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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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
LIFE GENERATIONS HEALTHCARE, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/2001

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
LIFE GENERATIONS HEALTHCARE, LLC

20371 IRVINE AVENUE
SUITE 210
NEWPORT, CA 92660

2b Employer Identification Number (EIN)
33-0838455

2c Plan Sponsor's telephone number
714-241-5600

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.	10/13/2015	DARLENE HARE
	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

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
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:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	2061
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1872
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1720
b	Retired or separated participants receiving benefits	**6b**	6
c	Other retired or separated participants entitled to future benefits	**6c**	132
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1858
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	1858
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	858
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 Characteristics 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 Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
LIFE GENERATIONS HEALTHCARE, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LIFE GENERATIONS HEALTHCARE, LLC

D Employer Identification Number (EIN)
33-0838455

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

CENTAURUS FINANCIAL INC
2300 E KATELLA AVE STE 200
ANAHEIM, CA 92806

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

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

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

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

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

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

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

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

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

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

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

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

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

NBS, LLC

20-3886993

(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 49	THIRD PARTY ADM	56281	Yes [X] No [ ]	Yes [X] No [ ]	23634	Yes [ ] No [X]

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

MEEDER ADVISORY SERVICES, INC.

6125 MEMORIAL DRIVE
DUBLIN, OH 43017

(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?
28 51	INVESTMENT ADV	34041	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

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)

(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
NBS, LLC	15 49	23634
(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.	
NATIONWIDE 31-4153830	ADVISORY/SERVICE PROVIDER FEE INCENTIVE PAYMENT	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
LIFE GENERATIONS HEALTHCARE, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LIFE GENERATIONS HEALTHCARE, LLC

D Employer Identification Number (EIN)
33-0838455

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)	199127	208942
(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)	774208	880923
(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)	20388360	21812755
(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	21361695	22902620
	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	21361695	22902620

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)	208942	
	(B) Participants	2a(1)(B)	2099077	
	(C) Others (including rollovers)	2a(1)(C)	255959	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2563978
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)	25900	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		25900
	(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
	(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

		(a) Amount	(b) Total
(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)		1592245
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4182123
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2457037	
(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)		2457037
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)	62578	
(3) Investment advisory and management fees	2i(3)	121583	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		184161
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2641198
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1540925
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: WRIGHT FORD YOUNG & CO **(2)** EIN: 95-3288054

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
LIFE GENERATIONS HEALTHCARE, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LIFE GENERATIONS HEALTHCARE, LLC

D Employer Identification Number (EIN)
33-0838455

Part I Distributions

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

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

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

EIN(s): 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 (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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

LIFE GENERATIONS HEALTHCARE LLC 401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

LIFE GENERATIONS HEALTHCARE LLC 401(k) PLAN

INDEX TO FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2014 AND 2013

	Page
Independent Auditors' Report	1 - 2
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013	3
Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2014	4
Notes to the Financial Statements	5 - 11
Supplemental Schedule:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	12 - 14

Wright Ford Young & Co.

Certified Public Accountants and Consultants, Inc.

INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of the
Life Generations Healthcare LLC 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Life Generations Healthcare LLC 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Nationwide Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2014 and 2013 and for the year ended December 31, 2014, that the information provided to the plan administrator by the custodian is complete and accurate.

16140 Sand Canyon Avenue • Irvine, California 92618 • (949) 910-CPAS (2727) • Fax (949) 910-2728

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedule

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2014, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Wright Ford Young & Co.

WRIGHT FORD YOUNG & CO.
Irvine, California
August 10, 2015

LIFE GENERATIONS HEALTHCARE LLC 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014 AND 2013

	2014	2013
ASSETS:		
Investments, at fair value:		
Registered investment companies	$ 21,812,755	$ 20,388,360
Total investments	21,812,755	20,388,360
Receivables:		
Employer contributions	208,942	199,127
Notes receivable from participants	880,923	774,208
Total receivables	1,089,865	973,335
Total assets	22,902,620	21,361,695
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 22,902,620	$ 21,361,695

See accompanying independent auditors' report and notes to the financial statements.

LIFE GENERATIONS HEALTHCARE LLC 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2014

Additions to net assets attributed to:	
Investment earnings:	
Net appreciation in fair value of investments	$ 1,592,245
Total investment earnings	1,592,245
Interest income on notes receivable from participants	25,900
Contributions:	
Participant	2,099,077
Employer	208,942
Rollover	255,959
Total contributions	2,563,978
Total additions	4,182,123
Deductions from net assets attributed to:	
Benefits paid to participants	2,359,318
Distributed notes receivable	97,719
Plan expenses	184,161
Total deductions	2,641,198
NET INCREASE	1,540,925
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	21,361,695
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 22,902,620

See accompanying independent auditors' report and notes to the financial statements.

