

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

Part II	Basic Plan Information —enter all requested information
1a Name of plan HIGHLINE MEDICAL GROUP 401K INVESTMENT AND SAVINGS	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1992
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) HIGHLINE MEDICAL GROUP 16251 SYLVESTER RD. SW BURIEN, WA 98166-3066	2b Employer Identification Number (EIN) 91-1407026 2c Sponsor's telephone number 206-439-4885 2d Business code (see instructions) 621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	SHERRY COCHRAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") HIGHLINE MEDICAL GROUP 16251 SYLVESTER RD. SW BURIEN, WA 98166-3066	3b Administrator's EIN 91-1407026 3c Administrator's telephone number 206-439-4885
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	410
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	217
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	123
d Subtotal. Add lines 6a , 6b , and 6c	6d	340
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	340
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	395
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan HIGHLINE MEDICAL GROUP 401K INVESTMENT AND SAVINGS	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. HIGHLINE MEDICAL GROUP		
D Employer Identification Number (EIN) 91-1407026		

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

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	54565	141	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
362	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
COOK, WILLIAM B 2929 ALLEN PARKWAY HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
235			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WILDES, JUDITH 2929 ALLEN PARKWAY HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
73			3

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

MARIA, MICHAEL A

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
34			3

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

PANDIANI, WILLIAM R

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20			3

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	162326
5 Current value of plan's interest under this contract in separate accounts at year end	5	789256

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	147566
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	4750	
(4) Transferred from separate account	7c(4)	21285	
(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	26035
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d Total of balance and additions (add b and c(6))	7d	173601
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	11255	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)	20	

▶ **CONTRACT SURRENDER CHARGES**

(5) Total deductions	7e(5)	11275
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f Balance at the end of the current year (subtract e(5) from d)	7f	162326
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	
Specify nature of costs ▶		

Part IV Provision of Information

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

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

<div><div>SCHEDULE A</div><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>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan HIGHLINE MEDICAL GROUP 401K INVESTMENT AND SAVINGS	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. HIGHLINE MEDICAL GROUP	D Employer Identification Number (EIN) 91-1407026	

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

(a) Name of insurance carrier LINCOLN NATIONAL LIFE INSURANCE CO.
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	PS44965	20	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	45477
5 Current value of plan's interest under this contract in separate accounts at year end	5	167343

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	51859
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	1758	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	1758
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d Total of balance and additions (add b and c(6)).	7d	53617
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	7086	
(2) Administration charge made by carrier	7e(2)	212	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	9944	

▶ CORRECTIONS/ADJUSTMENTS

(5) Total deductions	7e(5)	17242
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f Balance at the end of the current year (subtract e(5) from d)	7f	36375
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	
Specify nature of costs ▶		

Part IV Provision of Information

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

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

<div><div>SCHEDULE A</div><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>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
<div>A Name of plan</div> <div>HIGHLINE MEDICAL GROUP 401K INVESTMENT AND SAVINGS</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div>	<div>001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500.</div> <div>HIGHLINE MEDICAL GROUP</div>	<div>D Employer Identification Number (EIN)</div> <div>91-1407026</div>	

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

<div>(a) Name of insurance carrier</div> <div>VARIABLE ANNUITY LIFE INSURANCE CO.</div>

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	54565	376	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 3309094**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 1698534**c** Additions: (1) Contributions deposited during the year **7c(1)** 356304(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 88507(4) Transferred from separate account **7c(4)** 1385439(5) Other (specify below) **7c(5)** 0(6) Total additions **7c(6)** 1830250**d** Total of balance and additions (add **b** and **c(6)**). **7d** 3528784**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 182912(2) Administration charge made by carrier **7e(2)** 0(3) Transferred to separate account **7e(3)** 35680(4) Other (specify below) **7e(4)** 1098▶ **CONTRACT SURRENDER CHARGES**(5) Total deductions **7e(5)** 219690**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 3309094

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	
Specify nature of costs ▶		

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan HIGHLINE MEDICAL GROUP 401K INVESTMENT AND SAVINGS	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HIGHLINE MEDICAL GROUP	D Employer Identification Number (EIN) 91-1407026	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VARIABLE ANNUITY LIFE INSURANCE CO.
74-1625348

