Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2010** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
NATIONAL NURSING AND REHAB 401 K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2002

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
NATIONAL NURSING AND REHAB, INC.

1635 NORTHEAST LOOP 410, SUITE 900
SAN ANTONIO, TX 78209-1619

2b Employer Identification Number (EIN) 74-2761305

2c Sponsor's telephone number 210-822-0475

2d Business code (see instructions) 623000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	JANICE HALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
NATIONAL NURSING AND REHAB, INC.

1635 NORTHEAST LOOP 410, SUITE 900
SAN ANTONIO, TX 78209-1619

3b Administrator's EIN
74-2761305

3c Administrator's telephone number
210-822-0475

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5 Total number of participants at the beginning of the plan year	**5**	216
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**	102
b Retired or separated participants receiving benefits	**6b**	9
c Other retired or separated participants entitled to future benefits	**6c**	103
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	214
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	214
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	213
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	11
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 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) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [ ] 0 **A** (Insurance Information)
- (4) [X] **C** (Service Provider Information)
- (5) [ ] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2010
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
NATIONAL NURSING AND REHAB 401 K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL NURSING AND REHAB, INC.

D Employer Identification Number (EIN)
74-2761305

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

AMERIPRISE FINANCIAL SERVICES

AMERIPRISE FINANCIAL CENTER
MINNEAPOLIS, MN 55474

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

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

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

NATIONWIDE FINANCIAL

31-4156830

(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 19	CUSTODIAN	9880	Yes [X] No [ ]	Yes [X] No [ ]	7089	Yes [ ] No [X]

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

ALLIANCE BENEFIT GROUP

7425 HOLLISTER
HOUSTON, TX 77040

(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 17	TPA	8616	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MARK B. LACKIE, PC

1003 BECKETT DR., STE 208
SAN ANTONIO, TX 78213

(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?
10	AUDITOR	5881	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
NATIONAL NURSING AND REHAB 401 K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL NURSING AND REHAB, INC.

D Employer Identification Number (EIN)
74-2761305

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	45818	79087
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1262753	1684261
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1308571	1763348
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1308571	1763348

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)	127592	
(B) Participants	2a(1)(B)	311917	
(C) Others (including rollovers)	2a(1)(C)	8860	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		448369
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)	2394	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2394
(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)		137930
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		588693

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	118784	
(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)		118784
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	15132	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		15132
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		133916

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		454777
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MARK B. LACKIE, PC **(2)** EIN: 20-8545285

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		100000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
NATIONAL NURSING AND REHAB 401 K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL NURSING AND REHAB, INC.

D Employer Identification Number (EIN)
74-2761305

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): 31-4156830 _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

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

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

---

a Name of contributing employer

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

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

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

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

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

---

a Name of contributing employer

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

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

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

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

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

---

a Name of contributing employer

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

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

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

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

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

---

a Name of contributing employer

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

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

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NATIONAL NURSING & REHAB
401(k) PLAN

MODIFIED CASH BASIS
FINANCIAL STATEMENTS

AS OF DECEMER 31, 2010 AND 2009

MARK B. LACKIE PC CPA

MAKING REPORTING LESS TAXING

San Antonio, Texas

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MARK B. LACKIE PC CPA

MAKING REPORTING LESS TAXING

INDEPENDENT AUDITOR'S REPORT

To the Trustees, Plan Participants and Beneficiaries of the
National Nursing & Rehab 401(k) Plan
San Antonio, Texas

I was engaged to audit the accompanying statements of net assets available for plan benefits (modified cash basis) of the National Nursing & Rehab 401(k) Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for plan benefits (modified cash basis) for the years then ended and the supplemental schedule of Schedule H, line 4i – Schedule of Assets Held (At End of Year) as of the year ended December 31, 2010. These financial statements and schedule are the responsibility of the Plan's management.

As discussed in Note B, the trustee prepares the Plan's financial statements in accordance with the modified cash basis of accounting which is a comprehensive basis of accounting other that generally accepted accounting principles.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Nationwide Financial Services, Inc., the Trustee of the Plan, except for comparing the information with the related information included in the 2010 and 2009 financial statements and supplemental information. The Plan administrator has obtained a certification from the Trustee as of and for the year ended December 31, 2010 and 2009 that the information provided to the Plan administrator is complete and accurate.

Because of the significance of the information that I did not audit, I am unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my 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.