LIFE GENERATIONS HEALTHCARE LLC 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

1. DESCRIPTION OF PLAN

The following description of the Life Generations Healthcare LLC 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees (excluding union and per diem employees) of Life Generations Healthcare, LLC (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Employees (excluding union and per diem employees) who have attained at least 21 years of age are eligible to participate in the Plan on January 1 or July 1 following the completion of 12 months of service, with a minimum of 1,000 hours worked.

Administration

The Plan is administered by the Company.

Contributions

Participants may elect to contribute up to 100% of eligible pre-tax annual base compensation, not to exceed the limits of the Internal Revenue Code (IRC). Participants direct the investment of their contributions into various investment options offered by the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Company may make discretionary matching contributions to the Plan. For the year ended December 31, 2014, the Company made matching contributions equal to 15% of the participant's deferral up to the first 6% of base compensation to all eligible participants that were employed on the last day of the Plan year. The Company may also make discretionary profit sharing contributions to the Plan as determined each year by Company management. The Company elected not to make discretionary profit sharing contributions for the year ended December 31, 2014.

Participant Accounts

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of the Company's profit sharing contributions, if any, and Plan earnings. Participant accounts may be charged with an allocation of plan expenses that are paid by the Plan. Allocations are based on participants' eligible compensation, contributions, investment elections, specific participant transactions and/or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. DESCRIPTION OF PLAN - (Continued)

Payment of Benefits

On termination of service due to death, disability, retirement or other reasons a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, or partial withdrawals of at least $1,000 or installments. Participants may also elect to rollover their account to another tax deferred account or remain in the Plan until they are legally required to begin taking distributions. All vested account balances not exceeding $1,000 may be immediately distributed in a lump-sum payment. All vested account balances exceeding $1,000, but not exceeding $5,000, may be rolled into an Individual Retirement Account. With the plan administrator's approval, participants may withdraw all or part of their aggregate contributions in the event of financial hardship.

Vesting

Participants are immediately vested in their voluntary contributions, plus actual earnings thereon. Vesting in the Company's matching and profit sharing contributions, plus actual earnings thereon, is based on years of service according to the following schedule:

Years of Service	Vested Percentage
Less than 1	0%
1	25%
2	50%
3	75%
4	100%

Forfeitures

The unvested portion of a terminated participant's account will be forfeited and used to reduce future Company contributions or to pay Plan expenses. As of December 31, 2014 and 2013, the amount of available forfeitures totaled $6,070 and $3,632, respectively.

Notes Receivable from Participants

Participants may borrow from their fund accounts a maximum amount equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from 1 to 5 years or within a reasonable period of time that is longer than 5 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and generally bear interest at a rate commensurate with the rates that a bank or other professional lender would charge for making a loan in a similar circumstance. Principal and interest is paid ratably through payroll deductions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

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. See Note 3 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 and 2013. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits

Benefits are recorded when paid.

Plan Expenses

Plan expenses are generally paid by the Plan, unless paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Certain investment expenses and transactional fees are charged directly to the participant's account and are included in plan expenses.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - (Continued)

Subsequent Events

The Company has evaluated subsequent events through the date of the independent auditors' report, which is the date the accompanying financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board 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 lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under this framework 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.

Level 2 Inputs to the valuation methodology include:

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

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

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

The asset 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.

3. FAIR VALUE MEASUREMENTS - (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Registered investment companies: These investments, previously reported as pooled separate accounts, are public investment vehicles valued using the net asset value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within level 1 of the valuation hierarchy.

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. The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

Description	Total	Level 1	Level 2	Level 3
December 31, 2014				
Registered investment companies:				
Specialty	$ 938,563	$ 938,563	$ -	$ -
International stocks	1,450,216	1,450,216	-	-
Small-cap stocks	606,238	606,238	-	-
Mid-cap stocks	1,836,819	1,836,819	-	-
Large-cap stocks	5,588,438	5,588,438	-	-
Balanced	7,156,154	7,156,154	-	-
Bond	3,570,996	3,570,996	-	-
Money market fund	665,331	665,331	-	-
Total investments at fair value	$ 21,812,755	$ 21,812,755	$ -	$ -
December 31, 2013				
Registered investment companies:				
Specialty	$ 744,911	$ 744,911	$ -	$ -
International stocks	1,408,580	1,408,580	-	-
Small-cap stocks	619,487	619,487	-	-
Mid-cap stocks	1,681,767	1,681,767	-	-
Large-cap stocks	5,067,126	5,067,126	-	-
Balanced	6,667,910	6,667,910	-	-
Bond	3,461,852	3,461,852	-	-
Money market fund	736,727	736,727	-	-
Total investments at fair value	$ 20,388,360	$ 20,388,360	$ -	$ -

In regards to the classification of investment options offered by the Plan, there were no reclassifications in or out of levels 1, 2 and 3 during the year ended December 31, 2014.

4. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the 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 statements of net assets available for benefits.

5. INVESTMENTS

The following table presents investments that represent 5% or more of the Plan's net assets as of December 31, 2014 and 2013:

	2014
Meeder Balance Fund	$ 2,989,688
Meeder Dynamic Growth Fund	1,159,996
Meeder Muirfield Fund	3,239,098
Meeder Strategic Growth Fund	1,670,405
Meeder Total Return Bond Fund	2,113,555
	2013
Meeder Balance Fund	$ 2,909,655
Meeder Dynamic Growth Fund	1,070,454
Meeder Muirfield Fund	3,057,976
Meeder Strategic Growth Fund	1,490,653
Meeder Total Return Bond Fund	2,022,457

For the year ended December 31, 2014, the Plan's investments in registered investment companies (including investments bought, sold and held during the year) appreciated in value by $1,592,245.

6. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Trust Company (Nationwide), the custodian of the Plan, has certified to the completeness and accuracy of the following information which is included in the financial statements and supplemental schedule of assets (held at end of year), as of December 31, 2014 and 2013, and for the year ended December 31, 2014.

	2014	2013
Registered investment companies	$ 21,812,755	$ 20,388,360
Notes receivable from participants	880,923	774,208
Net appreciation in fair value of investments	1,592,245	N/A
Interest income on notes receivable from participants	25,900	N/A

7. TAX STATUS

The Company adopted a Volume Submitter Profit Sharing Plan which received a favorable opinion letter from the Internal Revenue Service (IRS), on March 31, 2014, which stated that the Plan, as then designed, was in accordance with applicable sections of the IRC. The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. 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 it is no longer subject to income tax examinations for years prior to 2011.

8. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate or amend the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, participants become 100% vested in their accounts.

9. PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. Certain Plan investments are managed by Nationwide, the custodian and record-keeper of the Plan. The Plan paid $6,297 in contract administration fees to Nationwide, $56,281 in third party administration fees to National Benefit Services, LLC, $34,041 in investment related fees to Meeder Advisory Services, Inc. and $87,542 in investment related fees to Centaurus Financial, Inc. during 2014. The Company paid certain administrative expenses of the Plan, including recordkeeping and audit fees. The Plan issues loans to participants, which are secured by the balances in the participants' accounts. These transactions qualify as party in interest transactions for which a statutory exemption exists.

10. RECLASSIFICATIONS

Certain reclassifications have been made to the prior year amounts to conform to the current year presentation.

LIFE GENERATIONS HEALTHCARE LLC 401(k) PLAN
PLAN FEIN# 33-0838455
PLAN # 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