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
LINCOLN NATIONAL CORPORATION
35-1140070

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

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

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

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 66 28 52 19 29 33 49 59 64 72 99 60 63 37	NO RELATIONSHIP	502	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

VALIC RETIREMENT SERVICES COMPANY

51-0396365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 37 19 28 29 33 49 52 59 60 61 63 64 72 99	NO RELATIONSHIP	14666	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	675	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

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

A Name of plan <u>HIGHLINE MEDICAL GROUP 401K INVESTMENT AND SAVINGS</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HIGHLINE MEDICAL GROUP</u>	D Employer Identification Number (EIN) <u>91-1407026</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>16018</u>	<u>0</u>
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	<u>1078</u>	<u>0</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	<u>66834</u>	<u>115822</u>
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	<u>1066667</u>	<u>938940</u>
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	<u>8305291</u>	<u>9421780</u>
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	<u>1897959</u>	<u>3507795</u>
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11353847	13984337

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	49837	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	49837	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11304010	13984337
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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: (A) Employers	2a(1)(A)	564943	
(B) Participants	2a(1)(B)	933730	
(C) Others (including rollovers)	2a(1)(C)	171616	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1670289

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	4079	
(F) Other	2b(1)(F)	93258	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		97337

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2257688
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4025314

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1322089	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1322089
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		7391
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	15507	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		15507
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1344987

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2680327
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MOSS ADAMS LLP

(2) EIN: 91-0189318

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

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

A Name of plan <u>HIGHLINE MEDICAL GROUP 401K INVESTMENT AND SAVINGS</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HIGHLINE MEDICAL GROUP</u>	D Employer Identification Number (EIN) <u>91-1407026</u>

Part I	Distributions
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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
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>51-0396365</u> <u>35-0472300</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**HIGHLINE MEDICAL GROUP
401(k) INVESTMENT AND SAVINGS PLAN**

INDEPENDENT AUDITOR'S REPORT

AND FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

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INDEPENDENT AUDITOR'S REPORT

To the Trustees
Highline Medical Group 401(k) Investment and Savings Plan

We were engaged to audit the accompanying statement of net assets available for benefits of the Highline Medical Group 401(k) Investment and Savings Plan (the Plan) as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year then ended, and the supplemental Schedule H, Line 4i - 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. The financial statements of the Plan as of December 31, 2008, were audited by other auditors. 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 (ERISA), the Plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the custodians, Variable Annuity Life Insurance Company and Lincoln National Life Insurance Company. Their report dated October 12, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements, other than that derived from the information certified by the custodians, were presented in compliance with the Department of Labor's rules and Regulations for Reporting and Disclosure under ERISA.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Variable Annuity Life Insurance Company and Lincoln National Life Insurance Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedule. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from the custodians as of December 31, 2009, and for the year then ended that the information provided to the Plan administrator by the custodians is complete and accurate.

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

Moss Adams LLP

Everett, Washington
October 12, 2010

HIGHLINE MEDICAL GROUP 401(k) INVESTMENT AND SAVINGS PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2009	2008
ASSETS		
Investments, at fair value		
Mutual funds	\$ 9,421,780	\$ 8,305,291
Pooled separate accounts	938,940	1,066,667
Guaranteed interest accounts	3,507,795	2,032,533
Participant loans	115,822	44,542
	<hr/>	<hr/>
Total investments at fair value	13,984,337	11,449,033
Receivables		
Employee	7,686	-
Employer	6,409	16,018
Other	-	1,078
	<hr/>	<hr/>
Total receivables	14,095	17,096
	<hr/>	<hr/>
	13,998,432	11,466,129
LIABILITIES		
Plan payable	-	49,837
	<hr/>	<hr/>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 13,998,432</u></u>	<u><u>\$ 11,416,292</u></u>

**HIGHLINE MEDICAL GROUP 401(k) INVESTMENT AND SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2009**

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment income	
Net appreciation in fair value of investments	
Mutual funds	\$ 1,769,830
Pooled separate accounts	234,804
Guaranteed interest accounts	229,282
Interest	<u>4,650</u>
Total investment income	<u>2,238,566</u>
Contributions	
Employee	942,493
Rollover	171,616
Employer	<u>570,275</u>
Total contributions	<u>1,684,384</u>
Total additions	<u>3,922,950</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid to participants	1,325,288
Administrative expenses	<u>15,522</u>
Total deductions	<u>1,340,810</u>

INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS 2,582,140

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>11,416,292</u>
End of year	<u>\$ 13,998,432</u>

HIGHLINE MEDICAL GROUP 401(k) INVESTMENT AND SAVINGS PLAN NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of the Plan

The following description of the Highline Medical Group 401(k) Investment and Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more comprehensive description of the Plan's provisions.

