

<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><input type="checkbox"/> a multiemployer plan;</div><div><input checked="" type="checkbox"/> a single-employer plan;</div><div><input type="checkbox"/> a multiple-employer plan; or</div><div><input type="checkbox"/> a DFE (specify) ____</div></div>
B	This return/report is: <div><div><input type="checkbox"/> the first return/report;</div><div><input type="checkbox"/> the final return/report;</div><div><input type="checkbox"/> an amended return/report;</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>
D	Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558;</div><div><input type="checkbox"/> automatic extension;</div><div><input type="checkbox"/> the DFVC program;</div><div><input type="checkbox"/> special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan MEDICAL CONSULTANTS NETWORK, INC. EMPLOYEES' RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 03/01/1986
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) MEDICAL CONSULTANTS NETWORK, INC.  1301 5TH AVENUE SUITE 2900 SEATTLE, WA 98101	2b Employer Identification Number (EIN) 91-1286821 2c Sponsor's telephone number 206-343-6100 2d Business code (see instructions) 621399
	1301 5TH AVENUE SUITE 2900 SEATTLE, WA 98101	

**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.	10/15/2010	BRIAN GRANT
	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

<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") MEDICAL CONSULTANTS NETWORK, INC.  1301 5TH AVENUE SUITE 2900 SEATTLE, WA 98101	<b>3b</b> Administrator's EIN 91-1286821  <b>3c</b> Administrator's telephone number 206-343-6100
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<b>4</b> 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:  <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	122
<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a</b> Active participants.....	<b>6a</b>	114
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>	13
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	127
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>	0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	127
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>	62
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	5
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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<b>SCHEDULE C</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110
		<b>2009</b>
		<b>This Form is Open to Public Inspection.</b>

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
<b>A</b> Name of plan MEDICAL CONSULTANTS NETWORK, INC. EMPLOYEES' RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 MEDICAL CONSULTANTS NETWORK, INC.	<b>D</b> Employer Identification Number (EIN) 91-1286821

**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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID.INV.INST.OPS.CO.
04-2647786

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 25 60	RECORDKEEPER	12020	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

SMITH BUNDAY BERMAN

91-1275259

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT/AUDITOR	7685	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

**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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ABF LG CAP VAL INV - STATE STREET B  04-1867445	0.35%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ARTISAN MID CAP VAL - BOSTON FINANC  04-2526037	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIMCO TOT RETURN ADM - BOSTON FINAN  04-2526037	0.25%

**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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TEMPLETON WORLD A - FRANKLIN TEMPLE  94-3167260	0.35%	
(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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2009</div>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2009 or fiscal plan year beginning <span style="color: blue;">01/01/2009</span> and ending <span style="color: blue;">12/31/2009</span>		
<b>A</b> Name of plan <span style="color: blue;">MEDICAL CONSULTANTS NETWORK, INC. EMPLOYEES' RETIREMENT PLAN</span>	<b>B</b> Three-digit plan number (PN) ►	<span style="color: blue;">001</span>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">MEDICAL CONSULTANTS NETWORK, INC.</span>	<b>D</b> Employer Identification Number (EIN)  <span style="color: blue;">91-1286821</span>	

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. <b>Round off amounts to the nearest dollar.</b> 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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other.....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	578698	536934
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other.....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	25511	48238
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	2095180	2966624
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

**1d** Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	2699389	3551796

**Liabilities**

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

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	2699389	3551796
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	74813	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	280444	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		355257

**b Earnings on investments:****(1) Interest:**

<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	4039	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	2517	
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		6556

(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	54557	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		54557

(3) Rents .....	<b>2b(3)</b>		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		

		(a) Amount	(b) Total
<b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	<b>2b(5)(A)</b>		
(B) Other .....	<b>2b(5)(B)</b>		
(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		607825
<b>c</b> Other income.....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		1024195

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	151945	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		151945
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses: (1) Professional fees .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Investment advisory and management fees .....	<b>2i(3)</b>	65	
(4) Other .....	<b>2i(4)</b>	19778	
(5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		19843
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		171788

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		852407
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: SMITH BUNDAY BERMAN BRITTON, P.S.

(2) EIN: 91-1275259

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		350000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
<b>n</b> 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. ....		X	

- 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)

<div>SCHEDULE R (Form 5500)  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan MEDICAL CONSULTANTS NETWORK, INC. EMPLOYEES' RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 MEDICAL CONSULTANTS NETWORK, INC.		D Employer Identification Number (EIN) 91-1286821
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): 04-6568107		
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)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

<b>a</b> The current year .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year .....	<b>14b</b>	
<b>c</b> The second preceding plan year .....	<b>14c</b>	

- 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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

- 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): \_\_\_\_\_

SMITH BUNDAY BERMAN BRITTON, P.S.

**MEDICAL CONSULTANTS NETWORK, INC.  
EMPLOYEES' RETIREMENT PLAN**

**FINANCIAL STATEMENTS WITH  
SUPPLEMENTAL SCHEDULE AND  
INDEPENDENT AUDITOR'S REPORT**

**DECEMBER 31, 2009 AND 2008**

September 14, 2010

To the Administrator

Medical Consultants Network, Inc. Employees' Retirement Plan

**Independent Auditors' Report**

We were engaged to audit the accompanying statements of net assets available for plan benefits of Medical Consultants Network, Inc. Employees' Retirement Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for plan benefits and the supplemental schedule of assets (held at end of year) as of December 31, 2009. 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 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedule of assets held (at end of year.) We have been informed by the plan administrator that the trustee holds the Plan's investments and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 and for the year ended December, 31 2009, 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 of assets (held at end of year) that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplemental schedule of assets (held at end of year) 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.

