

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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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: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan THE SOUTHBORO MEDICAL GROUP, INC. SAVINGS AND RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 07/01/1982
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) THE SOUTHBORO MEDICAL GROUP, INC. 24 NEWTON STREET SOUTHBORO, MA 01772	2b Employer Identification Number (EIN) 04-2487729
		2c Sponsor's telephone number 508-460-3000
		2d Business code (see instructions) 621111

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.	09/29/2010	KATHRYN TOMASHUNAS
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") THE SOUTHBORO MEDICAL GROUP, INC. 24 NEWTON STREET SOUTHBORO, MA 01772	3b Administrator's EIN 04-2487729 3c Administrator's telephone number 508-460-3000
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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
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5 Total number of participants at the beginning of the plan year	5	612
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	509
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	123
d Subtotal. Add lines 6a , 6b , and 6c	6d	632
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	632
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	393
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	3

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2G 2J 2K 3D 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☒ **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) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information 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.	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		
A Name of plan THE SOUTHBORO MEDICAL GROUP, INC. SAVINGS AND RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE SOUTHBORO MEDICAL GROUP, INC.		D Employer Identification Number (EIN) 04-2487729

Part I	Service Provider Information (see instructions)
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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
FRANKLIN TEMPLETON INVESTMENTS
94-3167260

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
COLUMBIA
93-0577450

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
EVERGREEN
04-6599663

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS
06-1194217

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

AMERICAN FUNDS

95-1411037

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

NEUBERGER BERMAN

13-5521910

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

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

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

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

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

WACHOVIA BANK, N.A.

22-1147033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 37 49 50 52 60 63 64	NONE	31034	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>THE SOUTHBORO MEDICAL GROUP, INC. SAVINGS AND RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE SOUTHBORO MEDICAL GROUP, INC.</u>	D Employer Identification Number (EIN) <u>04-2487729</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	171595	206994
	(9) Value of interest in common/collective trusts	1c(9)	3840965	4417823
	(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)	12544697	16928212
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	16557257	21553029

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	0	
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	16557257	21553029
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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)	460610	
(B) Participants	2a(1)(B)	1446236	
(C) Others (including rollovers)	2a(1)(C)	86313	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1993159
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)	13255	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13255
(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)	355866	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		355866
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		100322
(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)		3386971
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5849573

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	780474	
(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)		780474
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	73327	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		73327
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		853801

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4995772
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: GREENBERG, ROSENBLATT, KULL AND BIT

(2) EIN: 04-2687094

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	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?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

- 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)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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

A Name of plan <u>THE SOUTHBORO MEDICAL GROUP, INC. SAVINGS AND RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE SOUTHBORO MEDICAL GROUP, INC.</u>	D Employer Identification Number (EIN) <u>04-2487729</u>

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	<u>0</u>
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): <u>56-1354495</u>		
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 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



Greenberg, Rosenblatt, Kull & Bitsoli, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditors' Report

The Trustees
The Southboro Medical Group, Inc.
Savings and Retirement Plan
Southboro, Massachusetts

Corporate Officers

Agnes E. Kull, CPA
Norman Bitsoli, CPA
Diane L. Leclair, CPA
Robert P. Turnan, CPA
William E. Philbrick, CPA
Michael J. Hayes, CPA
Richard F. Powell, CPA
Wanda L. Cantlin, CPA
John E. Wornham, CPA
Jacqueline M. Jones, CPA
Deborah A. Morang, CPA
Laurence M. Hurwitz, CPA
David J. Mayotte, CPA

Nathan Greenberg, CPA
Founder

Melvin M. Rosenblatt, CPA
Past Chairman

We were engaged to audit the financial statements of Southboro Medical Group, Inc. Savings and Retirement Plan as of December 31, 2009 and 2008 and for the years then ended, and the supplemental schedule as of December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

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 7, which was certified by Wells Fargo Bank, N.A. (formerly Wachovia Bank, N.A.), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. 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, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the investment 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.

Greenberg, Rosenblatt, Kull & Bitsoli, P.C.
GREENBERG, ROSENBLATT, KULL & BITSOLI, P.C.

