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 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

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

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

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

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
HEALTH & HOME MANAGEMENT 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2000

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
HEALTH & HOME MANAGEMENT

5454 W. FARGO
SKOKIE, IL 60077

2b Employer Identification Number (EIN)
36-3223168

2c Plan Sponsor's telephone number
847-674-5454

2d Business code (see instructions)
541600

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.	10/06/2017	ANZHELIKA SHATROV
	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)

Preparer's telephone number

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**	1448
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)**	1121
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	955
b	Retired or separated participants receiving benefits	**6b**	45
c	Other retired or separated participants entitled to future benefits	**6c**	327
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1327
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	1327
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	669
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	19
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 2H 2J 2K 2T 3D 3H

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)

- **(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)** [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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan HEALTH & HOME MANAGEMENT 401(K) PLAN	**B** Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTH & HOME MANAGEMENT	**D** Employer Identification Number (EIN) 36-3223168

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

THE WEISS GROUP, INC.

400 SKOKIE BLVD
SUITE 415
NORTHBROOK, IL 60062

(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?
12 15 64 37	NONE	67677	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OSTROW REISIN BERK & ABRAMS, LTD.

455 NORTH CITYFRONT PLAZA DRIVE
SUITE 1500
CHICAGO, IL 60611

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	7500	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 ☐

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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
HEALTH & HOME MANAGEMENT 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HEALTH & HOME MANAGEMENT

D Employer Identification Number (EIN)
36-3223168

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)	57085	167719
(2) Participant contributions	1b(2)	34429	124129
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	359033	869721
(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)	429493	452531
(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)	7801980	8454391
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1010000	525000

			(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	9692020	10593491
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	14795	14569
k	Total liabilities (add all amounts in lines 1g through1j)	1k	14795	14569
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	9677225	10578922

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)	167906	
	(B) Participants	2a(1)(B)	1169691	
	(C) Others (including rollovers)	2a(1)(C)	23623	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1361220
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)	16592	
	(F) Other	2b(1)(F)	20295	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		36887
	(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)		432691
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1830798
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	853107	
(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)		853107
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)	75994	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		75994
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		929101
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		901697
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: OSTROW REISIN BERK & ABRAMS, LTD **(2)** EIN: 36-2938874

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		861821
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			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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 sections 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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
HEALTH & HOME MANAGEMENT 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HEALTH & HOME MANAGEMENT

D Employer Identification Number (EIN)
36-3223168

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): 27-3169253

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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

HEALTH & HOME MANAGEMENT, INC. 401(k) PLAN – EMPLOYEES

FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

YEARS ENDED DECEMBER 31, 2016 AND 2015

HEALTH & HOME MANAGEMENT, INC.
401(k) PLAN - EMPLOYEES

YEARS ENDED DECEMBER 31, 2016 AND 2015

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Independent Auditors' Report

Plan Administrator and Board of Trustees
Health & Home Management, Inc.
401(k) Plan - Employees

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Health & Home Management, Inc. 401(k) Plan - Employees (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, 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.

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Independent Affiliate of BKR International

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mid Atlantic Trust Company (the Trustee), except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2016 and 2015, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

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

The supplemental schedules of assets (held at end of year) as of December 31, 2016, and delinquent participant contributions for the year ended December 31, 2016, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 schedules 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 schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ostrow Reisin Berk & Abrams, Ltd.

September 20, 2017

HEALTH & HOME MANAGEMENT, INC.
401(k) PLAN - EMPLOYEES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,	**2016**	2015
Assets:		
Investments, at fair value	**$ 9,849,112**	$ 9,171,013
Receivables:		
Employer contributions	**167,719**	57,085
Participant contributions	**124,129**	34,429
Notes receivable from participants	**452,531**	429,493
Total receivables	**744,379**	521,007
Total assets	**10,593,491**	9,692,020
Liability:		
Accounts payable	**14,569**	14,795
Net assets available for benefits	**$ 10,578,922**	$ 9,677,225

See notes to financial statements.