(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
*	Nationwide Trust Company	AllianceBernstein High Income Fund	**	$ 283,398
*	Nationwide Trust Company	AllianceBernstein Small Cap Growth Fund	**	13,821
*	Nationwide Trust Company	Allianz NFJ Dividend Value Fund	**	156
*	Nationwide Trust Company	American Funds AMCAP R6	**	867,169
*	Nationwide Trust Company	American Funds American Balanced Fund R3	**	2,179
*	Nationwide Trust Company	American Funds American Balanced Fund R6	**	690,082
*	Nationwide Trust Company	American Funds Bond Fund of America R6	**	21,538
*	Nationwide Trust Company	American Funds Europacific Growth Fund R3	**	9,827
*	Nationwide Trust Company	American Funds Europacific Growth Fund R6	**	371,565
*	Nationwide Trust Company	American Funds Growth Fund of America R3	**	9,272
*	Nationwide Trust Company	American Funds New Perspective R6	**	354,683
*	Nationwide Trust Company	BlackRock Energy & Resources Investment A Fund	**	15,469
*	Nationwide Trust Company	BlackRock GNMA Investment A Fund	**	8,302
*	Nationwide Trust Company	BlackRock Inflation Protected Bond Investment A Fund	**	12,636
*	Nationwide Trust Company	Buffalo Flex Income Fund	**	12,930
*	Nationwide Trust Company	Buffalo Growth Fund	**	13,964
*	Nationwide Trust Company	Clavert Income Fund	**	2,528
*	Nationwide Trust Company	Columbia Overseas Value A Fund	**	89
*	Nationwide Trust Company	Delaware Diversified Income Fund	**	3,125
*	Nationwide Trust Company	Dodge Cox International Stock Fund	**	28,298
*	Nationwide Trust Company	DFA Real Estate Securities Fund	**	456,446
*	Nationwide Trust Company	DFA US Large Cap Value Fund	**	2,192
*	Nationwide Trust Company	DWS Equity Dividend A Fund	**	284
*	Nationwide Trust Company	Eagle Series Trust Mid Cap Stock A Fund	**	163
*	Nationwide Trust Company	Eaton Vance Floating Rate A Fund	**	704
*	Nationwide Trust Company	Federal Bond Fund	**	37,117
*	Nationwide Trust Company	Federal Total Return Bond A Fund	**	825
*	Nationwide Trust Company	Federated Kaufmann Small Cap A Fund	**	12,447
*	Nationwide Trust Company	Federated Mid Cap Growth Strategies A Fund	**	368
*	Nationwide Trust Company	Fidelity Advisor Canada A Fund	**	4,016
*	Nationwide Trust Company	Fidelity Advisor Energy A Fund	**	4,361
*	Nationwide Trust Company	Fidelity Advisor Leveraged Co Stock Instrument Fund	**	9,598
*	Nationwide Trust Company	Fidelity Advisor Mid Cap I Fund	**	3,869
*	Nationwide Trust Company	Fidelity Advisor New Insights A Fund	**	8,931
*	Nationwide Trust Company	Fidelity Advisor Small Cap A Fund	**	13,768
*	Nationwide Trust Company	Fidelity Advisor Strategic Income I Fund	**	5,835
*	Nationwide Trust Company	Franklin MSF Mutual Shares A Fund	**	7,808
*	Nationwide Trust Company	Goldman High Quality Floating Rate A Fund	**	481
*	Nationwide Trust Company	Goldman Sachs Short Duration Government Institutional Fund	**	4,486
*	Nationwide Trust Company	Goldman Sachs Standard Large Cap Value A Fund	**	164
*	Nationwide Trust Company	Harbor Mid Cap Growth Investment Fund	**	19,751
*	Nationwide Trust Company	Heartland Select Value Investment Fund	**	16,821
*	Nationwide Trust Company	Heartland Value Plus Investment Fund	**	13,659
*	Nationwide Trust Company	Invesco Common Stock A Fund	**	674

See accompanying independent auditors' report and notes to the financial statements.

LIFE GENERATIONS HEALTHCARE LLC 401(k) PLAN
PLAN FEIN# 33-0838455
PLAN # 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

