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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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
PRIME HOME HEALTH SERVICES, LLC 401(K) PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2008

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

PRIME HOME HEALTH SERVICES, LLC

3125 EMMONS AVENUE
BROOKLYN, NY 11235

2b Employer Identification Number (EIN) 20-5202959

2c Sponsor's telephone number 718-646-1900

2d Business code (see instructions) 621610

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.	10/12/2012	ADRIANA CUESTA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2012	ADRIANA CUESTA
	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")
PRIME HOME HEALTH SERVICES, LLC

3125 EMMONS AVENUE
BROOKLYN, NY 11235

3b Administrator's EIN
20-5202959

3c Administrator's telephone number
718-646-1900

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**	251
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**	172
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	126
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	298
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	298
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	249
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
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 2T 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)		**A** (Insurance Information)
(4)		**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
PRIME HOME HEALTH SERVICES, LLC 401(K) PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRIME HOME HEALTH SERVICES, LLC

D Employer Identification Number (EIN)
20-5202959

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	250	535
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	16163	28498
(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)	5083	15915
(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)	272132	412954
(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	293628	457902
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		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	293628	457902

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)	28498	
(B) Participants	2a(1)(B)	162844	
(C) Others (including rollovers)	2a(1)(C)	1889	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		193231
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	471	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		471
(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)	7938	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		7938
(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)		

			(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)		
	(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)		-17938
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		183702
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18713	
	(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)		18713
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)	715	
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		715
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		19428
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		164274
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) [X] 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 [X] No

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

(1) Name: BASS & LEMER LLP **(2)** EIN: 13-1938264

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	
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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
PRIME HOME HEALTH SERVICES, LLC 401(K) PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRIME HOME HEALTH SERVICES, LLC

D Employer Identification Number (EIN)
20-5202959

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 20-5202959

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 (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. 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):

PRIME HOME HEALTH SERVICES, LLC
401(K) PENSION PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

PRIME HOME HEALTH SERVICES, LLC 401(K) PENSION PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

Index **Page**

Independent Auditors' Report 1-2

Statements of Net Assets Available for Benefits as of December 31, 2011 and 2010 3

Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2011 4

Notes to Financial Statements 5-15

Supplemental Schedule as of December 31, 2011

Schedule of Assets (Held at End of Year) 16

BASS & LEMER LLP
CERTIFIED PUBLIC ACCOUNTANTS

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WEST HEMPSTEAD, N.Y. 11552
(516) 485-9600
FAX: (516) 485-9603

1501 BROADWAY
NEW YORK, N.Y. 10036
(212) 944-1500

SHELBY S. GOLDGRAB, C.P.A., C.M.A.
GARY S. ADLER, C.P.A.

To the Board of Trustees of
Prime Home Health Services, LLC 401(k) Pension Plan

Independent Auditors' Report

We have audited the accompanying statement of net assets available for benefits of Prime Home Health Services, LLC 401(k) Pension Plan as of December 31, 2011 and the related statement of changes in net assets available for benefits for the year ended December 31, 2011. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Prime Home Health Services, LLC 401(k) Pension Plan as of December 31, 2011, and the changes in net assets available for benefits for the year ended December 31, 2011 in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2011 is presented for the purpose of additional analysis and is not a required part of the basic financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Independent Auditors' Report (continued)

We have compiled the accompanying statement of net assets available for benefits of Prime Home Health Services, LLC 401(k) Pension Plan as of December 31, 2010 in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying statement of net assets available for benefits as of December 31, 2010 and, accordingly, do not express an opinion or any other form of assurance on it.

Bass & Lemer LLP

Certified Public Accountants

West Hempstead, New York
October 10, 2012

PRIME HOME HEALTH SERVICES, LLC 401(K) PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2011 AND 2010

	2011	Compiled 2010
ASSETS		
Investments (at fair value)	$ 413,489	$ 272,382
Receivables:		
Employer's Contributions	28,498	16,163
Notes Receivable from Participants	15,915	5,083
	44,413	21,246
TOTAL ASSETS	457,902	293,628
NET ASSETS AVAILABLE FOR BENEFITS	$ 457,902	$ 293,628

See the accompanying notes to the financial statements.