*Smith Bunday Berman Britton, P.S.*

**MEDICAL CONSULTANTS NETWORK, INC.**  
**EMPLOYEES' RETIREMENT PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**  
**DECEMBER 31, 2009 AND 2008**  
(See Independent Auditor's Report)

	December 31,	
	2009	2008
<i>Assets</i>		
Investments, at fair value:		
Mutual funds	\$2,966,624	\$2,095,180
Interest-bearing cash	536,934	578,698
Participant loans	48,238	25,511
	<u>3,551,796</u>	<u>2,699,389</u>
Total Investments		
	<u>3,551,796</u>	<u>2,699,389</u>
<i>Net Assets Available For Plan Benefits</i>	<u>\$3,551,796</u>	<u>\$2,699,389</u>

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

**MEDICAL CONSULTANTS NETWORK, INC.**  
**EMPLOYEES' RETIREMENT PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS**  
**YEAR ENDED DECEMBER 31, 2009**  
(See Independent Auditor's Report)

Additions to net assets attributable to:	
Employer contributions	\$74,813
Employee contributions	<u>280,444</u>
Total contributions	355,257
Net appreciation in fair value of investments	662,382
Investment income - interest	<u>6,556</u>
Total additions	<u>1,024,195</u>
Deductions from net assets:	
Benefits paid to participants	(151,945)
Administrative expenses	<u>(19,843)</u>
Total deductions	<u>(171,788)</u>
Increase in net assets available for plan benefits	852,407
Net assets available for plan benefits at beginning of year	<u>2,699,389</u>
Net assets available for plan benefits at end of year	<u><u>\$3,551,796</u></u>

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

**MEDICAL CONSULTANTS NETWORK, INC.  
EMPLOYEES' RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 1 - PLAN DESCRIPTION**

The following description of the Medical Consultants Network, Inc. Employees' 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 full-time employees of a controlled group of companies comprised of Medical Consultants Network, Inc., YCA Case Management, Inc., MCN Quad Health Services, Inc. and Brian L. Grant MD Inc. PS. (hereinafter collectively referred to as "the Companies"). Employees of the Companies become eligible to participate in the salary deferral portion of the Plan upon completion of three months of service and attainment of age twenty-one. Participation in the matching contributions and discretionary profit sharing contributions commences after one year of service, as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

***Contributions -***

Employees participating in the salary reduction feature may contribute up to the lesser of 100% of their compensation or the statutory limits prescribed by the Internal Revenue Code. The Companies make a matching contribution equal to 50% of the employee deferral limited to the first 6% of eligible compensation. The matching contribution is funded with each pay period.

The Companies may also make discretionary profit sharing and Qualified Non-Elective contributions to the Plan, as determined annually by the employer. This contribution is allocated based on each eligible employee's compensation to the total for all eligible employees. The Plan requires that in order to be eligible to receive a discretionary contribution, the participant must be employed by the Companies on the last day of the Plan year. No discretionary contributions were authorized for the 2009 and 2008 plan years.

***Participant accounts -***

Participant contributions to the Plan are voluntary. Each participant's account is credited with the participant's contribution and allocations of (a) the Companies' contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. Plan participants are allowed to direct the salary deferral, employer matching, and employer discretionary contributions to one or a combination of mutual fund investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

## **Note 1 - continued**

### ***Vesting -***

Participants are immediately vested in their salary reduction contributions plus actual earnings thereon. For employer matching and discretionary contributions, participants gain a vested interest based upon years of service as follows:

<i>Years of Credited Service</i>	<i>Vested Percentage</i>
Less than 2 years	None
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 or more years	100%

If a participant terminates from employment due to retirement, disability, or death, the participant becomes 100% vested.

### ***Participant loans -***

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 6.75% to 9.5%, which are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest are paid ratably through payroll deductions.

### ***Distributions -***

On termination of service, a participant with a vested account balance in excess of \$5,000 may elect to keep their funds in the Plan until age 70 ½ or receive the balance of his or her account in a lump sum. Terminated participants with an account balance greater than \$1,000 and up to \$5,000 may elect to receive their account in a lump sum or the account will be distributed directly to an Individual Retirement Account for the benefit of the participant. Terminated participants with account balances of \$1,000 or less will receive a lump sum distribution automatically. The Plan also includes hardship withdrawal provisions.

### ***Forfeited accounts -***

At December 31, 2009 and 2008, forfeited nonvested accounts totaled \$24,850 and \$29,536, respectively. These accounts will be used first to reduce administrative expenses of the Plan and then be used to reduce future employer contributions. In 2009 and 2008, \$7,685 and \$7,795, respectively, of forfeited nonvested accounts were utilized to offset administrative expenses.

## NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

### *Use of estimates -*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and disclosure of contingent amounts at the date of the financial statements. Actual results may differ.

### *Basis of accounting -*

The financial statements of the Plan have been prepared on the accrual method of accounting.

### *Investment valuation and income recognition -*

The Plan's investments are stated at fair market value. Quoted market prices in active markets are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end. Loans to participants are reported at face value, which approximates fair value.