(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
*	Nationwide Trust Company	Invesco Diversified Dividend Investment Fund	**	637
*	Nationwide Trust Company	Invesco Energy Investment Fund	**	571
*	Nationwide Trust Company	Invesco Small Cap Value A Fund	**	933
*	Nationwide Trust Company	J.P. Morgan High Yield A Fund	**	12,699
*	Nationwide Trust Company	J.P. Morgan SmartRetirement 2015 Fund	**	1,422
*	Nationwide Trust Company	J.P. Morgan SmartRetirement 2020 Fund	**	774
*	Nationwide Trust Company	J.P. Morgan SmartRetirement 2025 Fund	**	64,325
*	Nationwide Trust Company	J.P. Morgan SmartRetirement 2030 Fund	**	11,241
*	Nationwide Trust Company	J.P. Morgan SmartRetirement 2035 Fund	**	16,359
*	Nationwide Trust Company	J.P. Morgan SmartRetirement 2040 Fund	**	4,240
*	Nationwide Trust Company	J.P. Morgan SmartRetirement 2045 Fund	**	57,171
*	Nationwide Trust Company	J.P. Morgan SmartRetirement 2050 Fund	**	30,117
*	Nationwide Trust Company	J.P. Morgan SmartRetirement Income Fund	**	28,158
*	Nationwide Trust Company	Janus Adviser Forty S Fund	**	34,799
*	Nationwide Trust Company	Janus Perkins Mid Cap Value S Fund	**	377
*	Nationwide Trust Company	Janus Overseas S Fund	**	6,821
*	Nationwide Trust Company	Legg Mason ClearBridge Aggressive Growth Fund	**	4,238
*	Nationwide Trust Company	Lord Abbet Short Duration Income Fund	**	107,167
*	Nationwide Trust Company	Meeder Aggressive Growth Fund	**	496,444
*	Nationwide Trust Company	Meeder Balanced Fund	**	2,989,688
*	Nationwide Trust Company	Meeder Dynamic Growth Fund	**	1,159,996
*	Nationwide Trust Company	Meeder Muirfield Fund	**	3,239,098
*	Nationwide Trust Company	Meeder Quantex Fund	**	407,195
*	Nationwide Trust Company	Meeder Strategic Growth Fund	**	1,670,405
*	Nationwide Trust Company	Meeder Total Return Bond Fund	**	2,113,555
*	Nationwide Trust Company	Meeder Utilities and Infrastructure Fund	**	317,892
*	Nationwide Trust Company	Nationwide International Index A Fund	**	65,435
*	Nationwide Trust Company	Nationwide Money Market Institutional Fund	**	665,331
*	Nationwide Trust Company	Nationwide S&P 500 Index Institutional Fund	**	1,790
*	Nationwide Trust Company	Nationwide S&P 500 Index Service Fund	**	8,673
*	Nationwide Trust Company	Natixis Loomis Investment Grade Bond A Fund	**	14,810
*	Nationwide Trust Company	Neuberger Real Estate Fund	**	394
*	Nationwide Trust Company	Nuveen Real Estate Securities A Fund	**	46
*	Nationwide Trust Company	Oakmark International Fund	**	3,157
*	Nationwide Trust Company	Oppenheimer Developing Markets a Fund	**	605,810
*	Nationwide Trust Company	Oppenheimer Equity Income Fund	**	13,746
*	Nationwide Trust Company	Oppenheimer Gold & Special Minerals Fund	**	12,538
*	Nationwide Trust Company	PIMCO Income A Fund	**	113,404
*	Nationwide Trust Company	PIMCO Low Duration Institutional Fund	**	17,616
*	Nationwide Trust Company	PIMCO Real Return Fund	**	769
*	Nationwide Trust Company	PIMCO Real Return Institutional Fund	**	8,501
*	Nationwide Trust Company	Pimco Total Return A Fund	**	12,097
*	Nationwide Trust Company	PIMCO Total Return Institutional Fund	**	588,818
*	Nationwide Trust Company	Pioneer Equity Income Fund	**	355
*	Nationwide Trust Company	Pioneer Mid Cap Value Fund	**	501

See accompanying independent auditors' report and notes to the financial statements.

LIFE GENERATIONS HEALTHCARE LLC 401(k) PLAN
PLAN FEIN# 33-0838455
PLAN # 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

(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
*	Nationwide Trust Company	Payden GNMA Fund	**	12,215
*	Nationwide Trust Company	PNC Mid Cap Value Fund	**	160
*	Nationwide Trust Company	Prudential Jennison Natural Resources Fund	**	1,724
*	Nationwide Trust Company	Prudential Total Return Bond A	**	11,798
*	Nationwide Trust Company	Putnam Diversified Income Fund	**	23,581
*	Nationwide Trust Company	RidgeWorth Intermediate Bond Fund	**	592
*	Nationwide Trust Company	RidgeWorth Small Cap Value Equity Fund	**	27
*	Nationwide Trust Company	RS Tech Fund		6,440
*	Nationwide Trust Company	RS Small Cap Growth Fund	**	2,149
*	Nationwide Trust Company	Rydex S&P 400 Pure Growth Fund	**	294
*	Nationwide Trust Company	Rydex S&P 400 Pure Value Fund	**	370
*	Nationwide Trust Company	Rydex S&P 500 Pure Growth Fund	**	7,275
*	Nationwide Trust Company	Rydex S&P 500 Pure Value Fund	**	26,066
*	Nationwide Trust Company	Rydex S&P 600 Pure Value Fund	**	5,496
*	Nationwide Trust Company	UBS Scout International Fund	**	507
*	Nationwide Trust Company	TCW Dividend Focused Fund	**	1,838
*	Nationwide Trust Company	TCW Total Return Bond Fund	**	13,865
*	Nationwide Trust Company	T. Rowe Price Health Sciences Fund	**	74,861
*	Nationwide Trust Company	T. Rowe Price New Horizons Fund	**	542,655
*	Nationwide Trust Company	UBS U.S. Small Cap Growth A Fund	**	1,004
*	Nationwide Trust Company	Van Eck Global Hard Assets Fund	**	3,745
*	Nationwide Trust Company	Van Eck International Investment Gold Fund	**	16,294
*	Nationwide Trust Company	Vanguard 500 Index Fund		682,052
*	Nationwide Trust Company	Vanguard Extended Market Index Fund	**	889,541
*	Nationwide Trust Company	Vanguard Energy Investment Fund		357
*	Nationwide Trust Company	Vanguard Equity Income Investment Fund	**	594,462
*	Nationwide Trust Company	Vanguard Inflation Protected Securities Fund	**	258
*	Nationwide Trust Company	Vanguard Intermediate Term U.S. Treasury Bond Fund	**	161,854
*	Nationwide Trust Company	Vanguard Mid Cap Value Index Fund	**	458,817
*	Nationwide Trust Company	Vanguard Wellesly Income Investment	**	8,015
*	Nationwide Trust Company	Waddell & Reed Ivy Asset Strategy Y Fund	**	355
*	Nationwide Trust Company	Waddell & Reed Ivy International Core Equity Y Fund	**	9
*	Nationwide Trust Company	Waddell & Reed Ivy Large Cap Growth Y Fund	**	206
*	Nationwide Trust Company	Waddell & Reed Ivy Science Technology Y Fund	**	3,844
*	Nationwide Trust Company	Wells Fargo Advantage Special Mid Cap Value Fund	**	1,949
*	Nationwide Trust Company	Wells Fargo Advantage Common Stock A Fund	**	1,260
*	Nationwide Trust Company	Wells Fargo Advantage Growth A Fund	**	908
*	Participant Loans	Interest rates at 3.25%	-	880,923
				$ 22,693,678