Worcester, Massachusetts
August 27, 2010

The Day Building • 306 Main Street, Suite 400 • Worcester, MA 01608 • Tel (508) 791-0901 • Fax (508) 799-2059 • Email: grkb@grkb.com

ASSOCIATED WORLDWIDE WITH



NETWORKING FOR BUSINESS

THE SOUTHBORO MEDICAL GROUP, INC.
SAVINGS AND RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

THE SOUTHBORO MEDICAL GROUP, INC.
SAVINGS AND RETIREMENT PLAN

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DECEMBER 31, 2009 AND 2008

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Greenberg, Rosenblatt, Kull & Bitsoli, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditors' Report

The Trustees
The Southboro Medical Group, Inc.
Savings and Retirement Plan
Southboro, Massachusetts

We were engaged to audit the financial statements of Southboro Medical Group, Inc. Savings and Retirement Plan as of December 31, 2009 and 2008 and for the years then ended, and the supplemental schedule as of December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

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Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the investment 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.

Greenberg, Rosenblatt, Kull & Bitsoli, P.C.
GREENBERG, ROSENBLATT, KULL & BITSOLI, P.C.

Worcester, Massachusetts
August 27, 2010

THE SOUTHBORO MEDICAL GROUP, INC.
SAVINGS AND RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,

<u>ASSETS</u>	<u>2009</u>	<u>2008</u>
Investments at fair value (Notes 3 and 4)	\$ 21,574,998	\$ 16,348,911
Employer contributions receivable	<u>1,001,912</u>	<u>460,611</u>
Total assets	<u>22,576,910</u>	<u>16,809,522</u>
 <u>LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS</u>		
Liabilities:		
Contributions returnable to participants	<u>24,929</u>	<u>-</u>
Net assets reflecting investments at fair value	<u>22,551,981</u>	<u>16,809,522</u>
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>(21,969)</u>	<u>208,346</u>
Net assets available for benefits	<u>\$ 22,530,012</u>	<u>\$ 17,017,868</u>

The accompanying notes are an integral part of the financial statements

THE SOUTHBORO MEDICAL GROUP, INC.
SAVINGS AND RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31,

	<u>2009</u>	<u>2008</u>
Additions to (net investment losses from) net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in the fair value of investments (Note 3)	\$ 3,487,330	\$ (6,739,067)
Interest and dividends	<u>369,121</u>	<u>601,090</u>
Net investment income (loss)	<u>3,856,451</u>	<u>(6,137,977)</u>
Contributions:		
Participant	1,507,619	1,366,338
Employer	<u>1,001,912</u>	<u>460,618</u>
Total contributions	<u>2,509,531</u>	<u>1,826,956</u>
Total additions (net investment losses)	<u>6,365,982</u>	<u>(4,311,021)</u>
Deductions from net assets attributed to:		
Benefits paid to participants	780,511	1,227,605
Administrative expenses (Note 5)	<u>73,327</u>	<u>75,648</u>
Total deductions	<u>853,838</u>	<u>1,303,253</u>
Net increase (decrease)	5,512,144	(5,614,274)
Net assets available for benefits - beginning	<u>17,017,868</u>	<u>22,632,142</u>
Net assets available for benefits - ending	<u>\$ 22,530,012</u>	<u>\$ 17,017,868</u>

The accompanying notes are an integral part of the financial statements

THE SOUTHBORO MEDICAL GROUP, INC.
SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

(1) DESCRIPTION OF PLAN

The following description of The Southboro Medical Group, Inc. Savings and Retirement Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan covering all employees of Southboro Medical Group, Inc. (the Company and the Employer) who are 21 years old and have completed six months of continuous service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

Participants may contribute annually up to 100% of their pretax compensation through a salary reduction agreement, subject to the statutory maximum of \$16,500 in 2009 and \$15,500 in 2008. Participants age 50 and older may make additional "catch-up" contributions up to \$5,500 in 2009 and \$5,000 in 2008. Participants may also contribute amounts representing distributions from other qualified plans.