Mark B. Lackie, P.C.

Mark B. Lackie, PC
September 23, 2011

1003 Beckett Drive Suite 208, San Antonio, Texas 78213 210-387-7326 www.gaapguy.biz

NATIONAL NURSING AND REHAB 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
(Modified Cash Basis)
(See Auditor's Report)

	As of December 31,	
	2010	2009
ASSETS:		
Participant Loans - Note E	$ 79,087	$ 45,818
Investment in mutual funds - Note C	1,684,261	1,262,753
Total assets	1,763,348	1,308,571
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 1,763,348	$ 1,308,571

See accompanying notes to the financial statements.

NATIONAL NURSING AND REHAB 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS
(Modified Cash Basis)
(See Auditor's Report)

	Year ended December 31, 2010	Year ended December 31, 2009
Additions:		
Additions to net assets attributable to:		
Investment income:		
Interest income (participant loans)	$ 2,394	$ 2,904
Net investment income from mutual fund investments including realized and unrealized gains and losses	137,930	189,026
Total investment income	140,324	191,930
Contributions:		
Employer	127,592	114,572
Participants	311,917	283,378
Rollovers and other	8,860	-
Total contributions	448,369	397,950
Total additions	588,693	589,880
Deductions:		
Deductions from net assets attributed to:		
Administrative expenses -Note H	15,132	17,500
Withdrawals paid to Plan participants	118,784	224,341
Total deductions	133,916	241,841
NET INCREASE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	454,777	348,039
Net assets available for plan benefits:		
Beginning of year	1,308,571	960,532
End of year	$ 1,763,348	$ 1,308,571

See accompanying notes to the financial statements.

NATIONAL NURSING & REHAB 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

NOTE A – PLAN DESCRIPTION

National Nursing & Rehab, Inc. , a Texas Corporation, sponsors a defined contribution retirement plan, the National Nursing & Rehab 401(k) Plan (Plan). The following description provides general information. Participants and other interested parties should refer to the Plan agreement for a more complete description of the Plan's provisions.

Participating Companies: The Plan is a single employer plan that includes the employees of National Nursing & Rehab, Inc., National Nursing & Rehab RGV, Inc., National Medical Homecare, Inc., National Nursing & Rehab-SA Pediatrics, Inc., Census Builders, Inc. and Direct Rehab, Inc.; a group of companies that are related by ownership.

Eligibility: The Plan provides that employees are eligible to participate if they are at least 18 years old.

Contributions: Participants may contribute up to 15% of annual compensation (as defined) subject to limits established by the Internal Revenue Code of 1986 (the Code). The Company may make discretionary matching contributions and non-elective discretionary contributions up to 25% of employee compensation. For 2010 and 2009, the Company elected to contribute 50% of the amount of the first 6% of compensation that employee's contributed to their 401k account.

Participant Accounts: Each participant's account is credited with the participant's contribution and allocations of:

- Company contributions, if any
- Plan earnings, net of expenses.

Allocations of discretionary Company-matching contributions are based on the amount of participant contributions. Allocations of Company non-elective discretionary contributions are based on participant compensation.

Vesting: Participants vest immediately in their contributions and actual earnings thereon. Vesting is based on years of service with participants being fully vested in employer contributions after the fifth anniversary of their eligibility.

Benefit Payments: On termination of services due to death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the participant's vested interest in the account, or periodic distributions required for minimum distribution purposes. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts: Forfeited accounts, if any, represent the non-vested portion of terminated participant accounts. Amounts will be used to reduce employer contributions or offset plan expenses. As of December 31, 2010 and 2009, the Plan has forfeited amounts totaling $6,208 and $11,504, respectively.

NATIONAL NURSING & REHAB 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: As allowed by Department of Labor regulations, the Trustee prepares the financial statements in accordance with the modified cash basis of accounting which is a comprehensive basis of accounting other than generally accepted accounting principles. Accordingly, expenses and distributions are recognized when paid by the Plan and contributions and earnings are recognized when collected by the Plan. Under generally accepted accounting principles recognizes, revenues would be recognized as earned (not as collected) and expenses would be recognized as incurred (not as paid).

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

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value. The investment consists of mutual funds at December 31, 2010 and 2009. The mutual funds are valued at the net asset value of shares held.

The purchase and sale of investments is determined and directed by Plan participants in self-directed investments.