General - The Plan is a defined contribution plan that was established effective January 1, 1992, for the benefit of employees of Highline Medical Group (Plan Sponsor). All employees are eligible to participate in the Plan immediately upon employment, with Plan entry dates restricted to the beginning of each quarter.

Contributions - Participants may contribute to the Plan through voluntary deferrals of pre-tax earned compensation. Participants may also contribute to the Plan through voluntary Roth deferrals of after-tax earned compensation. Eligible employees may contribute from 1% to 100% of their compensation to the Plan, not to exceed annual limitations prescribed by the Internal Revenue Service (IRS).

Participants are eligible for matching contributions after reaching the age of 18 and service of at least 1,000 hours in the first 12 consecutive months of employment. The Plan Sponsor makes matching contributions of an amount equal to 100% of each participant's contribution up to a maximum 6% of eligible compensation.

Participant accounts - Participant contributions to the Plan are voluntary. Participants are allowed to direct the investment of all contributions into various investment options that offer a diversity of investment risk and return. Each participant's account is credited or debited with the following: any contributions made to the account, increases or decreases in the market value of investments, any loans and loan repayments, and withdrawals from the account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Allocation provisions - Dividend income, interest income, and net realized and unrealized investment gain or loss of each fund is allocated to the accounts of each participant based on the participant's proportionate share of the various investment funds held in their investment account.

Vesting - Participants are immediately vested in their salary deferral contributions and all employer contributions, plus actual earnings thereon.

Distributions - Upon termination of service, death, disability, or retirement, a participant may elect to either receive a distribution of their vested account balance or roll their funds into another qualified account. The distribution may be in the form of a lump-sum payment, installment payments, or an annuity. The Plan also provides for hardship withdrawals in accordance with provisions specified in the Plan document.

HIGHLINE MEDICAL GROUP 401(k) INVESTMENT AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of the Plan (continued)

Participant loans - The Plan allows participants to borrow from their accounts using their employee deferral balance as collateral for the loans. The maximum amount that a participant may borrow is equal to the lesser of 50% of their entire vested account balance or \$50,000. The minimum amount required to be borrowed is \$1,000. Loan terms range from 1 to 5 years, unless the loan is used to acquire a principal residence, in which case the term is 10 years. The loans bear interest at a rate commensurate with local prevailing rates ranging from 3.00% to 8.25% at December 31, 2009, with maturities through 2013. Deemed distributions from loan foreclosures were \$15,738 during the year ended December 31, 2008.

Participant loans are valued at their outstanding balances, less allowances for loans under default, which approximate fair value. At December 31, 2009 and 2008, the Plan has recognized a valuation allowance of \$0 and \$22,292, respectively, for loans under default.

Administrative expenses - Several of the investment fund options are subject to investment and administrative fees based on a percentage of invested assets, as disclosed in the fund's prospectus. All such fees are charged directly against the fund's investment performance; thus, they are not separately disclosed in the accompanying financial statements. Participant loan accounts are assessed a separate fee for the administration of loans and repayments thereof, and such fees are separately disclosed in the financial statements. All other administrative expenses related to the Plan are paid by the Plan Sponsor.

Note 2 - Summary of Accounting Policies

Basis of accounting - The financial statements of the Plan are prepared under the accrual method of accounting.

Investments valuation and income recognition - The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 4).

