Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form 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).

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for: [X] single-employer plan [ ] multiple-employer plan (not multiemployer) [ ] one-participant plan

B This return/report is for: [ ] first return/report [ ] final return/report
[ ] an amended return/report [ ] short plan year return/report (less than 12 months)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GOLDEN STATE MEDICAL SUPPLY, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2004

2a Plan sponsor's name and address (employer, if for single-employer plan)
GOLDEN STATE MEDICAL SUPPLY, INC.

5187 CAMINO RUIZ
CAMARILLO, CA 93012

2b Employer Identification Number (EIN) 95-4226167

2c Plan sponsor's telephone number 805-477-9866

2d Business code (see instructions) 424210

3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")
GOLDEN STATE MEDICAL SUPPLY, INC. 5187 CAMINO RUIZ
CAMARILLO, CA 93012

3b Administrator's EIN 95-4226167

3c Administrator's telephone number 805-477-9866

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. Sponsor's name

4b EIN

4c PN

5a Total number of participants at the beginning of the plan year	**5a**	15
b Total number of participants at the end of the plan year	**5b**	15
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	**5c**	

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III Financial Information

7 Plan Assets and Liabilities		**(a) Beginning of Year**	**(b) End of Year**
a Total plan assets	**7a**	2425983	2506733
b Total plan liabilities	**7b**		
c Net plan assets (subtract line 7b from line 7a)	**7c**	2425983	2506733

8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: **(1)** Employers	**8a(1)**	23803	
(2) Participants	**8a(2)**		
(3) Others (including rollovers)	**8a(3)**		
b Other income (loss)	**8b**	80750	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	**8c**		104553
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	**8d**		
e Certain deemed and/or corrective distributions (see instructions)	**8e**		
f Administrative service providers (salaries, fees, commissions)	**8f**		
g Other expenses	**8g**	23803	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	**8h**		23803
i Net income (loss) (subtract line 8h from line 8c)	**8i**		80750
j Transfers to (from) the plan (see instructions)	**8j**		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1G 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
4B

Part V Compliance Questions

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c		X	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X		25138
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) [X] Yes [ ] No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? [ ] Yes [X] No

(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline? [ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? [ ] Yes [X] No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	09/17/2010	WANDA STROUD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/17/2010	WANDA STROUD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
GOLDEN STATE MEDICAL SUPPLY, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GOLDEN STATE MEDICAL SUPPLY, INC.

D Employer Identification Number (EIN)
95-4226167

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009

2	Assets:			
a	Market value		**2a**	2425983
b	Actuarial value		**2b**	2425983
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	0	0
b	For terminated vested participants	**3b**	0	0
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		121883
	(2) Vested benefits	**3c(2)**		1363476
	(3) Total active	**3c(3)**	15	1485359
d	Total	**3d**	15	1485359
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions		**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	6.50 %
6	Target normal cost		**6**	270629

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

09/03/2010
Signature of actuary — Date

OSMUNDO BERNABE — 08-04052
Type or print name of actuary — Most recent enrollment number

AMERICAN NATIONAL INSURANCE COMPANY — 800-899-6505
Firm name — Telephone number (including area code)

ONE MOODY PLAZA
GALVESTON, TX 77550
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of _____%		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	163.33 %
15	Adjusted funding target attainment percentage	15	163.33 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/04/2009	22885				
12/14/2009	918				
			Totals ► 18(b)	23803	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	22457

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.32 %	6.45 %	6.69 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	55

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	22457
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	22457
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

Golden State Medical Supply, Inc. Pension Plan

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Golden State Medical Supply, Inc.

