Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

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:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ISLAND MEDICAL SERVICES RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1993

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
ISLAND MEDICAL SERVICES

97 NEW DORP LANE - SUITE A
STATEN ISLAND, NY 10306

2b Employer Identification Number (EIN)
22-2268758

2c Sponsor's telephone number
718-448-5641

2d Business code (see instructions)
621492

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	DOMINIC LICCIARDI
	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")
ISLAND MEDICAL SERVICES

97 NEW DORP LANE - SUITE A
STATEN ISLAND, NY 10306

3b Administrator's EIN
22-2268758

3c Administrator's telephone number
718-448-5641

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	381
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**	311
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	75
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	386
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	386
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	253
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
ISLAND MEDICAL SERVICES RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
ISLAND MEDICAL SERVICES

D Employer Identification Number (EIN)
22-2268758

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
ING LIFE INSURANCE & ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	PH9091	266	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
21583	3482

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SRN SERVICES INC.
300 GARDEN CITY PLAZA SUITE 300
GARDEN CITY, NY 11530

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21583	0	COMMISSIONS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SRN SERVICES INC.
300 GARDEN CITY PLAZA SUITE 300
GARDEN CITY, NY 11530

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	3482	TPA PARTNERSHIP PROGRAM	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	3044401
5	Current value of plan's interest under this contract in separate accounts at year end	5	5282804

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ AS PER RATES OF DEPT. OF INSURANCE

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	2853014
c	Additions: (1) Contributions deposited during the year	7c(1)	792293		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	96683		
	(4) Transferred from separate account	7c(4)	485304		
	(5) Other (specify below) ▶ LOAN PAYMENTS	7c(5)	148163		
	(6) Total additions			7c(6)	1522443
d	Total of balance and additions (add **b** and **c(6)**)			7d	4375457
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	284123		
	(2) Administration charge made by carrier	7e(2)	950		
	(3) Transferred to separate account	7e(3)	891042		
	(4) Other (specify below) ▶ LOAN WITHDRAWAL, TPA FEES, TRANSFERRED ASSETS	7e(4)	154941		
	(5) Total deductions			7e(5)	1331056
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	3044401

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ISLAND MEDICAL SERVICES

D Employer Identification Number (EIN)
22-2268758

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ILIAC

PO BOX 99067
HARTFORD, CT 06199-0067

71-0294708

(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?
65	RECORDKEEPER	0	Yes [X] No [ ]	Yes [ ] No [X]	7775	Yes [ ] No [X]

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

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

(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:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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
ISLAND MEDICAL SERVICES RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ISLAND MEDICAL SERVICES

D Employer Identification Number (EIN)
22-2268758

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MAP CONTRACT SEPARATE ACCOUNT D

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE & ANNUITY CO

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)
71-0294708-000	P	5282804

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 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 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 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 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 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 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 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)

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
ISLAND MEDICAL SERVICES RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ISLAND MEDICAL SERVICES

D Employer Identification Number (EIN)
22-2268758

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4759	0
(2) Participant contributions	1b(2)	24832	24379
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	249854	235098
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	3832988	5282804
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2853014	3044401
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	6965447	8586682
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	891
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	891
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6965447	8585791

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)	28458	
(B) Participants	2a(1)(B)	750871	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		779329
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	15548	
(F) Other	2b(1)(F)	96683	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		112231
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
	(B) Other	2b(5)(B)	0	
	(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)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1044370
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c	Other income	2c		0
d	Total income. Add all **income** amounts in column (b) and enter total	2d		1935930
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	309108	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		309108
f	Corrective distributions (see instructions)	2f		0
g	Certain deemed distributions of participant loans (see instructions)	2g		3103
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	0	
	(3) Investment advisory and management fees	2i(3)	0	
	(4) Other	2i(4)	3375	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3375
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		315586
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		1620344
l	Transfers of assets:			
	(1) To this plan	2l(1)		0
	(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: FARBER, BLICHT EYERMEN & HERZOG LLP **(2)** EIN: 11-2424454

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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
ISLAND MEDICAL SERVICES RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ISLAND MEDICAL SERVICES