NOTE C - INVESTMENTS

Unaudited Information Certified by the Plan Trustee: The statements of net assets available for plan benefits, the investment activity included in the statements of changes in net assets available for plan benefits and the accompanying notes were prepared in part or entirely from information certified by the Trustee, (Nationwide Financial Services, Inc.) in accordance with 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 information certified includes:

	December 31,	
	2010	2009
Mutual funds	$1,684,261	$1,262,753
Mutual fund earnings	137,930	189,026

NOTE C - INVESTMENTS (continued)

The following represent investments that equal or exceed 5% of beginning of the year plan net assets as of December 31, 2010:

	Value
Nationwide Investment Dest Moderate R2 Fund	$318,667
Nationwide Prime Money Market Fund	256,701
Nationwide Investment Dest Moder Aggress R2 Fund	249,071
Nationwide Investment Dest Aggressive R2 Fund	239,617
Investco HdCap Cor Eq Fund Class A	122,291
Nationwide Investment Dest Moder Conserv R2 Fund	79,222

During the year ended December 31, 2010, Plan investments (including investment earnings and gains and losses on mutual funds bought and sold, as well as held during the year) appreciated in value by $137,930

The following represent investments that equal or exceed 5% of beginning of the year plan net assets as of December 31, 2009:

	Value
Nationwide Money Fund	$248,731
Nationwide Investment Dest Moderate Aggressive Fd	232,811
Nationwide Investment Dest Moderate Fund	218,030
Nationwide Investment Dest Aggressive Fund	173,365
AIM Midcap Cor Equity Fund	84,455
Nationwide Investment Dest Moderate Conserv Fd	56,902

During the year ended December 31, 2009, Plan investments (including investment earnings and gains and losses on mutual funds bought and sold, as well as held during the year) depreciated in value by $189,026.

NOTE D – TAX STATUS

The Plan and related Trust operate under a prototype plan document prepared by the Trustee. The Plan adopted a pre-approved plan on January 31, 2006. The Trustee operates a pre-approved prototype plan designed in accordance with the applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator and Trustee believe that the Plan is designed and being operated in compliance with applicable IRC requirements.

NOTE E – PARTICIPANT LOANS

The Plan allows participants to borrow funds from the plan. The loans are considered direct investments made by the participant that obtained the loan. The maximum amount that a participant may borrow is the lesser of $50,000 or 50% of the value of their account on the date of the loan. A participant cannot borrow less than $1,000 and the participant may not have more than one loan outstanding at any time. The loans must be repaid in five years of less (unless for the purchase of a primary residence) and are required to be repaid through payroll deductions of a participating employer. Interest on participant loans are at a reasonable rate of interest as determined by the administrator of the plan. Currently, the loans charge interest at rates up to a maximum annual rate of 9.5%.

Amounts in default are recognized as distributions at the end of each quarter. Upon distribution of plan assets (i.e. termination of employment), the balance of the loan becomes payable in full and the participant either pays the amount due or the balance of the loan and accrued interest is reduced from the final distribution received by the participant and the amounts due and payable are considered a distribution to the participant.

NOTE F – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in any employer contributions made prior to that time.

NOTE G – RISKS AND UNCERTAINTIES

The mutual fund investments are exposed to various risks such as interest rate, market and credit risks. Due to these risks, it is at least reasonably possible that changes in the values of the mutual fund investments will occur in the near term and that such changes could materially affect the participants' account balances and amounts reported in the statement of net assets available for Plan benefits.

NOTE H – PARTY-IN-INTEREST TRANSACTIONS

The Plan paid administrative expenses to a company that is defined as a party-in-interest by ERISA. The following amounts were paid to the party-in-interest during the year ended December 31, 2010:

Party-In-Interest	Relationship to Plan	Amount
Mark B. Lackie, PC	Independent	
Certified Public Accountant	Auditor	$5,881
Alliance Benefit Group	Third Party Administrator	8,616
Nationwide Financial	Custodian	9,880

Custodian fees were deducted from the net investment income from mutual funds on the Statements of Changes in Net Assets Available For Plan Benefits.