The Company may make matching contributions based on a percentage of each participant's pretax contribution. In 2009 and 2008, the Company matched 100% of the first 2% and 50% of the second 2% of the pretax compensation contributed by a participant, up to a maximum of 3% of each participant's compensation. Matching contributions totaled approximately \$499,000 and \$461,000 in 2009 and 2008, respectively.

The Company may also elect to make a profit sharing contribution which is allocated to participants' accounts according to a formula integrated with the Social Security Taxable Wage Base as defined in the Plan agreement. Profit sharing contributions totaled approximately \$503,000 in 2009. There was no profit sharing contribution in 2008.

Contributions and participants' compensation are subject to certain limitations.

Participants direct the investment of all contributions into various investment options offered by the Plan. The Plan currently offers 11 mutual funds and a common collective trust.

Participant Accounts:

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

THE SOUTHBORO MEDICAL GROUP, INC.
SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

(1) DESCRIPTION OF PLAN (Continued)

Vesting:

Participants are immediately vested in their pretax contributions and the related earnings thereon. Vesting in the Company's matching contributions, profit sharing contributions and the related earnings is based on continuous service. Participants are 100% vested after 6 years of credited service.

Participants that terminate employment due to permanent disability, death or attainment of age 65 are fully vested in their account balance.

Participant Loans:

Participants may borrow up to 50% of their vested account balances up to a maximum of \$50,000. The Plan only allows one outstanding loan per participant at any given time. Loan maturities vary up to a maximum of five years, unless the proceeds are used in the purchase of a principal residence, in which case the terms may be extended. Loans are secured by the balance in the participant's account and bear interest at a fixed rate equal to prime plus 1%. Interest rates on outstanding loans range from 4.25% to 9.25%. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits:

Distributions from the Plan are allowed in the event of hardship, disability, death, normal retirement, attainment of age 59 ½, or termination. Certain distributions may be subject to a 10% Federal penalty tax. Participants must begin receiving distributions at age 70 ½ unless they are still employed.

Participants may elect to receive distributions from the Plan in a lump-sum or installments.

Forfeited Accounts:

At December 31, 2009 and 2008, forfeited nonvested accounts totaled approximately \$11,000 and \$10,000, respectively. These accounts are used to reduce future employer contributions. Company contributions were reduced by approximately \$7,000 in both 2009 and 2008.

(2) SUMMARY OF ACCOUNTING POLICIES AND PRACTICES

Adoption of New Accounting Standards:

In June 2009, the Financial Accounting Standards Board (FASB) issued authoritative guidance that defines the new hierarchy for U.S. generally accepted accounting principles (GAAP) and explains how the FASB will use its Accounting Standards Codification (ASC) as the sole source for all authoritative accounting principles (other than Securities and Exchange Commission guidance for publicly-traded companies). This guidance was effective for reporting periods ending after September 15, 2009. As a result of the adoption of this guidance, references to U.S. accounting standards have changed. This adoption had no impact on the Plan's net assets available for benefits or results of changes in net assets available for benefits.

THE SOUTHBORO MEDICAL GROUP, INC.
SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

(2) SUMMARY OF ACCOUNTING POLICIES AND PRACTICES (Continued)

Adoption of New Accounting Standards: (continued)

The Plan also adopted new guidance, included in FASB ASC 855, Subsequent Events, that sets forth the period after the date of the statement of net assets available for benefits during which those charged with governance of the Plan must evaluate events or transactions occurring for potential recognition or disclosure in the financial statements. This guidance describes the circumstances under which such events or transactions require recognition and/or disclosures in the financial statements.

Basis of Accounting:

The accompanying financial statements have been prepared using the accrual method of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statement of net assets available for benefits presents the fair value of the investment contract as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. The statement of changes in net assets is prepared on a contract value basis.

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition:

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 4 for further discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Other investment income is recorded on the accrual basis. Net appreciation (depreciation) includes the gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits:

Benefits are recorded when paid.

Subsequent Events:

The Plan has evaluated subsequent events through August 27, 2010, the date these financial statements were available to be issued, and noted that there were no events or transactions to recognize or disclose.