D Employer Identification Number (EIN)
22-2268758

Part I Distributions

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

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

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

EIN(s): 71-0294708

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **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**

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):

---

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):

ISLAND MEDICAL SERVICES
RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

FOR THE YEARS ENDED
DECEMBER 31, 2009 AND 2008

ISLAND MEDICAL SERVICES RETIREMENT SAVINGS PLAN

TABLE OF CONTENTS

	Page Number
Independent Auditors' Report	**1**
Financial Statements:	
Statements of Net Assets Available for Benefits	**2**
Statements of Changes in Net Assets Available for Benefits	**3**
Notes to Financial Statements	**4 – 13**
Supplemental Schedules:	
Item 27a - Schedule of Assets Held for Investment Purposes	**14 - 16**

Supplemental Schedules Omitted:

The following supplemental schedules were omitted because of the absence of conditions under which they are required:

Item 27b - Schedule of Loans or Fixed Income Obligations
Item 27c - Schedule of Leases in Default or Classified as Uncollectible
Item 27e - Schedule of Nonexempt Transactions
Item 27f - Schedule of Nonexempt Transactions

FARBER, BLICHT EYERMAN & HERZOG, LLP
Certified Public Accountants
1000 Woodbury Road
Suite 206
Woodbury, NY 11797
Telephone: (516) 576-7040
Facsimile: (516) 576-1232
Website: www.fbehcpa.com
E-mail: info@fbehcpa.com

INDEPENDENT AUDITORS' REPORT

To Island Medical Services Retirement Savings Plan
Staten Island, New York

We were engaged to audit the financial statements of the Island Medical Services Retirement Savings Plan as of December 31, 2009 and 2008 and for the year ended December 31, 2009, and supplemental schedule as of and for the year ended December 31, 2009 as listed in the table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR Section 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 5, which was certified by the ING Life Insurance and Annuity Company, 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 in the Plan's financial statements and supplemental schedule that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and 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 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.

Farber, Blicht, Eyerman & Herzog, LLP

Woodbury, New York
August 17, 2010

ISLAND MEDICAL SERVICES RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
Investments, at fair value:		
Pooled separate accounts	**$ 5,282,804**	$ 3,832,988
Guaranteed investment contract	**2,972,212**	2,951,197
Loans to participants	**235,098**	249,854
Total investments	**8,490,114**	7,034,039
Receivables:		
Employer's contributions	**0**	4,759
Participants' contributions	**24,379**	24,832
Total receivables	**24,379**	29,591
Total assets	**8,514,493**	7,063,630
LIABILITIES		
Excess contributions payable	**(891)**	0
Net assets avaiable for benefits at fair value	**8,513,602**	7,063,630
Adjustment from fair value to contract value of fully benefit responsive investment contracts	**72,189**	(98,183)
Net assets available for benefits	**$ 8,585,791**	$ 6,965,447

The accompanying notes are an integral part of the financial statements.

ISLAND MEDICAL SERVICES RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
Additions to net assets attributable to:		
Investment income, net of investment expenses:		
Net appreciation/(depreciation) in fair value of investments	**$ 1,044,370**	$ (2,140,367)
Interest income - participant loans	**15,548**	17,713
- portfolio	**96,683**	91,687
Total investment income/(loss)	**1,156,601**	(2,030,967)
Contributions:		
Participants	**750,871**	808,623
Employer	**28,458**	146,499
Rollover	**0**	170
Total contributions	**779,329**	955,292
Total additions (reductions)	**1,935,930**	(1,075,675)
Deductions from net assets attributed to:		
Benefits paid to participants	**312,211**	1,086,214
Administration expenses	**3,375**	2,895
Total deductions	**315,586**	1,089,109
Net increase / (decrease)	**1,620,344**	(2,164,784)
Net assets available for benefits:		
Beginning of year	**6,965,447**	9,130,231
End of year	**$ 8,585,791**	$ 6,965,447

The accompanying notes are an integral part of the financial statements.