Guaranteed interest accounts offer participants a guaranteed interest rate for a stated period. The rate credited is the rate in effect on the day when each deposit is directed to the guaranteed interest account. The crediting interest rate for the Variable Annuity Life Insurance Company's (VALIC) PD Fixed Account Plus Fund for the years ended December 31, 2009 and 2008, was approximately 2.95% and 3.06%, respectively. The crediting interest rates for VALIC's GFUA Fixed Interest Option for the years ended December 31, 2009 and 2008, was approximately 3.79% and 3.47%, respectively. The crediting interest rates for VALIC's PD Short-Term Fixed for the years ended December 31, 2009 and 2008, was approximately 3.00%. Certain assets held with Lincoln National Life Insurance Company (Lincoln) are subject to contracts that contain provisions for surrender charges in the event of withdrawal before contract expiry. All contracts have an expiration of 10 years from contract inception. For withdrawals that occur between contract inception and five years after contract inception, the surrender charge is calculated at 8% of the withdrawal of assets subject to the contract. For withdrawals that occur between 6 and 10 years after contract inception, the surrender charge is calculated at 4% of the withdrawal of assets subject to the contract. For contracts in existence as of December 31, 2009, the expiration dates range from 2010 to 2011.

HIGHLINE MEDICAL GROUP 401(k) INVESTMENT AND SAVINGS PLAN NOTES TO FINANCIAL STATEMENTS

Note 2 - Summary of Accounting Policies (continued)

Purchases and sales are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date.

Net appreciation (depreciation) of fair value of investments - Net appreciation (depreciation) in fair value of investments represents the change in fair value of assets from one period to the next and realized gains and losses on investments.

Payment of benefits - Benefits are recorded when paid.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Risks and uncertainties - The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for Plan benefits and the statement of changes in net assets available for plan benefits.

Subsequent events - Subsequent events are events or transactions that occur after the balance sheet date but before financial statements are issued. The Plan Sponsor recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the balance sheet, including the estimates inherent in the process of preparing the financial statements. The Plan Sponsor's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the balance sheet but arose after the balance sheet date and before the financial statements are available to be issued.

The Plan Sponsor has evaluated subsequent events through October 12, 2010, which is the date the financial statements are available to be issued.

Note 3 - Investments

Investments held by the Plan as of December 31, 2009 and 2008, are summarized in the following table. Investments that represent 5% or more of total Plan assets are separately identified.

	2009	2008
VALIC Fixed Interest Fund	\$ 3,309,094	\$ 1,834,469
VALIC Dreyfus S&P 500 Index	\$ 1,509,300	\$ 1,150,544
VALIC American Funds Balanced	\$ 976,367	\$ 885,418
VALIC American Funds Capital World Growth	\$ 829,746	\$ 686,665
VALIC Dreyfus International Stock Index	\$ 759,179	\$ -
VALIC Pioneer A	\$ -	\$ 774,604

HIGHLINE MEDICAL GROUP 401(k) INVESTMENT AND SAVINGS PLAN NOTES TO FINANCIAL STATEMENTS

Note 4 - Fair Value Measurements

The Plan classified its investments as of December 31, 2009 and 2008, based upon an established fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurement).

The three levels of the fair value hierarchy are as described below:

Basis of fair value measurement

- Level 1** Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
- Level 2** Quoted prices in markets that are not considered to be active or financial instruments without quoted market prices, but for which all significant inputs are observable, either directly or indirectly;
- Level 3** Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

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

Mutual funds - Valued at quoted market prices in active markets, which represent the net asset value (NAV) of shares held by the Plan at year-end. These investments are classified with level 1 of the valuation hierarchy.

Pooled separate accounts - Valued at their accumulation unit value rate (AUV). The pooled separate account is valued daily as the number of accumulation units held multiplied by the AUV. The AUV is determined daily based on the NAV of shares of the underlying fund, the fund's dividends, and the contract's separate account charges. These investments are classified within level 2 of the valuation hierarchy.

Guaranteed interest accounts - The Plan offers participants guaranteed interest accounts through VALIC and Lincoln that provide a guaranteed interest rate for a stated period. In accordance with generally accepted accounting principles, the investment in guaranteed interest accounts are stated at fair market value, which is determined based on contract value plus or minus an adjustment for the difference between current market interest rates and the actual interest rates on the accounts. Guaranteed interest accounts promise contract value for a benefit event (termination, death, disability, or retirement); however, there is a possible market value adjustment when funds are withdrawn prior to their maturity. At December 31, 2009, fair market value approximated contract value.