HEALTH & HOME MANAGEMENT, INC.
401(k) PLAN - EMPLOYEES

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,	**2016**	2015
Additions to net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	**$ 365,628**	$ (37,430)
Interest and dividends	**87,358**	91,072
Total investment income, net	**452,986**	53,642
Interest on participant loans	**16,592**	22,054
Contributions:		
Participants	**1,169,691**	1,051,007
Employer	**167,906**	151,413
Rollovers	**23,623**	7,989
Total contributions	**1,361,220**	1,210,409
Total additions	**1,830,798**	1,286,105
Deductions from net assets attributed to:		
Benefits paid to participants and former participants	**853,107**	291,124
Administrative expenses	**75,994**	69,139
Total deductions	**929,101**	360,263
Net increase	**901,697**	925,842
Net assets available for benefits:		
Beginning of year	**9,677,225**	8,751,383
End of year	**$ 10,578,922**	$ 9,677,225

See notes to financial statements.

HEALTH & HOME MANAGEMENT, INC.
401(k) PLAN - EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

1. Description of the Plan

The following description of the Health & Home Management, Inc. 401(k) Plan - Employees (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

General:

The Plan is a defined-contribution plan that was adopted on January 1, 2000, covering all full-time employees of Glen Health & Home Management, Inc., Glen Oaks Nursing and Rehabilitation Centre, Ltd., GlenShire Nursing and Rehabilitation Centre, Ltd., Glen Elston Nursing and Rehabilitation Centre, Ltd., GlenBridge Nursing and Rehabilitation Centre, Ltd., GlenCrest Nursing and Rehabilitation Centre, Ltd., Glenlake Terrace Nursing and Rehabilitation Centre, Ltd., Therapy Masters, Inc., Brentwood North Healthcare and Rehabilitation Centre, Ltd., Glen Saint Andrew Living Community, LLC and Ballard Respiratory and Rehabilitation Center, LLC (collectively, the Company) who have attained the age of 21 or older and have completed at least one hour of service.

Employees may enter the Plan each year on January 1 and July 1.

Contributions:

Each year, participants may contribute up to the lesser of 100% of eligible compensation or $18,000 for each of the years ended December 31, 2016 and 2015. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined-benefit or defined-contribution plans. Contributions are limited in accordance with Internal Revenue Service (IRS) regulations. The Plan permits contributions by the Company. For each of the years ended December 31, 2016 and 2015, the Company contributed 25% of each participant's first 4% of eligible compensation (a total of 1%) during each year. Employees who have attained the age of 21 and completed at least one hour of service each year are eligible for matching contributions. In addition, the Company may make annual discretionary profit-sharing contributions. Employees must have completed one year of service and be employed on the last day of the year to be eligible for such discretionary contributions. There were no discretionary profit-sharing contributions for the years ended December 31, 2016 and 2015.

1. Description of the Plan (continued)

Participant accounts:

Each participant directs their individual investments including their share of allocated Company contributions into various investment options offered by the Plan. Each participant's account is credited with contributions, appreciation (depreciation) in fair value of investments and interest and dividend income. Allocations are based on participant earnings or account balances as defined by the Plan. Certain investments of the Plan are nonparticipant-directed. See Note 4.

Vesting:

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in employer contributions, plus actual earnings thereon, is based on years of credited service. A participant is 20% vested after two years of credited service and an additional 20% vested after each additional year of credited service.

Participant loans:

Loans are available to Plan participants at Prime (3.75% and 3.50% as of December 31, 2016 and 2015, respectively) plus 1.00%. The minimum loan is $1,000 and the maximum amount is equal to the lesser of $50,000 reduced by the highest outstanding loan balance in the participant's account during the prior twelve-month period or 50% of their vested account balance. Principal and interest is paid ratably through payroll deductions. All loans must be repaid over a five-year period, unless the loan is for the purchase of a principal residence, for which the term of the loan may be as long as 30 years. Loan defaults are treated as distributions. The loans are secured by the balance in the participant's account.

Payment of benefits:

Upon retirement, death, disability or termination of service, a participant is entitled to receive the full amount in his or her account. Payment of benefits shall, in every case, be in the form of a single lump-sum payment. This lump-sum can be received as a single cash distribution or rolled directly into an eligible retirement plan as an eligible rollover distribution.

Forfeitures:

If a participant terminates employment and is less than 100% vested in the employer account, then the participant may forfeit the nonvested portion of the employer account. Forfeitures are retained in the Plan and will first be used to pay administrative expenses. Any remaining amounts will be used to reduce future employer contributions payable under the Plan.

2. Summary of significant accounting policies

Basis of accounting:

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America.

Investment valuation and income recognition:

The Plan's investments are stated 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 5 for discussion of fair value measurements.