ISLAND MEDICAL SERVICES RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

---

1. Description of Plan

The following brief description of the Island Medical Services Retirement Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

a. *Sponsorship and administration*

The Plan, a defined contribution plan, was established on January 1, 1993. The Plan is subject to the provisions of the Employee Retirement Act of 1974 ("ERISA"), as amended. The Plan was amended and restated effective January 1, 2004 to adopt the Economic Growth and Tax Relief Reconciliation Act of 2001 "Good Faith" Plan Amendment for Defined Contribution Plans which included 401(k) provisions and the Final Code Section 401 (a)(9) Amendment regarding minimum distribution requirements.

Island Rehabilitative Services (the "Plan Sponsor", as defined by ERISA), also known as Island Medical Services, serves as the Plan Administrator, and is responsible for reporting and fulfilling disclosure requirements. The Plan Sponsor retains ING Life Insurance and Annuity Company ("ING") as the asset custodian of the Plan. Any employer affiliated with the Plan Sponsor due to common ownership may participate in the Plan. Listed below are the employers currently participating in the Plan.

- Island Rehabilitative Services Corp.
- Island Computer Billing Services, Inc.
- Primary and Specialty Medicine of Staten Island, P.C.
- Richmond Cardiological Services, P.C.
- Island Nephrology Services, P.C.
- KMK Associates, LLC

b. *Participant accounts*

The Plan covers substantially all active employees of the participating employers not covered by a collective bargaining agreement. Employees are eligible to participate in the Plan if they are 21 years of age and have attained three consecutive months of service with any of the participating employers.

1. Description of Plan (continued)

b. *Participant accounts (continued)*

The Plan credits the participant's deferral contribution account with the participant's elective salary reduction amount, the participating employers' contribution amount, and an allocation of the Plan's net earnings and administrative expenses. Allocations are based on participant account balances, as defined. The benefit which a participant is entitled is the benefit that can be provided from the participant vested account. Investments of the plan are participant directed.

c. *Contributions*

A participant may contribute up to 50% of his/her annual salary, not to exceed $16,500 during the year ended December 31, 2009. The annual base salary for purposes of the Plan is limited by the Internal Revenue Code (the "Code") to $245,000 during the year ended December 31, 2009. A participant may also rollover amounts representing distributions from other qualified contribution plans.

A participant aged 50 and older is permitted to make an additional catch-up deferral contribution up to $5,500 during the year ended December 31, 2009.

The participating employer may match a discretionary contribution amount. The participating employer matched an amount equal to 50% of the participant's deferred compensation up to 3% of his/her gross annual salary from January through March 2009, at which point the participating employer suspended matching contributions.

d. *Expenses of the Plan*

The Plan Sponsor is responsible for the management and control of Plan assets. The participants of the plan pay certain administrative expenses relating to their loans and benefit disbursements. The Participants may also be subject to a daily asset charge on their investment options. The base daily asset charge for the plan's investment options is 0.50% as of December 31, 2009 and is subject to increase in future years to a maximum of 2.00%. In addition to the base daily asset charge, the participants may be subject to the administrative fund fee adjustments ranging from 0.00% to 0.85%.

e. *Vesting*

The participant immediately vests 100% in his/her voluntary contributions, plus in an allocation of earnings on their voluntary contributions.

1. **Description of Plan (continued)**

e. ***Vesting (continued)***

The participant vesting in the participating employers' matching contribution accounts is based on years of continuous service as follows:

Years of service	Vested Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

f. ***Forfeitures***

Non–vested portions of a participant's account balance will be forfeited when the participant receives a distribution of the entire vested benefits. The forfeited amounts are transferred to a forfeiture account until they are used to reduce participating employers' matching contributions. During the years ended December 31, 2009 and 2008, the amount of forfeitures that were used to reduce the participating employers' matching contribution were $3,061 and $5,853, respectively.

g. ***Payment of benefits***

Any participant who terminates employment before retirement will be entitled to receive the balance in his/her salary deferral account on any distribution date, as soon as administratively possible, following the participant's separation from service with the employer.

