance in General Acct.	N/A	234,113.93
	SHORT TERM FIXED ACCOUNT	Value of Insurance in General Acct.	N/A	16,607.47
	ARIEL APPRECIATION FUND	Value of Interest in Reg. Invest. Co	N/A	239.50
	ARIEL FUND	Value of Interest in Reg. Invest. Co	N/A	813.63
	ASSET ALLOCATION FUND	Value of Interest in Reg. Invest. Co	N/A	4,229.81
	BLUE CHIP GROWTH FUND	Value of Interest in Reg. Invest. Co	N/A	9,620.79
	FOREIGN VALUE	Value of Interest in Reg. Invest. Co	N/A	24,029.10
	GLOBAL REAL ESTATE FUND	Value of Interest in Reg. Invest. Co	N/A	20,391.23
	HIGH YIELD BOND FUND	Value of Interest in Reg. Invest. Co	N/A	737.89
	INFLATION PROTECTED FUND	Value of Interest in Reg. Invest. Co	N/A	673.75
	INTERNATIONAL EQUITIES FUND	Value of Interest in Reg. Invest. Co	N/A	42,286.43
	INTERNATIONAL GROWTH I FUND	Value of Interest in Reg. Invest. Co	N/A	14,838.12
	INTL SMALL CAP EQUITY	Value of Interest in Reg. Invest. Co	N/A	37,512.43
	LARGE CAP CORE	Value of Interest in Reg. Invest. Co	N/A	3,369.02
	LARGE CAP VALUE FUND	Value of Interest in Reg. Invest. Co	N/A	4,102.01
	LOU HOLLAND GROWTH FUND	Value of Interest in Reg. Invest. Co	N/A	8,619.84
	MID CAP GROWTH FUND	Value of Interest in Reg. Invest. Co	N/A	9,235.11
	MID CAP INDEX FUND	Value of Interest in Reg. Invest. Co	N/A	68,113.08
	MID CAP STRATEGIC GWTH	Value of Interest in Reg. Invest. Co	N/A	501.47
	MID CAP VALUE FUND	Value of Interest in Reg. Invest. Co	N/A	417.48
	MONEY MARKET I FUND	Value of Interest in Reg. Invest. Co	N/A	39,190.40
	NASDAQ-100(R) INDEX FUND	Value of Interest in Reg. Invest. Co	N/A	770.01
	SCIENCE & TECHNOLOGY FUND	Value of Interest in Reg. Invest. Co	N/A	515.64
	SM CAP AGGRESSIVE GWTH	Value of Interest in Reg. Invest. Co	N/A	758.47
	SMALL CAP GROWTH FUND	Value of Interest in Reg. Invest. Co	N/A	510.27
	SMALL CAP INDEX FUND	Value of Interest in Reg. Invest. Co	N/A	22,082.33
	SMALL CAP SPECIAL VALUE FUND	Value of Interest in Reg. Invest. Co	N/A	1,302.13
	SMALL CAP VALUE FUND	Value of Interest in Reg. Invest. Co	N/A	25,695.70
	SMALL MID GROWTH FUND	Value of Interest in Reg. Invest. Co	N/A	1,083.69
	SOCIALLY RESPONSIBLE FUND	Value of Interest in Reg. Invest. Co	N/A	66,847.57
	STOCK INDEX FUND	Value of Interest in Reg. Invest. Co	N/A	56,962.27
	STRATEGIC BOND FUND	Value of Interest in Reg. Invest. Co	N/A	26,438.29
	VALUE FUND	Value of Interest in Reg. Invest. Co	N/A	427.39
	VANGUARD LIFESTRATEGY CONSER	Value of Interest in Reg. Invest. Co	N/A	7,543.03
	VANGUARD LIFESTRATEGY GROWTH	Value of Interest in Reg. Invest. Co	N/A	1,758.53
	VANGUARD LIFESTRATEGY MODERA	Value of Interest in Reg. Invest. Co	N/A	17,786.72
	VANGUARD LONG-TERM TREASURY	Value of Interest in Reg. Invest. Co	N/A	154.68

	VANGUARD LT INV-GRADE FUND	Value of Interest in Reg. Invest. Co	N/A	2,111.62
	VANGUARD WELLINGTON FUND, INC.	Value of Interest in Reg. Invest. Co	N/A	175.05
	VANGUARD WINDSOR II	Value of Interest in Reg. Invest. Co	N/A	20,729.19