Reclassifications:

Certain amounts in the 2008 financial statements have been reclassified to conform to the 2009 presentation with no effect on previously reported net assets available for benefits.

THE SOUTHBORO MEDICAL GROUP, INC.
SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

(3) INVESTMENTS

The following table presents investments as of December 31, 2009 and 2008 that represent 5% or more of the Plan's net assets:

	<u>2009</u>	<u>2008</u>
Investments at fair value as determined by quoted market price:		
Mutual Funds:		
American Funds Washington Mutual Inv. Fund	\$ 2,835,842	\$ 2,252,106
American Funds Europacific Growth Fund	2,724,046	2,005,782
American Funds Growth Fund of America	2,530,344	1,677,679
American Funds Balanced Fund	1,786,789	1,313,688
Franklin Custodian Funds U.S. Government Series Fund	1,024,904	1,112,007
Fidelity Advisor Funds Strategic Income Fund,	1,492,077	1,014,895
Columbia Funds Acorn Fund	1,177,879	857,804
Investments at contract value as determined by trustee:		
Common Collective Trust:		
Union Bond & Trust Company Stable Value Fund	4,417,823	3,840,965

The net appreciation (depreciation) in the fair value of investments is comprised of the following:

	<u>2009</u>	<u>2008</u>
Mutual funds	\$ 3,408,085	\$ (6,874,233)
Common collective trust	<u>79,245</u>	<u>135,166</u>
	<u>\$ 3,487,330</u>	<u>\$ (6,739,067)</u>

(4) FAIR VALUE MEASUREMENTS

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

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(4) FAIR VALUE MEASUREMENTS (Continued)

Basis of (inputs to) fair value measurements include:

- Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
- Level 2 Quoted prices in active markets for similar assets or liabilities; quoted market prices in inactive markets for identical or similar assets or liabilities; and prices for other financial instruments or other correlated market data that are observable, either directly or indirectly.
- Level 3 Prices, valuations or data that are both unobservable and significant to the fair value measurement.

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

There have been no changes in the valuation methodologies used to determine the fair value of investments at December 31, 2009 and 2008. The following is a description of the valuation methodologies used for assets measured at fair value:

- Mutual funds are valued at their quoted market price, which represent the net asset value of shares held by the Plan at year end.
- The common collective trust (CCT) fund is valued at the net asset value, net of fees, of units held by the Plan at year end as reported by the CCT trustee. The underlying assets of the CCT consist mainly of fully benefit-responsive investment contracts, including conventional and synthetic investment contracts, as well as other cash equivalents.

The fair value of the conventional investment contracts are determined using a discounted cash flow methodology where the individual contract cash flows are discounted at the prevailing interpolated market rate as of year end.

Individual assets of the synthetic investment contracts are generally valued at quoted market prices and are owned directly by the CCT. To enable the CCT to realize a specific known value for the assets if it needs to liquidate them to make benefit payments they use a benefit responsive wrapper contract issued by a third party, typically a bank or insurance company that provides market and cash flow risk protection to the CCT. Because the assets underlying synthetic investment contracts are owned by the CCT, the assets and the wrapper are shown separately in the CCT financial statements. The fair value of the wrapper contract is determined using the market approach discounting methodology which incorporates the difference between current market level rates for contract level wrap fees and the wrap fee being charged.

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(4) FAIR VALUE MEASUREMENTS (Continued)

- Participant loans are valued at their outstanding balances, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or future fair value. In addition, the Plan believes that these methods are appropriate and consistent with other market participants. However, use of different methods to determine the fair value of certain financial instruments could result in a different fair value measurement.