If the terminated participant's vested account is greater than $5,000 during the year ended December 31, 2009, the participant may leave any funds in the Plan until he/she elects to commence distribution as of any distribution date following the participant's termination from employment. If the terminated participant's vested account is equal to or less than $5,000 during the year ended December 31, 2009, the Plan may distribute that portion in a lump sum amount without the participant's consent.

1. Description of Plan (continued)

g. *Payment of benefits (continued)*

If termination is due to retirement and the participant has attained the age of sixty-five and is 100% vested, the participant may elect to receive all or any portion of any non-forfeitable account balance. A participant who has not retired and has attained the age of fifty-nine and one half and is 100% vested may elect to receive all or any portion of any non-forfeitable account balance.

If termination is due to disability, the Plan will distribute, in a lump-sum amount, the vested balance to the participant on any distribution date, as soon as is administratively possible, following the participant's separation from service with the employer.

If termination is due to death of the participant, the Plan will distribute the balance of the participant's accounts to his/her beneficiaries on any distribution date, as soon as administratively possible, following the participant's separation from service with the employer.

h. *Participant loans*

The plan allows the participant to borrow a portion of the balance in his/her Plan account, subject to the approval of the Plan Administrator. The Plan Administrator may not approve any loan in the amount that exceeds 50% of the participant's vested account balance. The maximum aggregate dollar amount of loans outstanding to any participant may not exceed $50,000 during a one-year period. The Plan allows one outstanding loan any time for each participant. The interest rate is determined by the Plan Administrator commensurate with prevailing interest rates plus 1%. Interest rates on outstanding loans range from 4.75% to 9.75%. These loans will mature from 2010 to 2013.

2. Summary of Significant Accounting Policies

a. *Basis of accounting*

The accompanying financial statements are prepared on the accrual basis, with investments adjusted to fair market values based on financial information provided by ING.

2. Summary of Significant Accounting Policies (continued)

b. Income recognition

Interest income is recognized as it is earned. Net appreciation (depreciation) in fair market value of investments consist of the net change in unrealized appreciation (depreciation) during the year on investments held at the end of the year and the realized gain or loss of the sale of investment during the year.

c. *Payment of benefits*

Benefit payments to participants are recorded when paid.

d. *Financial investment with off-balance sheet risk*

The Plan Sponsor has adopted a "Position Statement on Risk Management" that applies to the Plan. This statement recognizes that guidelines for certain plan investment managers allow the use of derivatives to achieve investment objectives. It is the investment manager's responsibility to understand the potential impact of derivatives on the total investment funds under various market risk scenarios, and to comply with these guidelines. As with other marketable securities, all derivatives are in the custody of the Plan Custodian and valued daily. During the year ended December 31, 2009, the Plan held no direct investment in derivatives.

e. *Estimates*

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

f. *Recent pronouncements*

The Plan does not anticipate the adoption of recently issued accounting pronouncements will have a significant impact on its statements of net assets available for benefits or its statement of changes in net assets available for benefits.

3. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

		Fair Value Measurements Using:	
December 31, 2009	**Fair Value**	**Quoted Prices in Active Markets for Identical Assets (Level 1)**	**Significant Unobservable Inputs (Level 3)**
Mutual funds	$5,282,804	$5,282,804	$ 0
Guaranteed investment contract	2,972,212	0	2,972,212
Participant loans	235,098	0	235,098
Total	$8,490,114	$5,282,804	$3,207,310
December 31, 2008			
Mutual funds	$3,832,988	$3,832,988	$ 0
Guaranteed investment contract	2,951,197	0	2,951,197
Participant loans	249,854	0	249,854
Total	$7,034,039	$3,832,988	$3,201,051

SFAS No. 157, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consists of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

3. Fair Value Measurements (continued)

Level 3 Fair Value Measurements

The guaranteed investment contract and participants loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contract is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations, and the fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

Fair Value Measurements using Significant Unobservable Inputs (Level 3)

December 31, 2009	**Investment Contract**	**Participant Loans**	**Total**
Beginning balance	$2,951,197	$249,854	$3,201,051
Total gains or losses (realized and unrealized) included in changes in net assets available for benefit	96,683	0	96,683
Purchases, sales, issuances & settlements (net)	(75,668)	(14,756)	(90,424)
Ending balance	$2,972,212	$235,098	$3,207,310
December 31, 2008			
Beginning balance	$2,296,387	$260,330	$2,556,717
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	91,687	0	91,687
Purchases, sales, issuances & settlements (net)	563,123	(10,476)	552,647
Ending balance	$2,951,197	$249,854	$3,201,051

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2009 and 2008 are reported in net appreciation/ (depreciation) in fair value of investments.