D Employer Identification Number (EIN)

95-4226167

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2009

2	Assets:			
	a Market value	**2a**		2,425,983
	b Actuarial value	**2b**		2,425,983
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	0	0
	b For terminated vested participants	**3b**	0	0
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		121,883
	(2) Vested benefits	**3c(2)**		1,363,476
	(3) Total active	**3c(3)**	15	1,485,359
	d Total	**3d**	15	1,485,359
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions	**4a**		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.50 %
6	Target normal cost	**6**		270,629

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Osmundo Bernabe — Signature of actuary

9/3/10 — Date

Osmundo Bernabe — Type or print name of actuary

08-04052 — Most recent enrollment number

American National Insurance Company — Firm name

(800)899-6505 — Telephone number (including area code)

One Moody Plaza

Galveston TX 77550 — Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of _____%		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	163.33 %
15	Adjusted funding target attainment percentage	15	163.33 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/04/2009	22,885				
12/14/2009	918				
			Totals ▶ 18(b)	23,803	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	22,457

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.32 %	6.45 %	6.69 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 55

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years — **28**: 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) — **29**: 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) — **30**: 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) — **31**: 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount — **33**:

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) — **34**: 0

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) — **36**: 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — **37**: 22,457

38 Interest-adjusted excess contributions for current year (see instructions) — **38**: 22,457

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) — **39**: 0

40 Unpaid minimum required contribution for all years — **40**: 0

Attachment to 2009 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Golden State Medical Supply, Inc. Pension Plan **EIN:** 95-4226167
Plan Sponsor's Name Golden State Medical Supply, Inc. **PN:** 002

The weighted average retirement age is equal to the normal retirement age of 55 .

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.
For the plan year beginning January 1, 2009, the weighted average retirement age has been calculated by dividing item (A) by item (B) (see below).

Item (A): sum of the product of the participant's assumed retirement age by the participant's corresponding funding target

Item (B): Sum of the funding target of all the participants.

Attachment to 2009 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name Golden State Medical Supply, Inc. Pension Plan **EIN:** 95-4226167
Plan Sponsor's Name Golden State Medical Supply, Inc. **PN:** 002

Describe all non-prescribed actuarial assumptions used to determine the funding target and target normal cost. Also, describe the mthod for determining the actuarial value of assets and any other aspects of the funding method for determining the Schedule SB entries that are not prescribed by law.

FUNDING METHOD As prescribed in IRC Section 430.

INTEREST RATES

Years 0-5	Segment rate 1	5.320%
Years 6-20	Segment rate 2	6.450%
Years over 20	Segment rate 3	6.690%

PRE-RETIREMENT
MORTALITY TABLE -- None.
TURNOVER/DISABILITY-- None
SALARY SCALE -- 3.000
INTEGRATION LVL INCR- None
BACKWARD SALARY PROJ. Based on increase of average earnings

POST-RETIREMENT
MORTALITY TABLE -- 2009 Funding Target - Combined IRC 430(h)(3)(A).
EXPENSE LOAD -- None
COST OF LIVING None
OPTIONAL FORM 100% of retirees assumed to elect lump sum payment.
LUMP SUM 2009 Applicable Mortality Table for IRC 417(e) (Unisex) Or Actuarial Equivalence
417(e)

PRESENT VALUE OF ACCRUED BENEFIT CALCULATIONS - Greater of 417(e) Or Actuarial Equivalence

INTEREST RATES

Years 0-5	Segment rate 1	4.410%
Years 6-20	Segment rate 2	4.570%
Years over 20	Segment rate 3	4.270%

MORTALITY TABLE 2009 Applicable Mortality Table for IRC 417(e) Unisex

Actuarial Equivalence

PRE-RETIREMENT
INTEREST -- 5.000%
MORTALITY TABLE -- None.

POST-RETIREMENT
INTEREST -- 5.500%
MORTALITY TABLE -- 2009 Applicable Mortality Table for IRC 417(e) (Unisex).

ASSUMPTIONS FOR 410(b)/401(a)(4) CALCULATIONS

PRE-RETIREMENT: INTEREST -- 8.500%

POST-RETIREMENT: INTEREST -- 8.500%

Attachment to 2009 Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Plan Name Golden State Medical Supply, Inc. Pension Plan **EIN:** 95-4226167
Plan Sponsor's Name Golden State Medical Supply, Inc. **PN:** 002

Summary:

TYPE OF ENTITY — S Corporation.