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

### *Benefits to participants -*

Benefits paid to participants are recognized when paid. At December 31, 2009 and 2008, there were no amounts allocated to accounts of participants who have elected to withdraw from the Plan but have not yet been paid.

### *Fair value of investments -*

Fair value is a market-based measurement, determined based on assumptions that market participants would use in pricing an asset or liability. Under generally accepted accounting principles, there are three-levels, which prioritize the inputs used in measuring fair value as follows:

- Level 1: Observable market inputs such as quoted prices (unadjusted) in active markets for identical assets or liabilities;
- Level 2: Observable market inputs, other than the quoted prices in active markets, that are observable either directly or indirectly; and
- Level 3: Unobservable inputs where there is little or no market data, which require the reporting entity to develop its own assumptions.

The inputs or methodology used for valuing investments is not necessarily an indication of the risk associated with investing in those securities.



## Note 2 - continued

As of December 31, 2009 and 2008, the fair value of mutual funds and money market fund was determined using Level 1 inputs. Because the participant loans are not actively traded and significant other observable inputs are not available, the fair value of participant loans was determined using Level 3 inputs. There were no realized or unrealized gains or losses associated with the participant loans in 2009 or 2008.

The following tables set forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2009 and 2008:

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$536,934			\$536,934
Mutual Funds:				
Domestic Equities	1,650,520			1,650,520
International/Global Equity	534,574			534,574
Bond	524,154			524,154
Balanced/Hybrid	214,404			214,404
Target Retirement Date Funds	42,972			42,972
Participant Loans			\$48,238	48,238
Total Assets at Fair Value	\$3,503,558		\$48,238	\$3,551,796

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$578,698			\$578,698
Mutual Funds:				
Domestic Equities	1,147,810			1,147,810
International/Global Equity	398,696			398,696
Bond	321,099			321,099
Balanced/Hybrid	167,219			167,219
Target Retirement Date Funds	60,356			60,356
Participant Loans			\$25,511	25,511
Total Assets at Fair Value	\$2,673,878		\$25,511	\$2,699,389

## NOTE 3 - REGULATORY COMPLIANCE

The Plan's management elected the method of compliance permitted by Section 2520.103-8 for the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Under this provision of ERISA, certain information certified by a qualified trustee or custodian need not be subject to independent audit.

### **Note 3 - continued**

The Plan trustee is Fidelity Management Trust Company. The Plan's management has obtained certification from the trustee that the following information included in the Plan's financial statements and supplemental schedule is complete and accurate:

1. Fair value of investments as of December 31, 2009 and 2008,
2. Investment income earned for the year ended December 31, 2009,
3. Investment transactions for the year ended December 31, 2009.

### **NOTE 4 - INVESTMENTS**

The following table presents the fair values of investments that represent 5% or more of total plan assets at December 31 (see Note 3 – not subject to audit procedures):

	2009	2008
Artisan Mid Cap Value Fund	\$212,384	\$170,638
PIMCO Total Return Fund	405,122	297,697
ABF Large Cap Value Fund	452,792	298,659
Templeton World Fund	260,521	183,246
Fidelity Contrafund	225,080	169,264
Fidelity Balanced Fund	214,404	167,219
Fidelity International Discovery Fund	249,606	175,423
Fidelity Disciplined Equity Fund	191,846	189,588
Fidelity Small Cap Retirement Fund	197,925	*
Fidelity Money Market	536,934	578,698

\* Did not represent 5% or more of the Plan's net assets at December 31, 2008

### **NOTE 5 - PLAN TERMINATION**

Although management has not expressed any intent to do so, the Companies have the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

### **NOTE 6 - TAX STATUS**

The Plan adopted a volume submitter plan created by its administrator. The Internal Revenue Service has determined and informed the administrator by a letter dated March 31, 2008, that the volume submitter plan, as then designed, was in compliance with the applicable sections of the Internal Revenue Code (IRC). The administrator and the Company believe that the Plan is designed and currently being operated in compliance with the applicable IRC requirements. Therefore, the Company believes that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

#### **NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS**

Fidelity Management Trust Company ("FMTC") acts as custodian and trustee for certain investments of the Plan. Therefore, transactions with FMTC qualify as party-in-interest transactions.

#### **NOTE 8 - 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 amount reported in the statement of net assets available for benefits.

#### **NOTE 9 - SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through September 14, 2010, the date which the financial statements were available to be issued.

## SUPPLEMENTAL SCHEDULE

**MEDICAL CONSULTANTS NETWORK, INC.**  
**EMPLOYEES' RETIREMENT PLAN**

EIN: 91-1215330

PLAN NO.: 001

**SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**AS OF DECEMBER 31, 2009**

(See Independent Auditor's Report)