4. Risk and Uncertainties

The plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, overall volatility risk, and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investments 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.

5. Information Certified by Trustee (unaudited)

The fair value of investments at December 31, 2009 and 2008 as reported by the Trustee is summarized as follows:

Plan Assets – ING Life Insurance and Annuity Company

	2009		2008	
ING Fixed Accounts	**$3,044,401**	**(1)**	$2,853,014	(1)
ING US Stock Index	**317,099**		0	
ING Russell Mid Cap	**107,329**		0	
ING Russell Small Cap	**27,984**		0	
ING Real Estate Fund	**223,115**		168,217	
ING Index Plus Large Cap Fund	**0**		185,673	
ING Index Plus Mid Cap Fund	**0**		70,265	
ING Index Plus Small Cap Fund	**0**		26,501	
American Balanced Fund	**238,761**		137,202	
Oppenheimer Main St Small Cap	**277,534**		210,349	
ING Fidelity VIP MidCap Pt	**112,411**		119,578	
ING Fidelity VIP Contra	**532,546**	**(1)**	342,331	(1)
ING JPMorgan MidCap Value	**100,274**		92,831	
ING Van Kampen Comstock	**168,346**		96,118	
ING American Century Value	**93,512**		77,023	
The Income Fund of America	**162,718**		122,193	
The Growth Fund of America	**257,112**		172,379	
EuroPacific Growth Fund	**400,176**		276,210	
ING Intermediate Bond Fund	**331,795**		276,845	
Pioneer Strategic Income Fund	**175,630**		126,885	
Solution Income Portfolio	**220,288**		174,342	
Subtotal	**$6,791,031**		$5,527,956	

5. Information Certified by Trustee (unaudited) (continued)

	2009	2008	
Subtotal brought forward	**$6,791,031**	$5,527,956	
ING Solution 2015 Portfolio	**426,123 (1)**	329,616	
ING Solution 2025 Portfolio	**663,017 (1)**	464,250	(1)
ING Solution 2035 Portfolio	**282,443**	193,702	
ING Solution 2045 Portfolio	**164,591**	170,478	
Total investments	**$8,327,205**	$6,686,002	

(1) Denotes investments that represent 5% or more of the Plan's net assets. During the year ended December 31, 2009, no transactions, or series of transactions, in excess of 5% of Plan assets at the beginning of the year have occurred.

	2009	2008
Changes in Net Assets:		
Income from investments	**$ 112,231**	$ 109,400
Net appreciation/ (depreciation) in fair value of investment and realized gains	**1,044,370**	(2,140,367)
Contributions	**779,329**	955,292
Withdrawals by participants	**(312,211)**	(1,086,214)
Total administrative expenses	**(3,375)**	(2,895)

6. Investment Contract with Insurance Company

The Plan entered into a benefit-responsive investment contract with ING Life Insurance and Annuity Company called the ING Fixed Account, effective April 12, 2005. ING maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals or distributions and administrative expenses. The contract is included in the financial statements at contract value which approximates fair value as reported to the Plan by ING. Contract value represents contributions and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against the ING contract value for credit risk of the contract issuer. The average yield and crediting interest rates for guaranteed new and old interest accounts was approximately 3.25%, not to fall below 3.00%, during 2009. The crediting interest rates are based on an agreed-upon formula with the issuer and are set annually. Withdrawals from the ING Fixed Account other than the payment of benefits to participants may be subject to a Market Value Adjustment and a surrender charge.