PRIME HOME HEALTH SERVICES, LLC 401(K) PENSION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2011

ADDITIONS	
Additions to Net Assets Attributed to:	
Investment Loss:	
Net Depreciation in Fair Value of Investments	$ (17,938)
Dividends	7,938
	(10,000)
Interest Income on Notes Receivable from Participants	471
Contributions:	
Participants	162,844
Employer	28,498
Rollovers	1,889
	193,231
TOTAL ADDITIONS	183,702
DEDUCTIONS	
Deductions from Net Assets Attributed to:	
Benefits Paid to Participants	18,713
Administrative Expenses	715
TOTAL DEDUCTIONS	19,428
NET INCREASE	164,274
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of Year	293,628
End of Year	$ 457,902

See the accompanying notes to the financial statements.

PRIME HOME HEALTH SERVICES, LLC 401(K) PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Prime Home Health Services, LLC 401(k) Pension Plan (the "Plan"), provides only general information. Participants of the Plan should refer to the Plan document for a more complete description of the Plan's provisions.

A. GENERAL

Effective January 1, 2010, the Plan has been amended and restated. The Plan is a defined contribution plan covering all eligible employees of Prime Home Health Services, LLC (the "Company") who have completed the earlier of one year of service or three consecutive calendar months of service and are at least 21 years of age. The entry date for participants who satisfy the one year of service requirement is the earlier of the first day of the Plan year that occurs after the date the one year of service requirement is satisfied or the date that occurs six months after the date the one year of service requirement is satisfied. The entry date for participants who satisfy the three consecutive calendar months of service requirement is the date such requirement is satisfied. Participants may participate in the Company's discretionary matching contributions if they have completed one year of service, are at least 21 years of age and are actively employed at the end of the plan year. The entry date for eligible participants for the Company's discretionary matching contributions is January 1st or July 1st coincident with or following the date eligibility requirements are satisfied. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

B. CONTRIBUTIONS

Each year participants may contribute up to 100% of their salary, as defined by the Plan document, not to exceed amounts prescribed by the Internal Revenue Service (IRS). Participants may direct the investment of their contributions into various investment options offered by the Plan and maintained at American Funds Retirement Plan Services. Participants who are eligible to make elective deferrals under this Plan and who have attained age 50 before the close of the Plan year are eligible to make an additional catch-up contribution. Participants may also contribute amounts representing distributions from other qualified plans as defined in the Plan document. The Company may elect, on a discretionary basis, to make a matching contribution up to limits described in the Plan document. For 2011 and 2010, the Company made discretionary matching contributions of $28,498 and $16,613, respectively.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

C. PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contributions and the Company's discretionary matching contribution and allocations of Plan earnings (losses) and charged with an allocation of administrative and expenses. Allocations are based on participant earnings or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

D. VESTING

Participants are immediately vested in their contributions plus actual earnings thereon. The Company's discretionary matching contribution and earnings thereon will be vested as follows:

Years of Service for Vesting	Percentage
Less than 1 year	0%
1 to 2 years	25%
2 to 3 years	50%
3 to 4 years	75%
4 years or more	100%

E. NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of 50% of their vested account balance or $50,000. The loans are secured by the balance in the participant's account as defined in the Plan document, and bear interest at a rate of 4.75%. Repayment of the loans must be made in equal payments, not less frequently than quarterly and within a maximum term of five years. If the loans are used to purchase a primary residence, a longer repayment term is permitted.

F. PAYMENT OF BENEFITS

On termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's interest in his or her account in either a lump-sum distribution or in installments as defined in the Plan document. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution or in installments as defined in the Plan document. Effective January 1, 2010, the Plan was amended to allow Plan participants who have attained age 59½ to make in-service withdrawals from their vested accounts.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

G. FORFEITED ACCOUNTS

At December 31, 2011 and 2010, forfeited nonvested accounts totaled $535 and $250, respectively. The Company may elect to use all or any portion of the forfeitures account to pay administrative expenses incurred by the Plan. The portion of forfeitures account that is not used to pay administrative expenses will be used first to restore previous forfeitures of participants' accounts and then will be allocated/used for Company matching contributions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. DATE OF MANAGEMENT'S REVIEW

Subsequent events were evaluated through October 10, 2012, which is the date the financial statements were available to be issued.

B. ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

C. BASIS OF ACCOUNTING

The financial statements of the Plan are prepared on the accrual basis of accounting.

D. NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

E. INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan invests in mutual funds that are publicly traded and are valued at fair value at year end as determined by quoted market prices. See Note 3 for discussion of fair value measurements.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

E. INVESTMENT VALUATION AND INCOME RECOGNITION (CONTINUED)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded when received rather than on an ex-dividend basis. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

F. PAYMENT OF BENEFITS

Benefits are recorded when paid.