SUPPLEMENTAL INFORMATION

NATIONAL NURSING AND REHAB 401(k) PLAN
Schedule H, line 4i - Schedule of Assets (Held at Year End)
As of December 31, 2010
(See Auditor's Report)
(Plan No. - 001; Employer ID No. - 74-2761305)

(a)	(b) Identity of issue	(c) Mutual Fund	(d) Cost	(e) Current Value
	American Funds Europacific Gr R3	Mutual Fund	N/A	$ 50,334
	Invesco HdCap Cor Eq A	Mutual Fund	N/A	122,291
	AmFds AHCAP R3	Mutual Fund	N/A	46,103
	AmFds Am Bal R3	Mutual Fund	N/A	25,941
	Calvert Social Investment Equity A	Mutual Fund	N/A	1,717
	Diamond Hill Smallcap A	Mutual Fund	N/A	22,245
	Fidelity Advisors Short Term Fixed A	Mutual Fund	N/A	7,206
	Fidelity Advisors Inflation Protect Bd A	Mutual Fund	N/A	8,527
	Fidelity Advisors New Insights A	Mutual Fund	N/A	53,865
	Fidelity Advisors Diversified Internl A	Mutual Fund	N/A	54,765
	NW Inv Dest Aggressive R2	Mutual Fund	N/A	239,617
	NW Inv Dest Conservative R2	Mutual Fund	N/A	58,931
	NW Inv Dest Moderate R2	Mutual Fund	N/A	318,667
	NW Inv Dest Moderate Aggress R2	Mutual Fund	N/A	249,071
	NW Inv Dest Moderate Conserv R2	Mutual Fund	N/A	79,222
	Goldman Sachs Short Dura Govt A	Mutual Fund	N/A	7,635
	BlkRk Health Care Inv A	Mutual Fund	N/A	186
	BlkRk Cap Apprec Inv A	Mutual Fund	N/A	3,901
	BlkRk Natural Resourc Tr Inv A	Mutual Fund	N/A	11,110
	Nationwide Government Bond A	Mutual Fund	N/A	7,811
	Nationwide Money Market Prime	Mutual Fund	N/A	256,701
	PIMCO Total Return A	Mutual Fund	N/A	26,430
	Opp Disc A	Mutual Fund	N/A	21,813
	Prudential Dryden Fin Svc A	Mutual Fund	N/A	1,713
	Pimco High Yield A	Mutual Fund	N/A	8,459
	Participant Loans	Participant Loans	N/A	79,087
				$ 1,763,348

N/A - Cost information is not required when accounts are maintained in participant self-directed accounts.

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

Name of Plan: National Nursing and Rehab 401k Plan

►

Employer Identification Number:► 74-2761305

For plan year (beginning/ending):► 1/1/2010/12/31/2010 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
	AmFds Europacfc Gr R3	Mutual Fund		50,334
	Invesco HdCap Cor Eq A	Mutual Fund		122,291
	AmFds AHCAP R3	Mutual Fund		46,103
	AmFds Am Bal R3	Mutual Fund		25,941
	Clvrt Soc Invmt Eq A	Mutual Fund		1,717
	Diamond Hill SmCap A	Mutual Fund		22,245
	FidAdv Shrt Fxd Inc A	Mutual Fund		7,206
	FidAdv Infl Prtct Bd A	Mutual Fund		8,527
	FidAdv New Insghts A	Mutual Fund		53,865
	FidAdv Divrs Intl A	Mutual Fund		54,765
	NW Inv Dest Aggr R2	Mutual Fund		239,617
	NW Inv Dest Cnsrv R2	Mutual Fund		58,931
	NW Inv Dest Mod R2	Mutual Fund		318,667
	NW Inv Dest Mod Aggr R2	Mutual Fund		249,071
	NW Inv Dest Mod Cnsrv R2	Mutual Fund		79,222
	GdmnScs Shrt Dur Govt A	Mutual Fund		7,635
	BlkRk Hlth Care Inv A	Mutual Fund		186
	BlkRk Cap App Inv A	Mutual Fund		3,901
	BlkRk Natrl Rsrc Tr Inv A	Mutual Fund		11,110
	NW Govt Bd A	Mutual Fund		7,811
	NW Mny Mkt Prm	Mutual Fund		256,702
	PIMCO ttl Rtn A	Mutual Fund		26,430
	Opp Disc A	Mutual Fund		21,813
	Prudntl Fin Svc A	Mutual Fund		1,713
	PIMCO Hi Yld A	Mutual Fund		8,459
	Participant Loans	Loan		79,087