7. Related-Party Transactions

Certain investment funds were managed by ING during 2009. ING is the asset custodian and record-keeper of the Plan (except for participant loans) as of December 31, 2009, and therefore these investments and investment transactions qualify as party-in-interest transactions. There were fees paid by the Plan for the investment management services in the amount of $3,375 for the year ended December 31, 2009.

8. Summary of Information Certified By Custodian

The Plan Administrator elected the method of compliance permitted by 20 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Schedule of Assets (held at end of year), except for participant loans as of December 31, 2009, was certified by the custodian, whose assets are regulated and subject to periodic regulatory agency examination and was not subject to any auditing procedures by the independent certified public accountants. The participant loans, as of December 31, 2009, were maintained by the third party administrator, SRN Services, Inc., and were subject to auditing procedures by the independent certified public accountants.

9. Income Tax Status

Although the Plan has requested and is waiting for a determination from the Internal Revenue Service ("IRS") as to the Plan's tax-exempt status, the master prototype plan from which the Plan was drafted has received a favorable determination from the IRS. Plan management believes that the Plan and its subsequent amendments are designed to operate in accordance with all applicable provisions of the code. Therefore, management believes that the Plan is qualified and is exempt from taxation under the Code.

10. Plan Termination

Although it has not expressed any intent to terminate the Plan, the Plan Sponsor has the right under the Plan to terminate the Plan without any liability for such termination subject to the provisions of ERISA. In the event of the Plan termination, all participants will become 100% vested in their accounts.

SUPPLEMENTARY INFORMATION

ISLAND MEDICAL SERVICES RETIREMENT SAVINGS PLAN
EIN#: 22-2268758 / PLAN NUMBER: 002

ITEM 27a - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2009

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
ING Fixed Accounts	Benefit responsive insurance contract (see Note 6).	(*)	$3,044,401
ING US Stock Index	Seeks return through investment in at companies listed on the S&P 500.	(*)	317,099
ING Russell Mid Cap	Seeks investment results through investment in companies included in the Russell Midcap index.	(*)	107,329
ING Russell Small Cap	Seeks investment results through investment in companies included in the Russell Smallcap index.	(*)	27,984
ING Real Estate Fund	Seeks return through the stock of US real estate investment companies.	(*)	223,115
American Balanced Fund	Seeks growth through a balanced portfolio of debt securities and stocks.	(*)	238,761
Oppenheimer Main St. Small Cap	Seeks growth by investing in small capitalization US companies with favorable business trends.	(*)	277,534
ING Fidelity VIP Mid Cap Portfolio	Seeks investment growth by investing in a combination of capitalization companies.	(*)	112,411
ING Fidelity VIP Contra	Seeks growth by investing in the common stocks of companies believe to be undervalued by the market.	(*)	532,546
Sub-total			$4,881,180

ISLAND MEDICAL SERVICES RETIREMENT SAVINGS PLAN
EIN#: 22-2268758 / PLAN NUMBER: 002

ITEM 27a - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)

DECEMBER 31, 2009

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
Balance brought forward			$4,881,180
ING JPMorgan MidCap Value	Seeks growth through investing in the common stock of undervalued companies with mid capitalization.	(*)	100,274
ING Van Kampen Comstock	Seeks capital growth through a combination of stocks and securities convertible to stocks, preferred or common.	(*)	168,346
ING American Century	Seeks returns from small capitalization companies, will include frequent trading.	(*)	93,512
The Income Fund of America	Seeks growth through income-producing securities commonly paying dividend or interest.	(*)	162,718
The Growth Fund of America	Seeks capital growth through common stock, both domestic and foreign, plus cash or money markets.	(*)	257,112
Euro Pacific Growth Fund	Seeks investment return from companies located in Europe or the Pacific Basin using fixed income securities.	(*)	400,176
ING Intermediate Bond Fund	Seeks investment growth through mostly diversified bonds and some preferred stocks.	(*)	331,795
Sub-total			$6,395,113

ISLAND MEDICAL SERVICES RETIREMENT SAVINGS PLAN
EIN#: 22-2268758 / PLAN NUMBER: 002

ITEM 27a - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)