(a)	(b) Identity of issue, borrower, lessor or other similar party	(c) Description of investment	(d) Cost	(e) Current value
*	Fidelity Money Market	Money market fund	**	\$536,934
	ABF Large Cap Value Fund	Mutual fund	**	452,792
	Templeton World Fund	Mutual fund	**	260,521
*	Fidelity Contrafund	Mutual fund	**	225,080
*	Fidelity Investment Grade Bond Fund	Mutual fund	**	119,032
*	Fidelity Value Fund	Mutual fund	**	128,897
*	Fidelity Balanced Fund	Mutual fund	**	214,404
*	Fidelity International Discovery Fund	Mutual fund	**	249,606
*	Fidelity Disciplined Equity Fund	Mutual fund	**	191,846
*	Fidelity Export & Multinational Fund	Mutual fund	**	80,440
*	Fidelity Freedom Income Fund	Mutual fund	**	2,068
*	Fidelity Freedom 2000 Fund	Mutual fund	**	2,803
*	Fidelity Freedom 2015 Fund	Mutual fund	**	9,505
*	Fidelity Freedom 2020 Fund	Mutual fund	**	26,680
*	Fidelity Freedom 2035 Fund	Mutual fund	**	1,467
*	Fidelity Freedom 2045 Fund	Mutual fund	**	449
*	Fidelity Small Cap Retirement Fund	Mutual fund	**	197,925
	Artisan Mid Cap Value Fund	Mutual fund	**	212,384
	PIMCO Total Return Fund	Mutual fund	**	405,122
*	Spartan Total Market Index Fund	Mutual fund	**	65,952
*	Spartan International Index Fund	Mutual fund	**	24,447
*	Spartan US Equity Index Fund	Mutual fund	**	95,204
		Loans to participants with interest rates ranging from		
*	Participant Loans	6.75% - 9.5%	\$0	48,238
	Total			<u>\$3,551,796</u>

\* Denotes party-in-interest

\*\* Cost data not required for participant directed assets

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

SMITH BUNDAY BERMAN BRITTON, P.S.

**MEDICAL CONSULTANTS NETWORK, INC.  
EMPLOYEES' RETIREMENT PLAN**

**FINANCIAL STATEMENTS WITH  
SUPPLEMENTAL SCHEDULE AND  
INDEPENDENT AUDITOR'S REPORT**

**DECEMBER 31, 2009 AND 2008**

September 14, 2010

To the Administrator

Medical Consultants Network, Inc. Employees' Retirement Plan

**Independent Auditors' Report**

We were engaged to audit the accompanying statements of net assets available for plan benefits of Medical Consultants Network, Inc. Employees' Retirement Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for plan benefits and the supplemental schedule of assets (held at end of year) as of December 31, 2009. 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 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedule of assets held (at end of year.) We have been informed by the plan administrator that the trustee holds the Plan's investments and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 and for the year ended December, 31 2009, 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 of assets (held at end of year) that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplemental schedule of assets (held at end of year) 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.

*Smith Bunday Berman Britton, P.S.*

**MEDICAL CONSULTANTS NETWORK, INC.**  
**EMPLOYEES' RETIREMENT PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**  
**DECEMBER 31, 2009 AND 2008**  
(See Independent Auditor's Report)

	December 31,	
	<u>2009</u>	<u>2008</u>
<i><b>Assets</b></i>		
Investments, at fair value:		
Mutual funds	\$2,966,624	\$2,095,180
Interest-bearing cash	536,934	578,698
Participant loans	<u>48,238</u>	<u>25,511</u>
Total Investments	<u>3,551,796</u>	<u>2,699,389</u>
<i><b>Net Assets Available For Plan Benefits</b></i>	<u><u>\$3,551,796</u></u>	<u><u>\$2,699,389</u></u>

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



**MEDICAL CONSULTANTS NETWORK, INC.**  
**EMPLOYEES' RETIREMENT PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS**  
**YEAR ENDED DECEMBER 31, 2009**  
(See Independent Auditor's Report)

Additions to net assets attributable to:	
Employer contributions	\$74,813
Employee contributions	280,444
	<hr/>
Total contributions	355,257
Net appreciation in fair value of investments	662,382
Investment income - interest	6,556
	<hr/>
Total additions	1,024,195
	<hr/>
Deductions from net assets:	
Benefits paid to participants	(151,945)
Administrative expenses	(19,843)
	<hr/>
Total deductions	(171,788)
	<hr/>
Increase in net assets available for plan benefits	852,407
Net assets available for plan benefits at beginning of year	2,699,389
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Net assets available for plan benefits at end of year	\$3,551,796
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The accompanying notes are an integral part of these financial statements.

**MEDICAL CONSULTANTS NETWORK, INC.  
EMPLOYEES' RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 1 - PLAN DESCRIPTION**

The following description of the Medical Consultants Network, Inc. Employees' 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 full-time employees of a controlled group of companies comprised of Medical Consultants Network, Inc., YCA Case Management, Inc., MCN Quad Health Services, Inc. and Brian L. Grant MD Inc. PS. (hereinafter collectively referred to as "the Companies"). Employees of the Companies become eligible to participate in the salary deferral portion of the Plan upon completion of three months of service and attainment of age twenty-one. Participation in the matching contributions and discretionary profit sharing contributions commences after one year of service, as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

***Contributions -***

Employees participating in the salary reduction feature may contribute up to the lesser of 100% of their compensation or the statutory limits prescribed by the Internal Revenue Code. The Companies make a matching contribution equal to 50% of the employee deferral limited to the first 6% of eligible compensation. The matching contribution is funded with each pay period.

The Companies may also make discretionary profit sharing and Qualified Non-Elective contributions to the Plan, as determined annually by the employer. This contribution is allocated based on each eligible employee's compensation to the total for all eligible employees. The Plan requires that in order to be eligible to receive a discretionary contribution, the participant must be employed by the Companies on the last day of the Plan year. No discretionary contributions were authorized for the 2009 and 2008 plan years.