* A party-in-interest as defined by ERISA.

** Disclosure of this information is not required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA when the account is participant directed.

See accompanying independent auditors' report and notes to the financial statements.

LIFE GENERATIONS HEALTHCARE LLC 401(k) PLAN
PLAN FEIN# 33-0838455
PLAN # 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

(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
*	Nationwide Trust Company	AllianceBernstein High Income Fund	**	$ 283,398
*	Nationwide Trust Company	AllianceBernstein Small Cap Growth Fund	**	13,821
*	Nationwide Trust Company	Allianz NFJ Dividend Value Fund	**	156
*	Nationwide Trust Company	American Funds AMCAP R6	**	867,169
*	Nationwide Trust Company	American Funds American Balanced Fund R3	**	2,179
*	Nationwide Trust Company	American Funds American Balanced Fund R6	**	690,082
*	Nationwide Trust Company	American Funds Bond Fund of America R6	**	21,538
*	Nationwide Trust Company	American Funds Europacific Growth Fund R3	**	9,827
*	Nationwide Trust Company	American Funds Europacific Growth Fund R6	**	371,565
*	Nationwide Trust Company	American Funds Growth Fund of America R3	**	9,272
*	Nationwide Trust Company	American Funds New Perspective R6	**	354,683
*	Nationwide Trust Company	BlackRock Energy & Resources Investment A Fund	**	15,469
*	Nationwide Trust Company	BlackRock GNMA Investment A Fund	**	8,302
*	Nationwide Trust Company	BlackRock Inflation Protected Bond Investment A Fund	**	12,636
*	Nationwide Trust Company	Buffalo Flex Income Fund	**	12,930
*	Nationwide Trust Company	Buffalo Growth Fund	**	13,964
*	Nationwide Trust Company	Clavert Income Fund	**	2,528
*	Nationwide Trust Company	Columbia Overseas Value A Fund	**	89
*	Nationwide Trust Company	Delaware Diversified Income Fund	**	3,125
*	Nationwide Trust Company	Dodge Cox International Stock Fund	**	28,298
*	Nationwide Trust Company	DFA Real Estate Securities Fund	**	456,446
*	Nationwide Trust Company	DFA US Large Cap Value Fund	**	2,192
*	Nationwide Trust Company	DWS Equity Dividend A Fund	**	284
*	Nationwide Trust Company	Eagle Series Trust Mid Cap Stock A Fund	**	163
*	Nationwide Trust Company	Eaton Vance Floating Rate A Fund	**	704
*	Nationwide Trust Company	Federal Bond Fund	**	37,117
*	Nationwide Trust Company	Federal Total Return Bond A Fund	**	825
*	Nationwide Trust Company	Federated Kaufmann Small Cap A Fund	**	12,447
*	Nationwide Trust Company	Federated Mid Cap Growth Strategies A Fund	**	368
*	Nationwide Trust Company	Fidelity Advisor Canada A Fund	**	4,016
*	Nationwide Trust Company	Fidelity Advisor Energy A Fund	**	4,361
*	Nationwide Trust Company	Fidelity Advisor Leveraged Co Stock Instrument Fund	**	9,598
*	Nationwide Trust Company	Fidelity Advisor Mid Cap I Fund	**	3,869
*	Nationwide Trust Company	Fidelity Advisor New Insights A Fund	**	8,931
*	Nationwide Trust Company	Fidelity Advisor Small Cap A Fund	**	13,768
*	Nationwide Trust Company	Fidelity Advisor Strategic Income I Fund	**	5,835
*	Nationwide Trust Company	Franklin MSF Mutual Shares A Fund	**	7,808
*	Nationwide Trust Company	Goldman High Quality Floating Rate A Fund	**	481
*	Nationwide Trust Company	Goldman Sachs Short Duration Government Institutional Fund	**	4,486
*	Nationwide Trust Company	Goldman Sachs Standard Large Cap Value A Fund	**	164
*	Nationwide Trust Company	Harbor Mid Cap Growth Investment Fund	**	19,751
*	Nationwide Trust Company	Heartland Select Value Investment Fund	**	16,821
*	Nationwide Trust Company	Heartland Value Plus Investment Fund	**	13,659
*	Nationwide Trust Company	Invesco Common Stock A Fund	**	674