DECEMBER 31, 2009

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
Balance brought forward			$6,395,113
Pioneer Strategic Income Fund	Seeks investment growth through high risk/high yield debt securities.	(*)	175,630
Solution Income Portfolio	Seeks investment growth for those who are soon to be or already retired, combination of variety of funds.	(*)	220,288
ING Solution 2015 Portfolio	Seeks investment growth for those expecting to retire in 2015, combination of a variety of funds.	(*)	426,123
ING Solution 2025 Portfolio	Seeks investment growth for those expecting to retire in 2025, combination of a variety of funds.	(*)	663,017
ING Solution 2035 Portfolio	Seeks investment growth for those expecting to retire in 2035, combination of a variety of funds.	(*)	282,443
ING Solution 2045 Portfolio	Seeks investment growth for those expecting to retire in 2045, combination of a variety of funds.	(*)	164,591
			8,327,205
Participant loans	4.75 – 9.75%		235,098
Total assets held for investment purposes			**$8,562,303**

Note: Column a. is omitted as not applicable.

(*) Cost Information not required as per special Rule for Certain participant directed transactions.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan: Island Medical Services Retirement Savings Plan

►

Employer Identification Number: ► 22-2268758
For plan year (beginning/ending): ► 1/1/2009 - 12/31/2009 Plan number: ► 002

(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
*	ING Life Insurance & Annuity Co.	ING U.S. Stock Index Portfolio		$ 317,099.00
*	ING Life Insurance & Annuity Co.	ING Russell□ Mid Cap Index Portfolio		$ 107,329.00
*	ING Life Insurance & Annuity Co.	ING Russell□ Small Cap Index Portfolio		$ 27,984.00
*	ING Life Insurance & Annuity Co.	ING Real Estate Fund		$ 223,115.00
*	ING Life Insurance & Annuity Co.	ING Index Plus LargeCap Fund		$ -
*	ING Life Insurance & Annuity Co.	ING Index Plus MidCap Fund		$ -
*	ING Life Insurance & Annuity Co.	ING Index Plus SmallCap Fund		$ -
*	ING Life Insurance & Annuity Co.	American Balanced Fund®		$ 238,761.00
*	ING Life Insurance & Annuity Co.	Oppenheimer Main Street Small Cap Fund®		$ 277,534.00
*	ING Life Insurance & Annuity Co.	ING Fidelity® VIP Mid Cap Portfolio		$ 112,411.00
*	ING Life Insurance & Annuity Co.	ING Fidelity® VIP Contrafund® Portfolio		$ 532,546.00
*	ING Life Insurance & Annuity Co.	ING JPMorgan Mid Cap Value Portfolio		$ 100,274.00
*	ING Life Insurance & Annuity Co.	ING Van Kampen Comstock Portfolio		$ 168,346.00
*	ING Life Insurance & Annuity Co.	ING American Century Small		$ 93,512.00
*	ING Life Insurance & Annuity Co.	The Income Fund of America®		$ 162,718.00
*	ING Life Insurance & Annuity Co.	The Growth Fund of America®		$ 257,112.00
*	ING Life Insurance & Annuity Co.	EuroPacific Growth Fund®		$ 400,176.00
*	ING Life Insurance & Annuity Co.	ING Intermediate Bond Fund		$ 331,795.00
*	ING Life Insurance & Annuity Co.	Pioneer Strategic Income Fund		$ 175,630.00
*	ING Life Insurance & Annuity Co.	ING Solution 2015 Portfolio		$ 426,123.00
*	ING Life Insurance & Annuity Co.	ING Solution 2025 Portfolio		$ 663,017.00
*	ING Life Insurance & Annuity Co.	ING Solution 2035 Portfolio		$ 282,443.00
*	ING Life Insurance & Annuity Co.	ING Solution 2045 Portfolio		$ 164,591.00
*	ING Life Insurance & Annuity Co.	ING Solution Income Portfolio		$ 220,288.00
*	ING Life Insurance & Annuity Co.	ING Fixed Account		$ 3,044,401.00
*	Participant Loans	Interest rate 4.75- 10.25%		$ 235,098.00