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

Notes receivable from participants:

As described in Note 1, the Plan allows participants to borrow against their vested account balances and the loans are secured by the participants' account balances. Participant loans are reported at their unpaid principal balance plus any accrued but unpaid interest. The Plan is required to review the collectibility of the outstanding loan balances and record an allowance for loans considered to be uncollectible. As of December 31, 2016 and 2015, an allowance for uncollectible loans was not necessary.

Contributions:

Participants' contributions are recognized by the Plan when withheld from the participants' paychecks by the Company.

Administrative expenses:

All administrative costs, charges and expenses are paid by the Plan to the extent not paid by the Company. The Plan incurred administrative expenses of $75,994 and $69,139 for the years ended December 31, 2016 and 2015, respectively.

Expense offset arrangements:

Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of investments, as they are paid through revenue sharing, rather than a direct payment.

2. Summary of significant accounting policies (continued)

Payment of benefits:

Benefits are recorded when paid.

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 as of the end of the Plan year and the reported amounts of changes in net assets available for benefits during the period. Accordingly, actual results could differ from those estimates.

3. Investments (prepared and certified by Mid Atlantic Trust Company)

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate by Mid Atlantic Trust Company (the Trustee).

December 31,	**2016**	2015
Mutual funds	**$ 3,784,375**	$ 4,049,274
Common collective trust funds	**4,684,187**	3,767,501
Total	**$ 8,468,562**	$ 7,816,775

The Trustee certified to the completeness and accuracy of dividends and interest income of $60,953, interest on participant loans of $16,592 and net appreciation in the fair value of investments of $365,628 for the year ended December 31, 2016. The Trustee also certified to the completeness and accuracy of dividends and interest income of $67,281, interest on participant loans of $22,054 and net depreciation in the fair value of investments of $37,430 for the year ended December 31, 2015.

Notes receivable from participants of $452,531 and $429,493 are also certified by the Trustee at December 31, 2016 and 2015, respectively.

3. Investments (prepared and certified by Mid Atlantic Trust Company) (continued)

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, the Trustee of the Plan has certified to the completeness and accuracy of the investments disclosed above which were included in net assets available for benefits as of December 31, 2016 and 2015, the schedule of assets (held at end of year) as of December 31, 2016 and related investment activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2016 and 2015. The Trustee did not certify to the completeness and accuracy of the nonparticipant-directed investments as of December 31, 2016 and 2015 and related investment activity for the years ended December 31, 2016 and 2015.

The Plan's independent accountants did not perform any audit procedures with respect to this information, except for comparing such information to the related information included in the Plan's financial statements and supplemental schedules.

4. Investments – other nonparticipant-directed investments not held at Mid Atlantic Trust Company

Some of the investments are nonparticipant-directed and arose from profit-sharing contributions to a predecessor plan.

At December 31, 2016 and 2015, these investments were comprised of:

December 31,	**2016**	2015
Investments at fair value:		
Interest-bearing cash	**$ 855,550**	$ 344,238
State of Israel bonds	**525,000**	1,010,000
Total investments	**$ 1,380,550**	$ 1,354,238

A reconciliation of nonparticipant-directed investments is as follows:

Years ended December 31,	**2016**	2015
Total investments, beginning of year	**$ 1,354,238**	$ 1,330,688
Interest	**26,372**	23,610
Other, including transfers to participant-directed investments	**(60)**	(60)
Total investments, end of year	**$ 1,380,550**	$ 1,354,238

5. Fair value measurements

There are three levels of inputs used to measure fair value. The definition of each input is described below:

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 that are unobservable inputs for the asset or liability.

The asset's 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.

5. Fair value measurements (continued)

The 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, 2016 and 2015.

Mutual funds:	Valued at the net asset value (NAV) of shares held by the Plan at year-end.
State of Israel bonds:	Valued using discounted cash flows based on current yields of similar instruments with comparable durations, considering the creditworthiness of issuers.
Interest-bearing cash:	Valued at fair value based on quoted market prices.
Common collective trust funds:	Valued at the NAV of the units held by the Plan. The Funds invest in fully benefit-responsive investment contracts that are held at contract value. NAV is determined to be contract value, the value at which participants ordinarily transact. This practical expedient would not be used if it is determined to be probable that the Funds will sell the investment for an amount different from reported NAV. Participant transactions (purchases and sales) may occur daily.

The preceding methods 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 Administrator believes that the Plan's 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.