***Participant accounts -***

Participant contributions to the Plan are voluntary. Each participant's account is credited with the participant's contribution and allocations of (a) the Companies' contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. Plan participants are allowed to direct the salary deferral, employer matching, and employer discretionary contributions to one or a combination of mutual fund investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

## **Note 1 - continued**

### ***Vesting -***

Participants are immediately vested in their salary reduction contributions plus actual earnings thereon. For employer matching and discretionary contributions, participants gain a vested interest based upon years of service as follows:

<i>Years of Credited Service</i>	<i>Vested Percentage</i>
Less than 2 years	None
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 or more years	100%

If a participant terminates from employment due to retirement, disability, or death, the participant becomes 100% vested.

### ***Participant loans -***

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 6.75% to 9.5%, which are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest are paid ratably through payroll deductions.

### ***Distributions -***

On termination of service, a participant with a vested account balance in excess of \$5,000 may elect to keep their funds in the Plan until age 70 ½ or receive the balance of his or her account in a lump sum. Terminated participants with an account balance greater than \$1,000 and up to \$5,000 may elect to receive their account in a lump sum or the account will be distributed directly to an Individual Retirement Account for the benefit of the participant. Terminated participants with account balances of \$1,000 or less will receive a lump sum distribution automatically. The Plan also includes hardship withdrawal provisions.

### ***Forfeited accounts -***

At December 31, 2009 and 2008, forfeited nonvested accounts totaled \$24,850 and \$29,536, respectively. These accounts will be used first to reduce administrative expenses of the Plan and then be used to reduce future employer contributions. In 2009 and 2008, \$7,685 and \$7,795, respectively, of forfeited nonvested accounts were utilized to offset administrative expenses.

## NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

### *Use of estimates -*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and disclosure of contingent amounts at the date of the financial statements. Actual results may differ.

### *Basis of accounting -*

The financial statements of the Plan have been prepared on the accrual method of accounting.

### *Investment valuation and income recognition -*

The Plan's investments are stated at fair market value. Quoted market prices in active markets are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end. Loans to participants are reported at face value, which approximates fair value.

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

### *Benefits to participants -*

Benefits paid to participants are recognized when paid. At December 31, 2009 and 2008, there were no amounts allocated to accounts of participants who have elected to withdraw from the Plan but have not yet been paid.

### *Fair value of investments -*

Fair value is a market-based measurement, determined based on assumptions that market participants would use in pricing an asset or liability. Under generally accepted accounting principles, there are three-levels, which prioritize the inputs used in measuring fair value as follows:

- Level 1: Observable market inputs such as quoted prices (unadjusted) in active markets for identical assets or liabilities;
- Level 2: Observable market inputs, other than the quoted prices in active markets, that are observable either directly or indirectly; and
- Level 3: Unobservable inputs where there is little or no market data, which require the reporting entity to develop its own assumptions.

The inputs or methodology used for valuing investments is not necessarily an indication of the risk associated with investing in those securities.

## Note 2 - continued

As of December 31, 2009 and 2008, the fair value of mutual funds and money market fund was determined using Level 1 inputs. Because the participant loans are not actively traded and significant other observable inputs are not available, the fair value of participant loans was determined using Level 3 inputs. There were no realized or unrealized gains or losses associated with the participant loans in 2009 or 2008.

The following tables set forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2009 and 2008:

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$536,934			\$536,934
Mutual Funds:				
Domestic Equities	1,650,520			1,650,520
International/Global Equity	534,574			534,574
Bond	524,154			524,154
Balanced/Hybrid	214,404			214,404
Target Retirement Date Funds	42,972			42,972
Participant Loans			\$48,238	48,238
Total Assets at Fair Value	<u>\$3,503,558</u>	<u></u>	<u>\$48,238</u>	<u>\$3,551,796</u>

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$578,698			\$578,698
Mutual Funds:				
Domestic Equities	1,147,810			1,147,810
International/Global Equity	398,696			398,696
Bond	321,099			321,099
Balanced/Hybrid	167,219			167,219
Target Retirement Date Funds	60,356			60,356
Participant Loans			\$25,511	25,511
Total Assets at Fair Value	<u>\$2,673,878</u>	<u></u>	<u>\$25,511</u>	<u>\$2,699,389</u>

## NOTE 3 - REGULATORY COMPLIANCE

The Plan's management elected the method of compliance permitted by Section 2520.103-8 for the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Under this provision of ERISA, certain information certified by a qualified trustee or custodian need not be subject to independent audit.

### **Note 3 - continued**

The Plan trustee is Fidelity Management Trust Company. The Plan's management has obtained certification from the trustee that the following information included in the Plan's financial statements and supplemental schedule is complete and accurate:

1. Fair value of investments as of December 31, 2009 and 2008,
2. Investment income earned for the year ended December 31, 2009,
3. Investment transactions for the year ended December 31, 2009.