DATES — Effective-01/01/2004 Valuation-01/01/2009
Eligibility-12/31/2009 Year-end-12/31/2009
Top Heavy Years - 2004, 2005, 2006, 2007, 2008, 2009

ELIGIBILITY — Minimum age- 21 Months of service- 12
Maximum age- None
Age at last birthday.
Entry Age For Full Funding Limitation Calculation - as of valuation date of year eligibility satisfied.

HOURS REQUIRED FOR
Eligibility - 1000 Benefit accrual - 500
Vesting - 1000

PLAN ENTRY - January 1 nearest satisfaction of eligibility requirements.

New participants are included in current year's valuation.

RETIREMENT — NORMAL Anniversary date nearest attainment of age 55 and completion of 5 years of participation.

EARLY - No provisions.

AVERAGE COMPENSATION -- (retrospective salaries)

FUNDING - 3 Highest consecutive years of participation.
ACCRUED BENEFIT - 3 Highest consecutive years of participation.
TOP HEAVY ACCRUED BENEFIT - 5 Highest consecutive top heavy years of service.

PLAN BENEFITS

RETIREMENT-- — 125.000% of average monthly compensation. Total Benefit reduced by 1/25 for each year of participation Less than 25 years.

415 Limits — Percent 100.00 Dollar - $16,250

Minimum benefit — None Maximum benefit - None

Maximum 401(a)(17) compensation $245,000

NORMAL FORM — Life Annuity.

Attachment to 2009 Form 5500
Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name Golden State Medical Supply, Inc. Pension Plan **EIN:** 95-4226167

Plan Sponsor's Name Golden State Medical Supply, Inc. **PN:** 002

Attained Age	YEARS OF CREDITED SERVICE								
	Under 1	Average		1 to 4	Average		5 to 9	Average	
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25	3	0	0	1	0	0			
25 to 29				2	0	0	2	0	0
30 to 34	1	0	0						
35 to 39									
40 to 44	1	0	0						
45 to 49	1	0	0	3	0	0			
50 to 54									
55 to 59	1	0	0						
60 to 64									
65 to 69									
70 & up									

Attained Age	YEARS OF CREDITED SERVICE								
	10 to 14	Average		15 to 19	Average		20 to 24	Average	
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25									
25 to 29									
30 to 34									
35 to 39									
40 to 44									
45 to 49									
50 to 54									
55 to 59									
60 to 64									
65 to 69									
70 & up									

Attained Age	YEARS OF CREDITED SERVICE											
	25 to 29	Average		30 to 34	Average		35 to 39	Average		40 & up	Average	
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25												
25 to 29												
30 to 34												
35 to 39												
40 to 44												
45 to 49												
50 to 54												
55 to 59												
60 to 64												
65 to 69												
70 & up												

Attachment to 2009 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Golden State Medical Supply, Inc. Pension Plan **EIN:** 95-4226167
Plan Sponsor's Name Golden State Medical Supply, Inc. **PN:** 002

The weighted average retirement age is equal to the normal retirement age of 55 .

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.
For the plan year beginning January 1, 2009, the weighted average retirement age has been calculated by dividing item (A) by item (B) (see below).

Item (A): sum of the product of the participant's assumed retirement age by the participant's corresponding funding target

Item (B): Sum of the funding target of all the participants.

Attachment to 2009 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name Golden State Medical Supply, Inc. Pension Plan **EIN:** 95-4226167
Plan Sponsor's Name Golden State Medical Supply, Inc. **PN:** 002

Describe all non-prescribed actuarial assumptions used to determine the funding target and target normal cost. Also, describe the mthod for determining the actuarial value of assets and any other aspects of the funding method for determining the Schedule SB entries that are not prescribed by law.

FUNDING METHOD As prescribed in IRC Section 430.