The following table sets forth by level within the fair value hierarchy the Plan's investments at fair value as of December 31, 2009 and 2008:

	Investments at Fair Value as of December 31, 2009			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Asset allocation fund	\$ 1,786,789	\$ -	\$ -	\$ 1,786,789
Blended fund	4,640,313	-	-	4,640,313
Bond funds	2,516,981	-	-	2,516,981
Growth funds	5,148,287	-	-	5,148,287
Value fund	<u>2,835,842</u>	<u>-</u>	<u>-</u>	<u>2,835,842</u>
Total mutual funds	16,928,212	-	-	16,928,212
Common collective trust	-	4,439,792	-	4,439,792
Participant loans	<u>-</u>	<u>-</u>	<u>206,994</u>	<u>206,994</u>
Total investments at fair value	<u>\$ 16,928,212</u>	<u>\$ 4,439,792</u>	<u>\$ 206,994</u>	<u>\$ 21,574,998</u>

THE SOUTHBORO MEDICAL GROUP, INC.
SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

(4) FAIR VALUE MEASUREMENTS (Continued)

	Investments at Fair Value as of December 31, 2008			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Asset allocation fund	\$ 1,313,688	\$ -	\$ -	\$ 1,313,688
Blended funds	3,615,445	-	-	3,615,445
Bond funds	2,126,902	-	-	2,126,902
Growth funds	3,236,556	-	-	3,236,556
Value fund	<u>2,252,106</u>	<u>-</u>	<u>-</u>	<u>2,252,106</u>
Total mutual funds	12,544,697	-	-	12,544,697
Common collective trust	-	3,632,619	-	3,632,619
Participant loans	<u>-</u>	<u>-</u>	<u>171,595</u>	<u>171,595</u>
Total investments at fair value	<u>\$ 12,544,697</u>	<u>\$ 3,632,619</u>	<u>\$ 171,595</u>	<u>\$ 16,348,911</u>

The change in the fair value of the loans to participants (level 3 investment assets) for the years ended December 31, 2009 and 2008 is summarized as follows:

	<u>2009</u>	<u>2008</u>
Beginning balance	\$ 171,595	\$ 186,466
Purchases, issuances, and settlements	<u>35,399</u>	<u>(14,871)</u>
Ending balance	<u>\$ 206,994</u>	<u>\$ 171,595</u>

(5) RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Wells Fargo Bank, N.A. and its affiliates manage certain Plan investments in mutual funds (Note 7). Wells Fargo Bank, N.A. is the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services amounted to approximately \$73,000 and \$76,000 for the years ended December 31, 2009 and 2008, respectively.

The Company pays certain administrative costs of the Plan, including the audit fee, and provides the Plan with management services at no cost.

THE SOUTHBORO MEDICAL GROUP, INC.
SAVINGS AND RETIREMENT PLAN
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DECEMBER 31, 2009 AND 2008

(6) PLAN AMENDMENT AND TERMINATION

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

(7) INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

On December 31, 2008, Wachovia Bank, N.A., the former trustee of the Plan, was acquired by Wells Fargo Bank, N.A.

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, Wells Fargo Bank, N.A., the trustee, has certified to the completeness and accuracy of all investments reflected in the accompanying statements of net assets available for benefits as of December 31, 2009 and 2008, the related investment activity reflected in the statements of changes in net assets available for benefits for the years then ended and the information reflected in the supplemental schedule of assets (held at end of year) for the year ended December 31, 2009.

(8) INCOME TAX STATUS

The Plan has adopted the trustee's prototype plan. Although the Plan has not requested its own determination letter, the underlying prototype plan was approved by the Internal Revenue Service in a favorable opinion letter dated March 31, 2008. The Plan has since been amended, however, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the Internal Revenue Code.

(9) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per the financial statements	\$ 22,530,012	\$ 17,017,868
Employer contributions receivable	(1,001,912)	(460,611)
Contributions returnable to participants	<u>24,929</u>	<u>-</u>
Net assets available for benefits per the Form 5500	<u>\$ 21,553,029</u>	<u>\$ 16,557,257</u>

THE SOUTHBORO MEDICAL GROUP, INC.
SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

(9) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following is a reconciliation of contributions per the financial statements to Form 5500 for the years ended December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Total contributions per the financial statements	\$ 2,509,531	\$ 1,826,956
Add: Prior year employer contributions receivable	460,611	403,832
Less: Current year employer contributions receivable	(1,001,912)	(460,611)
Add: Current year employee contributions returnable to participants	<u>24,929</u>	<u>-</u>
Total contributions per the Form 5500	<u>\$ 1,993,159</u>	<u>\$ 1,770,177</u>