### **NOTE 4 - INVESTMENTS**

The following table presents the fair values of investments that represent 5% or more of total plan assets at December 31 (see Note 3 – not subject to audit procedures):

	2009	2008
Artisan Mid Cap Value Fund	\$212,384	\$170,638
PIMCO Total Return Fund	405,122	297,697
ABF Large Cap Value Fund	452,792	298,659
Templeton World Fund	260,521	183,246
Fidelity Contrafund	225,080	169,264
Fidelity Balanced Fund	214,404	167,219
Fidelity International Discovery Fund	249,606	175,423
Fidelity Disciplined Equity Fund	191,846	189,588
Fidelity Small Cap Retirement Fund	197,925	*
Fidelity Money Market	536,934	578,698

\* Did not represent 5% or more of the Plan's net assets at December 31, 2008

### **NOTE 5 - PLAN TERMINATION**

Although management has not expressed any intent to do so, the Companies have the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

### **NOTE 6 - TAX STATUS**

The Plan adopted a volume submitter plan created by its administrator. The Internal Revenue Service has determined and informed the administrator by a letter dated March 31, 2008, that the volume submitter plan, as then designed, was in compliance with the applicable sections of the Internal Revenue Code (IRC). The administrator and the Company believe that the Plan is designed and currently being operated in compliance with the applicable IRC requirements. Therefore, the Company believes that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

#### **NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS**

Fidelity Management Trust Company ("FMTC") acts as custodian and trustee for certain investments of the Plan. Therefore, transactions with FMTC qualify as party-in-interest transactions.

#### **NOTE 8 - 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 amount reported in the statement of net assets available for benefits.

#### **NOTE 9 - SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through September 14, 2010, the date which the financial statements were available to be issued.

## SUPPLEMENTAL SCHEDULE



**MEDICAL CONSULTANTS NETWORK, INC.**  
**EMPLOYEES' RETIREMENT PLAN**

EIN: 91-1215330

PLAN NO.: 001

**SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**AS OF DECEMBER 31, 2009**

(See Independent Auditor's Report)

(a)	(b) Identity of issue, borrower, lessor or other similar party	(c) Description of investment	(d) Cost	(e) Current value
*	Fidelity Money Market	Money market fund	**	\$536,934
	ABF Large Cap Value Fund	Mutual fund	**	452,792
	Templeton World Fund	Mutual fund	**	260,521
*	Fidelity Contrafund	Mutual fund	**	225,080
*	Fidelity Investment Grade Bond Fund	Mutual fund	**	119,032
*	Fidelity Value Fund	Mutual fund	**	128,897
*	Fidelity Balanced Fund	Mutual fund	**	214,404
*	Fidelity International Discovery Fund	Mutual fund	**	249,606
*	Fidelity Disciplined Equity Fund	Mutual fund	**	191,846
*	Fidelity Export & Multinational Fund	Mutual fund	**	80,440
*	Fidelity Freedom Income Fund	Mutual fund	**	2,068
*	Fidelity Freedom 2000 Fund	Mutual fund	**	2,803
*	Fidelity Freedom 2015 Fund	Mutual fund	**	9,505
*	Fidelity Freedom 2020 Fund	Mutual fund	**	26,680
*	Fidelity Freedom 2035 Fund	Mutual fund	**	1,467
*	Fidelity Freedom 2045 Fund	Mutual fund	**	449
*	Fidelity Small Cap Retirement Fund	Mutual fund	**	197,925
	Artisan Mid Cap Value Fund	Mutual fund	**	212,384
	PIMCO Total Return Fund	Mutual fund	**	405,122
*	Spartan Total Market Index Fund	Mutual fund	**	65,952
*	Spartan International Index Fund	Mutual fund	**	24,447
*	Spartan US Equity Index Fund	Mutual fund	**	95,204
		Loans to participants with interest rates ranging from		
*	Participant Loans	6.75% - 9.5%	\$0	48,238
	Total			<u>\$3,551,796</u>

\* Denotes party-in-interest

\*\* Cost data not required for participant directed assets

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

SMITH BUNDAY BERMAN BRITTON, P.S.

**MEDICAL CONSULTANTS NETWORK, INC.  
EMPLOYEES' RETIREMENT PLAN**

**FINANCIAL STATEMENTS WITH  
SUPPLEMENTAL SCHEDULE AND  
INDEPENDENT AUDITOR'S REPORT**

**DECEMBER 31, 2009 AND 2008**

September 14, 2010

To the Administrator

Medical Consultants Network, Inc. Employees' Retirement Plan

**Independent Auditors' Report**

We were engaged to audit the accompanying statements of net assets available for plan benefits of Medical Consultants Network, Inc. Employees' Retirement Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for plan benefits and the supplemental schedule of assets (held at end of year) as of December 31, 2009. 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 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedule of assets held (at end of year.) We have been informed by the plan administrator that the trustee holds the Plan's investments and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 and for the year ended December, 31 2009, 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 of assets (held at end of year) that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplemental schedule of assets (held at end of year) 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.

*Smith Bunday Berman Britton, P.S.*

**MEDICAL CONSULTANTS NETWORK, INC.**  
**EMPLOYEES' RETIREMENT PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**  
**DECEMBER 31, 2009 AND 2008**  
(See Independent Auditor's Report)

	December 31,	
	2009	2008
<i>Assets</i>		
Investments, at fair value:		
Mutual funds	\$2,966,624	\$2,095,180
Interest-bearing cash	536,934	578,698
Participant loans	48,238	25,511
Total Investments	3,551,796	2,699,389
<i>Net Assets Available For Plan Benefits</i>	<u>\$3,551,796</u>	<u>\$2,699,389</u>

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

**MEDICAL CONSULTANTS NETWORK, INC.**  
**EMPLOYEES' RETIREMENT PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS**  
**YEAR ENDED DECEMBER 31, 2009**  
(See Independent Auditor's Report)

Additions to net assets attributable to:	
Employer contributions	\$74,813
Employee contributions	280,444
	<hr/>
Total contributions	355,257
Net appreciation in fair value of investments	662,382
Investment income - interest	6,556
	<hr/>
Total additions	1,024,195
	<hr/>
Deductions from net assets:	
Benefits paid to participants	(151,945)
Administrative expenses	(19,843)
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Total deductions	(171,788)
	<hr/>
Increase in net assets available for plan benefits	852,407
Net assets available for plan benefits at beginning of year	2,699,389
	<hr/>
Net assets available for plan benefits at end of year	\$3,551,796
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The accompanying notes are an integral part of these financial statements.