Participant loans - Valued at amortized cost, reduced by a valuation allowance for uncollectable accounts, which approximates fair value.

HIGHLINE MEDICAL GROUP 401(k) INVESTMENT AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4 - Fair Value Measurements (continued)

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value (levels 1, 2, and 3 are defined on the previous page):

Investment Assets at Fair Value as of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Core value funds	\$ 14,080	\$ 8,561	\$ -	\$ 22,641
Growth funds	93,124	167,473	-	260,597
Bond funds	1,006,067	2,948	-	1,009,015
International funds	1,876,135	15,682	-	1,891,817
Global strategy funds	-	88,096	-	88,096
Science and technology funds	208,847	64,666	-	273,513
Equity funds	2,519,063	412,814	-	2,931,877
Large cap funds	1,509,300	34,725	-	1,544,025
Mid cap funds	1,287,992	25,163	-	1,313,155
Small cap funds	724,422	14,795	-	739,217
Money market funds	75,662	-	-	75,662
Real estate funds	211,105	-	-	211,105
Guaranteed interest accounts	-	3,507,795	-	3,507,795
Participant loans	-	-	115,822	115,822
	<u>\$ 9,525,797</u>	<u>\$ 4,342,718</u>	<u>\$ 115,822</u>	<u>\$ 13,984,337</u>

Investment Assets at Fair Value as of December 31, 2008				
	Level 1	Level 2	Level 3	Total
Core value funds	\$ 9,315	\$ 7,059	\$ -	\$ 16,374
Growth funds	306,987	143,988	-	450,975
Bond funds	1,010,127	13,284	-	1,023,411
International funds	1,500,349	12,303	-	1,512,652
Global strategy funds	-	100,226	-	100,226
Science and technology funds	184,046	45,431	-	229,477
Equity funds	2,903,254	491,194	-	3,394,448
Large cap funds	1,150,544	29,829	-	1,180,373
Mid cap funds	639,403	31,074	-	670,477
Small cap funds	531,908	23,367	-	555,275
Money market funds	78,090	-	-	78,090
Real estate funds	160,180	-	-	160,180
Guaranteed interest accounts	-	2,032,533	-	2,032,533
Participant loans	-	-	44,542	44,542
	<u>\$ 8,474,203</u>	<u>\$ 2,930,288</u>	<u>\$ 44,542</u>	<u>\$ 11,449,033</u>

HIGHLINE MEDICAL GROUP 401(k) INVESTMENT AND SAVINGS PLAN NOTES TO FINANCIAL STATEMENTS

Note 4 - Fair Value Measurements (continued)

The following table discloses the summary of changes in the fair value of the Plan's level 3 investment assets:

	<u>Participant Loans</u>
Balance, beginning of year	\$ 44,542
Purchases, settlements, and dispositions	<u>71,280</u>
Balance, end of year	<u><u>\$ 115,822</u></u>

Note 5 - Information Certified by the Custodians

The Plan's management has elected the method of compliance permitted by Section 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Under this provision of ERISA, certain information certified by qualified asset custodians need not be subjected to independent audits. The Plan's management has obtained certifications from the custodians, VALIC and Lincoln, that the following information provided by the custodians and included in the Plan's financial statements and supplemental schedules is complete and accurate:

	<u>Investment Assets at Fair Value as of December 31,</u>		
	<u>VALIC (Certified)</u>	<u>Lincoln (Certified)</u>	<u>Total</u>
2009	\$ 13,771,518	\$ 212,819	\$ 13,984,337
2008	\$ 11,088,251	\$ 360,782	\$ 11,449,033

Investment and other income earned, including investment transactions, for the year ended December 31, 2009:

	<u>VALIC (Certified)</u>	<u>Lincoln (Certified)</u>	<u>Total</u>
	\$ 2,198,641	\$ 39,925	\$ 2,238,566

Note 6 - Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

HIGHLINE MEDICAL GROUP 401(k) INVESTMENT AND SAVINGS PLAN NOTES TO FINANCIAL STATEMENTS

Note 7 - Federal Income Taxes

The Plan obtained its most recent determination letter dated November 20, 2002, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable IRS requirements. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 8 - Parties-in-Interest

VALIC and Lincoln serve as the custodians and record keepers for the Plan. As a result, transactions involving these service providers qualify as party-in-interest transactions. Fees paid by the Plan for the year ended December 31, 2009, consisted of \$14,867 paid to VALIC and \$625 paid to Lincoln.