See accompanying independent auditors' report and notes to the financial statements.

LIFE GENERATIONS HEALTHCARE LLC 401(k) PLAN
PLAN FEIN# 33-0838455
PLAN # 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

(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
*	Nationwide Trust Company	Invesco Diversified Dividend Investment Fund	**	637
*	Nationwide Trust Company	Invesco Energy Investment Fund	**	571
*	Nationwide Trust Company	Invesco Small Cap Value A Fund	**	933
*	Nationwide Trust Company	J.P. Morgan High Yield A Fund	**	12,699
*	Nationwide Trust Company	J.P. Morgan SmartRetirement 2015 Fund	**	1,422
*	Nationwide Trust Company	J.P. Morgan SmartRetirement 2020 Fund	**	774
*	Nationwide Trust Company	J.P. Morgan SmartRetirement 2025 Fund	**	64,325
*	Nationwide Trust Company	J.P. Morgan SmartRetirement 2030 Fund	**	11,241
*	Nationwide Trust Company	J.P. Morgan SmartRetirement 2035 Fund	**	16,359
*	Nationwide Trust Company	J.P. Morgan SmartRetirement 2040 Fund	**	4,240
*	Nationwide Trust Company	J.P. Morgan SmartRetirement 2045 Fund	**	57,171
*	Nationwide Trust Company	J.P. Morgan SmartRetirement 2050 Fund	**	30,117
*	Nationwide Trust Company	J.P. Morgan SmartRetirement Income Fund	**	28,158
*	Nationwide Trust Company	Janus Adviser Forty S Fund	**	34,799
*	Nationwide Trust Company	Janus Perkins Mid Cap Value S Fund	**	377
*	Nationwide Trust Company	Janus Overseas S Fund	**	6,821
*	Nationwide Trust Company	Legg Mason ClearBridge Aggressive Growth Fund	**	4,238
*	Nationwide Trust Company	Lord Abbet Short Duration Income Fund	**	107,167
*	Nationwide Trust Company	Meeder Aggressive Growth Fund	**	496,444
*	Nationwide Trust Company	Meeder Balanced Fund	**	2,989,688
*	Nationwide Trust Company	Meeder Dynamic Growth Fund	**	1,159,996
*	Nationwide Trust Company	Meeder Muirfield Fund	**	3,239,098
*	Nationwide Trust Company	Meeder Quantex Fund	**	407,195
*	Nationwide Trust Company	Meeder Strategic Growth Fund	**	1,670,405
*	Nationwide Trust Company	Meeder Total Return Bond Fund	**	2,113,555
*	Nationwide Trust Company	Meeder Utilities and Infrastructure Fund	**	317,892
*	Nationwide Trust Company	Nationwide International Index A Fund	**	65,435
*	Nationwide Trust Company	Nationwide Money Market Institutional Fund	**	665,331
*	Nationwide Trust Company	Nationwide S&P 500 Index Institutional Fund	**	1,790
*	Nationwide Trust Company	Nationwide S&P 500 Index Service Fund	**	8,673
*	Nationwide Trust Company	Natixis Loomis Investment Grade Bond A Fund	**	14,810
*	Nationwide Trust Company	Neuberger Real Estate Fund	**	394
*	Nationwide Trust Company	Nuveen Real Estate Securities A Fund	**	46
*	Nationwide Trust Company	Oakmark International Fund	**	3,157
*	Nationwide Trust Company	Oppenheimer Developing Markets a Fund	**	605,810
*	Nationwide Trust Company	Oppenheimer Equity Income Fund	**	13,746
*	Nationwide Trust Company	Oppenheimer Gold & Special Minerals Fund	**	12,538
*	Nationwide Trust Company	PIMCO Income A Fund	**	113,404
*	Nationwide Trust Company	PIMCO Low Duration Institutional Fund	**	17,616
*	Nationwide Trust Company	PIMCO Real Return Fund	**	769
*	Nationwide Trust Company	PIMCO Real Return Institutional Fund	**	8,501
*	Nationwide Trust Company	Pimco Total Return A Fund	**	12,097
*	Nationwide Trust Company	PIMCO Total Return Institutional Fund	**	588,818
*	Nationwide Trust Company	Pioneer Equity Income Fund	**	355
*	Nationwide Trust Company	Pioneer Mid Cap Value Fund	**	501