5. 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, 2016 and 2015. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

Investments at fair value as of December 31, 2016:

	Level 1	Level 2	Total
Mutual funds	**$ 3,784,375**		**$ 3,784,375**
State of Israel bonds		**$ 525,000**	**525,000**
Interest-bearing cash	**855,550**		**855,550**
	4,639,925	**525,000**	**5,164,925**
Common collective trust funds measured at NAV*			**4,684,187**
Total investments at fair value	**$ 4,639,925**	**$ 525,000**	**$ 9,849,112**

Investments at fair value as of December 31, 2015:

	Level 1	Level 2	Total
Mutual funds	$ 4,049,274		$ 4,049,274
State of Israel bonds		$ 1,010,000	1,010,000
Interest-bearing cash	344,238		344,238
	4,393,512	1,010,000	5,403,512
Common collective trust funds measured at NAV*			3,767,501
Total investments at fair value	$ 4,393,512	$ 1,010,000	$ 9,171,013

*Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

6. Party-in-interest transactions

Some of the Plan investments are shares of mutual funds or other accounts managed by the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

7. 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 will become 100% vested in all of their account balances.

8. Tax status

The IRS has determined and informed the Company by a favorable determination letter dated March 31, 2008, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (the Code). 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 requirements of the Code.

9. 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.

10. Subsequent events

The Plan Administrator has reviewed and evaluated subsequent events from December 31, 2016, the financial statement date, through September 20, 2017, the date the financial statements were available to be issued.

HEALTH & HOME MANAGEMENT, INC.
401(k) PLAN - EMPLOYEES

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2016

Employer Identification Number 36-3223168
Plan Number 002
Schedule H, Part IV, Line 4i – Schedule of assets (held at end of year)

	(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
		Participant-directed 401(k) investments:			
		Mutual funds:			
		American Century Investments	American Century Investments Equity Income Fund	**	$ 300,474
		American Funds	American Funds AMCAP Fund	**	658,120
		American Funds	American Funds American Balanced Fund	**	736,789
		American Funds	American Funds - The Bond Fund of America Fund	**	216,946
		American Funds	American Funds Capital World Growth and Income Fund	**	403,416
		American Funds	American Funds EuroPacific Growth Fund	**	270,401
		American Funds	American Funds New World Fund	**	71,937
		American Funds	American Funds SMALLCAP World Fund	**	147,656
		American Funds	American Funds 2015 Target Date Retirement Fund	**	9,632
		American Funds	American Funds 2020 Target Date Retirement Fund	**	110
		American Funds	American Funds 2025 Target Date Retirement Fund	**	1,760
		American Funds	American Funds 2030 Target Date Retirement Fund	**	20,868
		American Funds	American Funds 2035 Target Date Retirement Fund	**	16,114
		American Funds	American Funds 2040 Target Date Retirement Fund	**	6,053
		American Funds	American Funds 2045 Target Date Retirement Fund	**	6,989
		American Funds	American Funds 2050 Target Date Retirement Fund	**	16,427
		American Funds	American Funds 2055 Target Date Retirement Fund	**	8
	*	Mid Atlantic Trust	Mid Atlantic Master Cash Account	**	14,171
		PIMCO	PIMCO Real Return Fund	**	195,121
		Principal	Principal LargeCap S&P 500 Index Fund	**	165,439
		Principal	Principal MidCap S&P 400 Index Fund	**	203,566
		Principal	Principal SmallCap S&P 600 Index Fund	**	322,378
			Total mutual funds		3,784,375

HEALTH & HOME MANAGEMENT, INC.
401(k) PLAN - EMPLOYEES

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2016

Employer Identification Number 36-3223168
Plan Number 002
Schedule H, Part IV, Line 4i – Schedule of assets (held at end of year)

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Participant-directed 401(k) investments: (continued)			
	Common collective trust funds:			
	Reliance Trust	Reliance Trust Stable Value Fund	**	$ 4,684,187
		Total common collective trust funds		4,684,187
	Nonparticipant-directed 401(k) investments:			
		Cash	$ 855,550	855,550
		State of Israel Bond, 2.72%, 12/01/2020	125,000	125,000
		State of Israel Bond, 3.00%, 01/01/2019	400,000	400,000
			525,000	525,000
*	Notes receivable from participants	Interest rates range from 4.25% to 4.50%		452,531
	Total assets held at end of year			$ 10,301,643

*Represents a party-in-interest.
**Participant-directed investment, cost not required.