G. OPERATING EXPENSES AND ADMINISTRATION

The Company, at its discretion, may pay all administrative expenses of the Plan, including legal and audit fees. The Company may elect in the future not to pay these fees which would affect the financial return to participants. Participants pay a portion of the Plan's administrative expenses.

The Plan's third party administrator for 2011 and 2010 is Economic Group Pension Services, Inc. and the assets are held at American Funds Retirement Plan Services. The Company employs the Plan trustees. No trustee receives compensation for their services from the Plan.

H. NEW ACCOUNTING STANDARDS

In May 2011, Financial Accounting Standards Board (FASB) issued Auditing Standards Update (ASU) No. 2011-04, *Fair Value Measurement (Topic 820): Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP (Generally Accepted Accounting Principles) and IFRSs (International Financial Reporting Standards).* The objective of this update is to improve the comparability of fair value measurements presented and disclosed in financial statements prepared in accordance with U.S. GAAP and IFRSs, by changing the wording used to describe many of the requirements in U.S. GAAP for measuring fair value and disclosing information about fair value measurements. The amendments include those that clarify FASB's intent about the application of existing fair value measurement and disclosure requirements and those that change a particular principle or requirement for measuring fair value or for disclosing information about fair value measurements. This ASU, which is to be applied prospectively, is effective for public entities during interim and annual periods beginning after December 15, 2011 (early application is not permitted). For non-

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

H. NEW ACCOUNTING STANDARDS (CONTINUED)

public entities, the amendments are effective for annual periods beginning after December 15, 2011 (an early application is not permitted). Nonpublic entities may early implement during interim periods beginning after December 15, 2011. Some of the disclosures required by the amendments in the ASU are not required for nonpublic entities. Plan management does not believe the adoption of this update will have a material impact on the Plan's financial statements.

In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2010-06, Fair Value Measurements and Disclosures which amends ASC 820, Fair Value Measurements and Disclosures, adding new disclosure requirements for Levels 1 and 2, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which became effective for fiscal years beginning after December 15, 2010. The Plan adopted the new ASU in 2011, as financial statements were not required in 2010. The adoption of the ASU did not materially affect the Plan's financial statements.

NOTE 3 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurement and Disclosures,* provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 - Inputs to the valuation methodology include

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

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

The Plan has no has no assets or liabilities, which are valued using level 2 inputs.

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

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

The Plan has no has no assets or liabilities, which are valued using level 3 inputs.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2011 and 2010.

Mutual Funds: Valued at the quoted net asset value of shares held by the Plan at year end.

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

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

	Assets at Fair Value as of December 31, 2011			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual Funds:				
Allocation Funds	$ 5,043	$ -	$ -	$ 5,043
Blend Funds	21,318	-	-	21,318
Bond Funds	37,629	-	-	37,629
Government Fund	455	-	-	455
Growth Fund	3,973	-	-	3,973
Stock Funds	44,948	-	-	44,948
Target Date Funds	299,588	-	-	299,588
Total Mutual Funds	412,954	-	-	412,954
Money Market Fund	535	-	-	535
Total Assets as Fair Value	$ 413,489	$ -	$ -	$ 413,489

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

	Compiled Assets at Fair Value as of December 31, 2010			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual Funds:				
Allocation Funds	$ 4,447	$ -	$ -	$ 4,447
Blend Funds	20,513	-	-	20,513
Bond Funds	26,954	-	-	26,954
Growth Fund	4,329	-	-	4,329
Stock Funds	43,140	-	-	43,140
Target Date Funds	172,749	-	-	172,749
Total Mutual Funds	272,132	-	-	272,132
Money Market Fund	250	-	-	250
Total Assets as Fair Value	$ 272,382	$ -	$ -	$ 272,382

NOTE 4 - INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets:

	December 31,	
	2011	Compiled 2010
American Funds Smallcap World Fund - R2, 833 and 697 shares, respectively	$ 26,457	$ 26,070
American Funds Capital World Growth and Income Fund R-2, 581 and 482 shares, respectively	18,491*	17,070
American Funds Fundamental Investors - R2, 477 and 434 shares, respectively	16,806*	15,853
American Funds The Bond Fund of America - R2, 2,232 and 1,813 shares, respectively	28,015	22,095
American Funds 2050 Target Date Retirement Fund - R2, 5,640 and 3,310 shares, respectively	48,953	30,151
American Funds 2040 Target Date Retirement Fund - R2, 3,737 and 2924 shares, respectively	33,075	27,168
American Funds 2025 Target Date Retirement Fund - R2, 2,914 and 1,634 shares, respectively	25,382	14,807
American Funds 2020 Target Date Retirement Fund - R2, 7,117 and 3,775 shares, respectively	62,563	33,897
American Funds 2015 Target Date Retirement Fund - R2, 11,157 and 6,423 shares, respectively	99,522	58,131

* Less than 5% of the Plan assets.