**MEDICAL CONSULTANTS NETWORK, INC.  
EMPLOYEES' RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 1 - PLAN DESCRIPTION**

The following description of the Medical Consultants Network, Inc. Employees' 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 full-time employees of a controlled group of companies comprised of Medical Consultants Network, Inc., YCA Case Management, Inc., MCN Quad Health Services, Inc. and Brian L. Grant MD Inc. PS. (hereinafter collectively referred to as "the Companies"). Employees of the Companies become eligible to participate in the salary deferral portion of the Plan upon completion of three months of service and attainment of age twenty-one. Participation in the matching contributions and discretionary profit sharing contributions commences after one year of service, as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

***Contributions -***

Employees participating in the salary reduction feature may contribute up to the lesser of 100% of their compensation or the statutory limits prescribed by the Internal Revenue Code. The Companies make a matching contribution equal to 50% of the employee deferral limited to the first 6% of eligible compensation. The matching contribution is funded with each pay period.

The Companies may also make discretionary profit sharing and Qualified Non-Elective contributions to the Plan, as determined annually by the employer. This contribution is allocated based on each eligible employee's compensation to the total for all eligible employees. The Plan requires that in order to be eligible to receive a discretionary contribution, the participant must be employed by the Companies on the last day of the Plan year. No discretionary contributions were authorized for the 2009 and 2008 plan years.

***Participant accounts -***

Participant contributions to the Plan are voluntary. Each participant's account is credited with the participant's contribution and allocations of (a) the Companies' contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. Plan participants are allowed to direct the salary deferral, employer matching, and employer discretionary contributions to one or a combination of mutual fund investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

## **Note 1 - continued**

### ***Vesting -***

Participants are immediately vested in their salary reduction contributions plus actual earnings thereon. For employer matching and discretionary contributions, participants gain a vested interest based upon years of service as follows:

<i>Years of Credited Service</i>	<i>Vested Percentage</i>
Less than 2 years	None
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 or more years	100%

If a participant terminates from employment due to retirement, disability, or death, the participant becomes 100% vested.

### ***Participant loans -***

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 6.75% to 9.5%, which are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest are paid ratably through payroll deductions.

### ***Distributions -***

On termination of service, a participant with a vested account balance in excess of \$5,000 may elect to keep their funds in the Plan until age 70 ½ or receive the balance of his or her account in a lump sum. Terminated participants with an account balance greater than \$1,000 and up to \$5,000 may elect to receive their account in a lump sum or the account will be distributed directly to an Individual Retirement Account for the benefit of the participant. Terminated participants with account balances of \$1,000 or less will receive a lump sum distribution automatically. The Plan also includes hardship withdrawal provisions.

### ***Forfeited accounts -***

At December 31, 2009 and 2008, forfeited nonvested accounts totaled \$24,850 and \$29,536, respectively. These accounts will be used first to reduce administrative expenses of the Plan and then be used to reduce future employer contributions. In 2009 and 2008, \$7,685 and \$7,795, respectively, of forfeited nonvested accounts were utilized to offset administrative expenses.

## NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

### *Use of estimates -*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and disclosure of contingent amounts at the date of the financial statements. Actual results may differ.

### *Basis of accounting -*

The financial statements of the Plan have been prepared on the accrual method of accounting.

### *Investment valuation and income recognition -*

The Plan's investments are stated at fair market value. Quoted market prices in active markets are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end. Loans to participants are reported at face value, which approximates fair value.

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

### *Benefits to participants -*

Benefits paid to participants are recognized when paid. At December 31, 2009 and 2008, there were no amounts allocated to accounts of participants who have elected to withdraw from the Plan but have not yet been paid.

### *Fair value of investments -*

Fair value is a market-based measurement, determined based on assumptions that market participants would use in pricing an asset or liability. Under generally accepted accounting principles, there are three-levels, which prioritize the inputs used in measuring fair value as follows:

- Level 1: Observable market inputs such as quoted prices (unadjusted) in active markets for identical assets or liabilities;
- Level 2: Observable market inputs, other than the quoted prices in active markets, that are observable either directly or indirectly; and
- Level 3: Unobservable inputs where there is little or no market data, which require the reporting entity to develop its own assumptions.

The inputs or methodology used for valuing investments is not necessarily an indication of the risk associated with investing in those securities.



## Note 2 - continued

As of December 31, 2009 and 2008, the fair value of mutual funds and money market fund was determined using Level 1 inputs. Because the participant loans are not actively traded and significant other observable inputs are not available, the fair value of participant loans was determined using Level 3 inputs. There were no realized or unrealized gains or losses associated with the participant loans in 2009 or 2008.