HEALTH & HOME MANAGEMENT, INC.
401(k) PLAN - EMPLOYEES

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2016

Employer Identification Number 36-3223168
Plan Number 002
Form 5500 Schedule H, Part IV, Line 4a – Schedule of delinquent participant contributions

	Participant contributions transferred late to Plan	Total that constitutes nonexempt prohibited transactions			Total fully corrected under VFCP and PTE 2002-51
Check here if late participant loan repayments are included	☒	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
Period ended January 26, 2015	$ 6,002		$ 6,002		
Period ended February 13, 2015	36,541		36,541		
Period ended March 12, 2015	33,339		33,339		
Period ended April 9, 2015	43,669		43,669		
Period ended May 7, 2015	12,184		12,184		
Period ended June 4, 2015	6,723		6,723		
Period ended June 18, 2015	24,711		24,711		
Period ended July 14, 2015	27,444		27,444		
Period ended August 4, 2015	55,359		55,359		
Period ended August 28, 2015	22,876		22,876		
Period ended September 11, 2015	2,489		2,489		
Period ended October 8, 2015	12,412		12,412		
Period ended November 5, 2015	7,102		7,102		
Period ended November 19, 2015	25,325		25,325		
Period ended January 21, 2016	9,753	$ 9,753			
Period ended February 3, 2016	11,344	11,344			
Period ended February 12, 2016	47,827	47,827			
Period ended February 26, 2016	46,706	46,706			
Period ended March 11, 2016	40,562	40,562			
Period ended March 24, 2016	44,652	44,652			
Period ended April 7, 2016	34,010	34,010			
Period ended April 13, 2016	2,894	2,894			
Period ended April 27, 2016	20,876	20,876			
Period ended May 11, 2016	111,418	111,418			

HEALTH & HOME MANAGEMENT, INC.
401(k) PLAN - EMPLOYEES

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (CONTINUED)

YEAR ENDED DECEMBER 31, 2016

Employer Identification Number 36-3223168
Plan Number 002
Form 5500 Schedule H, Part IV, Line 4a – Schedule of delinquent participant contributions

Participant contributions transferred late to Plan		Total that constitutes nonexempt prohibited transactions			Total fully corrected under VFCP and PTE 2002-51
Check here if late participant loan repayments are included	☒	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
Period ended June 16, 2016	$ 52,533	$ 52,533			
Period ended June 23, 2016	15,852	15,852			
Period ended July 21, 2016	8,880	8,880			
Period ended August 4, 2016	7,537	7,537			
Period ended August 18, 2016	3,162	3,162			
Period ended August 25, 2016	7,297	7,297			
Period ended September 13, 2016	59,440	59,440			
Period ended September 22, 2016	37,891	37,891			
Period ended October 6, 2016	55,143	55,143			
Period ended October 25, 2016	32,809	32,809			
Period ended October 27, 2016	64,952	64,952			
Period ended December 2, 2016	146,283	146,283			
Total	$ 1,177,997	$ 861,821	$ 316,176		

HEALTH & HOME MANAGEMENT, INC.
401(k) PLAN - EMPLOYEES

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2016

Employer Identification Number 36-3223168
Plan Number 002
Form 5500 Schedule H, Part IV, Line 4a – Schedule of delinquent participant contributions

	Participant contributions transferred late to Plan	Total that constitutes nonexempt prohibited transactions			Total fully corrected under VFCP and PTE 2002-51
Check here if late participant loan repayments are included	☒	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
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Period ended March 12, 2015	33,339		33,339		
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Period ended March 24, 2016	44,652	44,652			
Period ended April 7, 2016	34,010	34,010			
Period ended April 13, 2016	2,894	2,894			
Period ended April 27, 2016	20,876	20,876			
Period ended May 11, 2016	111,418	111,418			

HEALTH & HOME MANAGEMENT, INC.
401(k) PLAN - EMPLOYEES

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (CONTINUED)

YEAR ENDED DECEMBER 31, 2016

Employer Identification Number 36-3223168
Plan Number 002
Form 5500 Schedule H, Part IV, Line 4a – Schedule of delinquent participant contributions