Note 9 - Reconciliation of Financial Statements to Form 5500

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

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per the financial statements	\$ 13,998,432	\$ 11,416,292
Add allowance for doubtful loans	-	22,294
Less contributions receivable	(14,095)	-
Less fair market value adjustment for guaranteed interest accounts	<u>-</u>	<u>(134,576)</u>
Net assets available for benefits per the Form 5500	<u>\$ 13,984,337</u>	<u>\$ 11,304,010</u>

The following is a reconciliation of increase in net assets available for Plan benefits per the financial statements to Form 5500 for the year ended December 31, 2009:

Increase in net assets available for Plan benefits per the financial statements	\$ 2,582,140
Add appreciation in fair market value of guaranteed interest accounts	134,576
Less contributions receivable	(14,095)
Less allowance for doubtful loans	<u>(22,294)</u>
Increase in net assets available for Plan benefits per the Form 5500	<u>\$ 2,680,327</u>

**SUPPLEMENTAL SCHEDULE REQUIRED BY
THE DEPARTMENT OF LABOR**

HIGHLINE MEDICAL GROUP 401(k) INVESTMENT AND SAVINGS PLAN
EIN #91-1407026, PLAN NUMBER 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	(d)** COST	(e) CURRENT VALUE
Mutual funds				
	American Century Investments	AMCENT EQUITY INCOME INV	**	\$ 68,034
	American Century Investments	AMCENT GOVT BD INV	**	244,302
	American Century Investments	AMCENT REAL ESTATE INV	**	211,105
	American Century Investments	AMCENT STRAT ALC:AGG INV	**	2,459
	American Century Investments	AMCENT STRAT ALC:CON INV	**	263
	American Century Investments	AMCENT STRAT ALC:MOD INV	**	30,582
	American Century Investments	AMER FUNDS AMCAP R4	**	273,361
	American Century Investments	AMER FUNDS AMER BAL R4	**	976,367
	American Century Investments	AMER FUNDS AMER MUT R4	**	58,903
	American Century Investments	AMER FUNDS CAPWRLDGL R4	**	829,746
	American Century Investments	AMER FUNDS EUROPAC R4	**	269,083
	American Century Investments	AMERCENT CP PRES MM INV	**	47,518
	American Beacon	AMERICAN BEACON SM CAP VAL INV	**	455,252
	BlackRock	BLACKROCK HEALTHCRE INC A	**	44,376
	Davis Investments	DAVIS NY VENTURE A	**	218,782
	Dreyfus Investments	DREYFUS BOND MKT IDX INV	**	299,636
	Dreyfus Investments	DREYFUS INTL STOCK INDEX	**	759,179
	Dreyfus Investments	DREYFUS MIDCAP INDEX	**	513,392
	Dreyfus Investments	DREYFUS S&P 500 INDEX	**	1,509,300
	Dreyfus Investments	DREYFUS SM CAP STK INDX	**	164,083
	Dreyfus Investments	DREYFUS TECH GR A	**	164,471
	Evergreen Investments	EVERGREEN GOLDEN CORE OPPOR A	**	14,680
	Franklin Templeton Investments	FRANKLIN FLEX CAP GR A	**	26,770
	Franklin Templeton Investments	FRANKLIN GROWTH A	**	66,354
	JP Morgan	JP MORGAN DIVER MID CAP GR SEL	**	483,129
	JP Morgan	JP MORGAN MID CAP VAL SE	**	291,472
	JP Morgan	JP MORGAN SM CAP EQ SEL	**	105,087
	Oppenheimer Funds	OPPENHEIMER EQUITY A	**	25,127
	PIMCO	PIMCO HIGH-YIELD A	**	120,642
	PIMCO	PIMCO TOTAL RET A	**	330,742
	Pioneer Investments	PIONEER A	**	541,582
	The Royce Funds	ROYCE LOW-PRICED STOCK	**	279,000