The following tables set forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2009 and 2008:

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$536,934			\$536,934
Mutual Funds:				
Domestic Equities	1,650,520			1,650,520
International/Global Equity	534,574			534,574
Bond	524,154			524,154
Balanced/Hybrid	214,404			214,404
Target Retirement Date Funds	42,972			42,972
Participant Loans			\$48,238	48,238
Total Assets at Fair Value	\$3,503,558		\$48,238	\$3,551,796

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$578,698			\$578,698
Mutual Funds:				
Domestic Equities	1,147,810			1,147,810
International/Global Equity	398,696			398,696
Bond	321,099			321,099
Balanced/Hybrid	167,219			167,219
Target Retirement Date Funds	60,356			60,356
Participant Loans			\$25,511	25,511
Total Assets at Fair Value	\$2,673,878		\$25,511	\$2,699,389

## NOTE 3 - REGULATORY COMPLIANCE

The Plan's management elected the method of compliance permitted by Section 2520.103-8 for the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Under this provision of ERISA, certain information certified by a qualified trustee or custodian need not be subject to independent audit.

### **Note 3 - continued**

The Plan trustee is Fidelity Management Trust Company. The Plan's management has obtained certification from the trustee that the following information included in the Plan's financial statements and supplemental schedule is complete and accurate:

1. Fair value of investments as of December 31, 2009 and 2008,
2. Investment income earned for the year ended December 31, 2009,
3. Investment transactions for the year ended December 31, 2009.

### **NOTE 4 - INVESTMENTS**

The following table presents the fair values of investments that represent 5% or more of total plan assets at December 31 (see Note 3 – not subject to audit procedures):

	2009	2008
Artisan Mid Cap Value Fund	\$212,384	\$170,638
PIMCO Total Return Fund	405,122	297,697
ABF Large Cap Value Fund	452,792	298,659
Templeton World Fund	260,521	183,246
Fidelity Contrafund	225,080	169,264
Fidelity Balanced Fund	214,404	167,219
Fidelity International Discovery Fund	249,606	175,423
Fidelity Disciplined Equity Fund	191,846	189,588
Fidelity Small Cap Retirement Fund	197,925	*
Fidelity Money Market	536,934	578,698

\* Did not represent 5% or more of the Plan's net assets at December 31, 2008

### **NOTE 5 - PLAN TERMINATION**

Although management has not expressed any intent to do so, the Companies have the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

### **NOTE 6 - TAX STATUS**

The Plan adopted a volume submitter plan created by its administrator. The Internal Revenue Service has determined and informed the administrator by a letter dated March 31, 2008, that the volume submitter plan, as then designed, was in compliance with the applicable sections of the Internal Revenue Code (IRC). The administrator and the Company believe that the Plan is designed and currently being operated in compliance with the applicable IRC requirements. Therefore, the Company believes that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

#### **NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS**

Fidelity Management Trust Company ("FMTC") acts as custodian and trustee for certain investments of the Plan. Therefore, transactions with FMTC qualify as party-in-interest transactions.

#### **NOTE 8 - 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 amount reported in the statement of net assets available for benefits.

#### **NOTE 9 - SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through September 14, 2010, the date which the financial statements were available to be issued.

## SUPPLEMENTAL SCHEDULE

**MEDICAL CONSULTANTS NETWORK, INC.**  
**EMPLOYEES' RETIREMENT PLAN**

EIN: 91-1215330

PLAN NO.: 001

**SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**AS OF DECEMBER 31, 2009**

(See Independent Auditor's Report)

(a)	(b) Identity of issue, borrower, lessor or other similar party	(c) Description of investment	(d) Cost	(e) Current value
*	Fidelity Money Market	Money market fund	**	\$536,934
	ABF Large Cap Value Fund	Mutual fund	**	452,792
	Templeton World Fund	Mutual fund	**	260,521
*	Fidelity Contrafund	Mutual fund	**	225,080
*	Fidelity Investment Grade Bond Fund	Mutual fund	**	119,032
*	Fidelity Value Fund	Mutual fund	**	128,897
*	Fidelity Balanced Fund	Mutual fund	**	214,404
*	Fidelity International Discovery Fund	Mutual fund	**	249,606
*	Fidelity Disciplined Equity Fund	Mutual fund	**	191,846
*	Fidelity Export & Multinational Fund	Mutual fund	**	80,440
*	Fidelity Freedom Income Fund	Mutual fund	**	2,068
*	Fidelity Freedom 2000 Fund	Mutual fund	**	2,803
*	Fidelity Freedom 2015 Fund	Mutual fund	**	9,505
*	Fidelity Freedom 2020 Fund	Mutual fund	**	26,680
*	Fidelity Freedom 2035 Fund	Mutual fund	**	1,467
*	Fidelity Freedom 2045 Fund	Mutual fund	**	449
*	Fidelity Small Cap Retirement Fund	Mutual fund	**	197,925
	Artisan Mid Cap Value Fund	Mutual fund	**	212,384
	PIMCO Total Return Fund	Mutual fund	**	405,122
*	Spartan Total Market Index Fund	Mutual fund	**	65,952
*	Spartan International Index Fund	Mutual fund	**	24,447
*	Spartan US Equity Index Fund	Mutual fund	**	95,204
		Loans to participants with interest rates ranging from		
*	Participant Loans	6.75% - 9.5%	\$0	48,238
	Total			<u>\$3,551,796</u>

\* Denotes party-in-interest

\*\* Cost data not required for participant directed assets

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