Participant contributions transferred late to Plan		Total that constitutes nonexempt prohibited transactions			Total fully corrected under VFCP and PTE 2002-51
Check here if late participant loan repayments are included	☒	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
Period ended June 16, 2016	$ 52,533	$ 52,533			
Period ended June 23, 2016	15,852	15,852			
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Period ended August 18, 2016	3,162	3,162			
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Period ended October 6, 2016	55,143	55,143			
Period ended October 25, 2016	32,809	32,809			
Period ended October 27, 2016	64,952	64,952			
Period ended December 2, 2016	146,283	146,283			
Total	$ 1,177,997	$ 861,821	$ 316,176		

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 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

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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.)
- [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
Health & Home Management 401(k) Plan

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2000

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
Health & Home Management

5454 W. Fargo

Skokie IL 60077

2b Employer Identification Number (EIN)
36-3223168

2c Plan Sponsor's telephone number
(847)674-5454

2d Business code (see instructions)
541600

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	Signature of plan administrator	10/6/2017 Date	Anzhelika Shatrov Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	10/6/2017 Date	Anzhelika Shatrov 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)

Preparer's telephone number

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: **a** Sponsor's name	**4b** EIN	
	4c PN	
5 Total number of participants at the beginning of the plan year	**5**	1,448
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)**	1,121
a(2) Total number of active participants at the end of the plan year	**6a(2)**	955
b Retired or separated participants receiving benefits	**6b**	45
c Other retired or separated participants entitled to future benefits	**6c**	327
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1,327
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	1,327
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	669
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	19
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 2H 2J 2K 2T 3D 3H

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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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_____

HEALTH & HOME MANAGEMENT, INC.
401(k) PLAN - EMPLOYEES

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2016

Employer Identification Number 36-3223168
Plan Number 002
Schedule H, Part IV, Line 4i – Schedule of assets (held at end of year)

	(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
		Participant-directed 401(k) investments:			
		Mutual funds:			
		American Century Investments	American Century Investments Equity Income Fund	**	$ 300,474
		American Funds	American Funds AMCAP Fund	**	658,120
		American Funds	American Funds American Balanced Fund	**	736,789
		American Funds	American Funds - The Bond Fund of America Fund	**	216,946
		American Funds	American Funds Capital World Growth and Income Fund	**	403,416
		American Funds	American Funds EuroPacific Growth Fund	**	270,401
		American Funds	American Funds New World Fund	**	71,937
		American Funds	American Funds SMALLCAP World Fund	**	147,656
		American Funds	American Funds 2015 Target Date Retirement Fund	**	9,632
		American Funds	American Funds 2020 Target Date Retirement Fund	**	110
		American Funds	American Funds 2025 Target Date Retirement Fund	**	1,760
		American Funds	American Funds 2030 Target Date Retirement Fund	**	20,868
		American Funds	American Funds 2035 Target Date Retirement Fund	**	16,114
		American Funds	American Funds 2040 Target Date Retirement Fund	**	6,053
		American Funds	American Funds 2045 Target Date Retirement Fund	**	6,989
		American Funds	American Funds 2050 Target Date Retirement Fund	**	16,427
		American Funds	American Funds 2055 Target Date Retirement Fund	**	8
	*	Mid Atlantic Trust	Mid Atlantic Master Cash Account	**	14,171
		PIMCO	PIMCO Real Return Fund	**	195,121
		Principal	Principal LargeCap S&P 500 Index Fund	**	165,439
		Principal	Principal MidCap S&P 400 Index Fund	**	203,566
		Principal	Principal SmallCap S&P 600 Index Fund	**	322,378
			Total mutual funds		3,784,375

HEALTH & HOME MANAGEMENT, INC.
401(k) PLAN - EMPLOYEES

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2016

Employer Identification Number 36-3223168
Plan Number 002
Schedule H, Part IV, Line 4i – Schedule of assets (held at end of year)

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Participant-directed 401(k) investments: (continued)			
	Common collective trust funds:			
	Reliance Trust	Reliance Trust Stable Value Fund	**	$ 4,684,187
		Total common collective trust funds		4,684,187
	Nonparticipant-directed 401(k) investments:			
		Cash	$ 855,550	855,550
		State of Israel Bond, 2.72%, 12/01/2020	125,000	125,000
		State of Israel Bond, 3.00%, 01/01/2019	400,000	400,000
			525,000	525,000
*	Notes receivable from participants	Interest rates range from 4.25% to 4.50%		452,531
	Total assets held at end of year			$ 10,301,643

*Represents a party-in-interest.
**Participant-directed investment, cost not required.