During 2011, the Plan's investments in mutual funds (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $17,938.

NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS

Plan investments are in mutual funds of American Funds. American Funds Retirement Plan Services is the trustee as defined by the Plan. American Funds and American Funds Retirement Plan Services are subsidiaries of The Capital Group Companies. Therefore, these transactions qualify as party-in-interest transactions. Fees totaling $715 were paid directly to American Funds Retirement Plan Services from the Plan during the plan year and other fees and expenses such as investment fees and plan administration fees may be deducted directly from investment returns in accordance with the applicable investment option selected by the participant.

NOTE 6 - PLAN TERMINATION

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

NOTE 7 - TAX STATUS

The Internal Revenue Service has determined and informed AccuDraft.com Inc, by a letter dated March 31, 2008 that its Volume Submitter Profit Sharing Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan adopted AccuDraft.com Inc.'s Volume Submitter Profit Sharing Plan. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable sections of the IRC and therefore, believe that the Plan is qualified.

U.S. GAAP require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2008.

NOTE 8 - RISKS AND UNCERTAINTIES

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

NOTE 9 - FIDELITY BOND COVERAGE

For 2010, 2011 and, but not limited to through the date of the independent auditor's report the Company inadvertently did not maintain fidelity bond coverage for the Plan. As of the date of the independent auditors' report the Company was in the process or correcting the fidelity bond coverage for the Plan.

SUPPLEMENTAL SCHEDULE

PRIME HOME HEALTH SERVICES, LLC 401(K) PENSION PLAN

EIN: 20-5202959
PLAN #001
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
DECEMBER 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Property	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds			
*	American Funds	EuroPacific Growth Fund - R-2; 132 Shares	**	$ 4,513
*	American Funds	The Growth Fund of America - R-2; 141 Shares	**	3,972
*	American Funds	Smallcap World Fund - R-2; 833 Shares	**	26,457
*	American Funds	Capital World Growth and Income Fund - R-2; 581 Shares	**	18,491
*	American Funds	Fundamental Investors - R-2; 477 Shares	**	16,806
*	American Funds	Capital Income Builder - R-2; 99 Shares	**	4,894
*	American Funds	American Balanced Fund - R-2; 8 Shares	**	149
*	American Funds	The Bond Fund of America - R-2; 2,232 Shares	**	28,015
*	American Funds	Capital World Bond Fund - R-2; 473 Shares	**	9,614
*	American Funds	U.S. Government Securities Fund - R-2; 32 Shares	**	454
*	American Funds	2055 Target Date Retirement Fund - R-2; 348 Shares	**	3,701
*	American Funds	2050 Target Date Retirement Fund - R-2; 5,640 Shares	**	48,953
*	American Funds	2045 Target Date Retirement Fund - R-2; 1,177 Shares	**	10,390
*	American Funds	2040 Target Date Retirement Fund - R-2; 3,737 Shares	**	33,075
*	American Funds	2035 Target Date Retirement Fund - R-2; 100 Shares	**	881
*	American Funds	2030 Target Date Retirement Fund - R-2; 1,645 Shares	**	14,574
*	American Funds	2025 Target Date Retirement Fund - R-2; 2,914 Shares	**	25,382
*	American Funds	2020 Target Date Retirement Fund - R-2; 7,117 Shares	**	62,563
*	American Funds	2015 Target Date Retirement Fund - R-2; 11,157 Shares	**	99,522
*	American Funds	2010 Target Date Retirement Fund - R-2; 62 Shares	**	548
		Total Mutual Funds		412,954
	Money Market Fund			
*	American Funds	Money Market Fund - R-2; 535 Shares	**	535
	Loans			
	Participant Loans	Interest Rate of 4.75%		15,915
		Total		$ 429,404

* Represents a party-in-interest to the Plan
** Not applicable as this is a participant-directed investment.

See Independent Auditors' Report