The following is a reconciliation of the value of the Union Bond & Trust Company Stable Value Fund as reported on the financial statement supplemental information to Form 5500 as of December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Schedule H, Line 4i Schedule of Assets Held at End of Year:		
Fair value per supplemental information	\$ 4,439,792	\$ 3,632,619
Add (less): Adjustment to contract value	<u>(21,969)</u>	<u>208,346</u>
Contract value per 5500	<u>\$ 4,417,823</u>	<u>\$ 3,840,965</u>

(10) 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 statement of net assets available for benefits.

THE SOUTHBORO MEDICAL GROUP, INC.
SAVINGS AND RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

EIN 04-1635140
Plan Number 001
Form 5500, Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e) Current Value
	<u>Identity of Party Involved</u>	<u>Description of Investment</u>	<u>Cost</u>	
	Mutual Funds:			
	American Funds	Washington Mutual Investment Fund, 115,090.98 shares	\$	2,835,842
	American Funds	Europacific Growth Fund, 71,049.72 shares		2,724,046
	American Funds	Growth Fund of America, 92,584.84 shares		2,530,344
	American Funds	Balanced Fund, 110,227.59 shares		1,786,789
	Fidelity Advisor Funds	Strategic Income Fund, 70,745.99 shares		1,492,077
	Fidelity Advisor Funds	Ser I Mid Cap Fund, 88,131.19 shares		1,440,064
	Columbia Funds	Columbia Acorn Fund, 49,119.22 shares		1,177,879
	Franklin Custodian Funds, Inc.	U.S. Government Series Fund, 154,353.08 shares		1,024,904
	American Funds	Investment Company of America Fund, 37,672.42 shares		977,599
*	Evergreen Investments	Equity Index Fund, 23,305.24 shares		893,989
	Neuberger & Berman	Socially Responsive Fund Trust, 3,133.20 shares		<u>44,679</u>
	Total Mutual Funds			16,928,212
	Common Collective Trust:			
	Union Bond & Trust Company	Stable Value Fund, 202,313.51 shares		4,439,792
*	Participant Loans	4.25% to 9.25%		<u>206,994</u>
	Total Assets (Held at End of Year)		\$	<u>21,574,998</u>

* Indicates a party-in-interest to the Plan

See independent auditors' report

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name The Southboro Medical Group, Inc. Savings and Retirement Plan **FEIN:** 04-2487729
Plan Sponsor's Name The Southboro Medical Group, Inc. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	UNION BOND & TRUST COMPANY	COMMON FUND STABLE VALUE FUND		4,417,823
	FRANKLIN	MUTUAL FUND US GOVERNMENT SECURITIES FUND CLASS A		1,024,904
	COLUMBIA	MUTUAL FUND ACORN FUND CLASS A		1,177,879
*	EVERGREEN	MUTUAL FUND EQUITY INDEX FUND CL A		893,989
	FIDELITY	MUTUAL FUND ADVISOR MID CAP FUND CL T		1,440,064
	AMERICAN	MUTUAL FUND THE GROWTH FUND CL A		2,530,344
	AMERICAN	MUTUAL FUND THE INVESTMENT COMPANY OF AMERICA FUND CL A		977,599

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name The Southboro Medical Group, Inc. Savings and Retirement Plan **FEIN:** 04-2487729
Plan Sponsor's Name The Southboro Medical Group, Inc. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	NEUBERGER BERMAN	MUTUAL FUND SOCIALY RESPONSIVE FUND		44,679
	AMERICAN	MUTUAL FUND WASHINGTON MUTUAL INVEST FUND CLASS A		2,835,842
	AMERICAN	MUTUAL FUND EUROPACIFIC GROWTH FUND CLASS A		2,724,046
	FIDELITY	MUTUAL FUND ADV STRATEGIC INCOME FUND T		1,492,077
	AMERICAN	MUTUAL FUND BALANCED FUND CLASS A		1,786,789
	PARTICIPANT LOANS	VARIOUS RATES 4.25% - 9.25%		206,994