INTEREST RATES
Years 0-5 Segment rate 1 5.320%
Years 6-20 Segment rate 2 6.450%
Years over 20 Segment rate 3 6.690%

PRE-RETIREMENT
MORTALITY TABLE -- None.
TURNOVER/DISABILITY-- None
SALARY SCALE -- 3.000
INTEGRATION LVL INCR- None
BACKWARD SALARY PROJ. Based on increase of average earnings

POST-RETIREMENT
MORTALITY TABLE -- 2009 Funding Target - Combined IRC 430(h)(3)(A).
EXPENSE LOAD -- None
COST OF LIVING None
OPTIONAL FORM 100% of retirees assumed to elect lump sum payment.
LUMP SUM 2009 Applicable Mortality Table for IRC 417(e) (Unisex) Or Actuarial Equivalence

417(e)

PRESENT VALUE OF ACCRUED BENEFIT CALCULATIONS - Greater of 417(e) Or Actuarial Equivalence

INTEREST RATES
Years 0-5 Segment rate 1 4.410%
Years 6-20 Segment rate 2 4.570%
Years over 20 Segment rate 3 4.270%

MORTALITY TABLE 2009 Applicable Mortality Table for IRC 417(e) Unisex

Actuarial Equivalence

PRE-RETIREMENT
INTEREST -- 5.000%
MORTALITY TABLE -- None.

POST-RETIREMENT
INTEREST -- 5.500%
MORTALITY TABLE -- 2009 Applicable Mortality Table for IRC 417(e) (Unisex).

ASSUMPTIONS FOR 410(b)/401(a)(4) CALCULATIONS

PRE-RETIREMENT: INTEREST -- 8.500%

POST-RETIREMENT: INTEREST -- 8.500%

Attachment to 2009 Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Plan Name Golden State Medical Supply, Inc. Pension Plan **EIN:** 95-4226167
Plan Sponsor's Name Golden State Medical Supply, Inc. **PN:** 002

Summary:

TYPE OF ENTITY S Corporation.

DATES
Effective-01/01/2004 Valuation-01/01/2009
Eligibility-12/31/2009 Year-end-12/31/2009
Top Heavy Years - 2004, 2005, 2006, 2007, 2008, 2009

ELIGIBILITY
Minimum age- 21 Months of service- 12
Maximum age- None
Age at last birthday.
Entry Age For Full Funding Limitation Calculation -
as of valuation date of year eligibility satisfied.

HOURS REQUIRED FOR
Eligibility - 1000 Benefit accrual - 500
Vesting - 1000

PLAN ENTRY - January 1 nearest satisfaction of eligibility requirements.

New participants are included in current year's valuation.

RETIREMENT
NORMAL Anniversary date nearest attainment of age 55 and completion of 5 years of participation.

EARLY - No provisions.

AVERAGE COMPENSATION -- (retrospective salaries)

FUNDING - 3 Highest consecutive years of participation.
ACCRUED BENEFIT - 3 Highest consecutive years of participation.
TOP HEAVY ACCRUED BENEFIT - 5 Highest consecutive top heavy years of service.

PLAN BENEFITS

RETIREMENT--
125.000% of average monthly compensation. Total Benefit reduced by 1/25 for each year of participation Less than 25 years.

415 Limits
Percent 100.00 Dollar - $16,250

Minimum benefit
None Maximum benefit - None

Maximum 401(a)(17) compensation $245,000

NORMAL FORM
Life Annuity.

Attachment to 2009 Form 5500
Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name Golden State Medical Supply, Inc. Pension Plan **EIN:** 95-4226167
Plan Sponsor's Name Golden State Medical Supply, Inc. **PN:** 002

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		Average			Average			Average	
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30 to 34	1	0	0						
35 to 39									
40 to 44	1	0	0						
45 to 49	1	0	0	3	0	0			
50 to 54									
55 to 59	1	0	0						
60 to 64									
65 to 69									
70 & up									

Attained Age	YEARS OF CREDITED SERVICE								
	10 to 14			15 to 19			20 to 24		
		Average			Average			Average	
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Attained Age	YEARS OF CREDITED SERVICE											
	25 to 29			30 to 34			35 to 39			40 & up		
		Average			Average			Average			Average	
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
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