See accompanying independent auditors' report and notes to the financial statements.

LIFE GENERATIONS HEALTHCARE LLC 401(k) PLAN
PLAN FEIN# 33-0838455
PLAN # 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

(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
*	Nationwide Trust Company	Payden GNMA Fund	**	12,215
*	Nationwide Trust Company	PNC Mid Cap Value Fund	**	160
*	Nationwide Trust Company	Prudential Jennison Natural Resources Fund	**	1,724
*	Nationwide Trust Company	Prudential Total Return Bond A	**	11,798
*	Nationwide Trust Company	Putnam Diversified Income Fund	**	23,581
*	Nationwide Trust Company	RidgeWorth Intermediate Bond Fund	**	592
*	Nationwide Trust Company	RidgeWorth Small Cap Value Equity Fund	**	27
*	Nationwide Trust Company	RS Tech Fund		6,440
*	Nationwide Trust Company	RS Small Cap Growth Fund	**	2,149
*	Nationwide Trust Company	Rydex S&P 400 Pure Growth Fund	**	294
*	Nationwide Trust Company	Rydex S&P 400 Pure Value Fund	**	370
*	Nationwide Trust Company	Rydex S&P 500 Pure Growth Fund	**	7,275
*	Nationwide Trust Company	Rydex S&P 500 Pure Value Fund	**	26,066
*	Nationwide Trust Company	Rydex S&P 600 Pure Value Fund	**	5,496
*	Nationwide Trust Company	UBS Scout International Fund	**	507
*	Nationwide Trust Company	TCW Dividend Focused Fund	**	1,838
*	Nationwide Trust Company	TCW Total Return Bond Fund	**	13,865
*	Nationwide Trust Company	T. Rowe Price Health Sciences Fund	**	74,861
*	Nationwide Trust Company	T. Rowe Price New Horizons Fund	**	542,655
*	Nationwide Trust Company	UBS U.S. Small Cap Growth A Fund	**	1,004
*	Nationwide Trust Company	Van Eck Global Hard Assets Fund	**	3,745
*	Nationwide Trust Company	Van Eck International Investment Gold Fund	**	16,294
*	Nationwide Trust Company	Vanguard 500 Index Fund		682,052
*	Nationwide Trust Company	Vanguard Extended Market Index Fund	**	889,541
*	Nationwide Trust Company	Vanguard Energy Investment Fund		357
*	Nationwide Trust Company	Vanguard Equity Income Investment Fund	**	594,462
*	Nationwide Trust Company	Vanguard Inflation Protected Securities Fund	**	258
*	Nationwide Trust Company	Vanguard Intermediate Term U.S. Treasury Bond Fund	**	161,854
*	Nationwide Trust Company	Vanguard Mid Cap Value Index Fund	**	458,817
*	Nationwide Trust Company	Vanguard Wellesly Income Investment	**	8,015
*	Nationwide Trust Company	Waddell & Reed Ivy Asset Strategy Y Fund	**	355
*	Nationwide Trust Company	Waddell & Reed Ivy International Core Equity Y Fund	**	9
*	Nationwide Trust Company	Waddell & Reed Ivy Large Cap Growth Y Fund	**	206
*	Nationwide Trust Company	Waddell & Reed Ivy Science Technology Y Fund	**	3,844
*	Nationwide Trust Company	Wells Fargo Advantage Special Mid Cap Value Fund	**	1,949
*	Nationwide Trust Company	Wells Fargo Advantage Common Stock A Fund	**	1,260
*	Nationwide Trust Company	Wells Fargo Advantage Growth A Fund	**	908
*	Participant Loans	Interest rates at 3.25%	-	880,923
				$ 22,693,678

* A party-in-interest as defined by ERISA.

** Disclosure of this information is not required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA when the account is participant directed.

See accompanying independent auditors' report and notes to the financial statements.