HIGHLINE MEDICAL GROUP 401(k) INVESTMENT AND SAVINGS PLAN
EIN #91-1407026, PLAN NUMBER 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	(d)** COST	(e) CURRENT VALUE
	Pooled separate accounts			
*	Variable Annuity Life Insurance Company	ARIEL APPRECIATION FUND	**	29,576
*	Variable Annuity Life Insurance Company	ARIEL FUND	**	13,703
*	Variable Annuity Life Insurance Company	ASSET ALLOCATION FUND	**	347
*	Variable Annuity Life Insurance Company	BLUE CHIP GROWTH FUND	**	1,297
*	Variable Annuity Life Insurance Company	CAPITAL APPRECIATION FUND	**	1,488
*	Variable Annuity Life Insurance Company	CORE EQUITY FUND	**	8,446
*	Variable Annuity Life Insurance Company	CORE VALUE	**	114
*	Variable Annuity Life Insurance Company	FOREIGN VALUE	**	1,225
*	Variable Annuity Life Insurance Company	GLOBAL EQUITY	**	8,072
*	Variable Annuity Life Insurance Company	GLOBAL REAL ESTATE FUND	**	2,979
*	Variable Annuity Life Insurance Company	GLOBAL SOCIAL AWARENESS FUND	**	33,019
*	Variable Annuity Life Insurance Company	GLOBAL STRATEGY	**	44,026
*	Variable Annuity Life Insurance Company	GROWTH & INCOME FUND	**	90
*	Variable Annuity Life Insurance Company	GROWTH FUND	**	120,622
*	Variable Annuity Life Insurance Company	HEALTH SCIENCES FUND	**	7,998
*	Variable Annuity Life Insurance Company	INTERNATIONAL EQUITIES FUND	**	5,296
*	Variable Annuity Life Insurance Company	INTERNATIONAL GROWTH I FUND	**	4,313
*	Variable Annuity Life Insurance Company	INTL SMALL CAP EQUITY	**	4,848
*	Variable Annuity Life Insurance Company	LARGE CAP CORE	**	427
*	Variable Annuity Life Insurance Company	LARGE CAP VALUE FUND	**	405
*	Variable Annuity Life Insurance Company	LARGE CAPITAL GROWTH	**	33,892
*	Variable Annuity Life Insurance Company	LOU HOLLAND GROWTH FUND	**	280
*	Variable Annuity Life Insurance Company	MID CAP GROWTH FUND	**	1,295
*	Variable Annuity Life Insurance Company	MID CAP INDEX FUND	**	16,436
*	Variable Annuity Life Insurance Company	MID CAP STRATEGIC GWTH	**	3,834
*	Variable Annuity Life Insurance Company	MONEY MARKET I FUND	**	41,638
*	Variable Annuity Life Insurance Company	NASDAQ-100(R) INDEX FUND	**	16,050
*	Variable Annuity Life Insurance Company	SCIENCE & TECHNOLOGY FUND	**	56,668
*	Variable Annuity Life Insurance Company	SM CAP AGGRESSIVE GWTH	**	1,772
*	Variable Annuity Life Insurance Company	SMALL CAP FUND	**	2,988
*	Variable Annuity Life Insurance Company	SMALL CAP INDEX FUND	**	7,086
*	Variable Annuity Life Insurance Company	SMALL CAP SPECIAL VALUE FUND	**	210
*	Variable Annuity Life Insurance Company	SMALL CAP VALUE FUND	**	2,507
*	Variable Annuity Life Insurance Company	SMALL MID GROWTH FUND	**	233
*	Variable Annuity Life Insurance Company	SOCIALLY RESPONSIBLE FUND	**	8,203
*	Variable Annuity Life Insurance Company	STOCK INDEX FUND	**	161,594
*	Variable Annuity Life Insurance Company	STRATEGIC BOND FUND	**	2,945
*	Variable Annuity Life Insurance Company	VANGUARD LIFESTRATEGY CONSER	**	2,415

HIGHLINE MEDICAL GROUP 401(k) INVESTMENT AND SAVINGS PLAN
EIN #91-1407026, PLAN NUMBER 001
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DECEMBER 31, 2009

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Pooled separate accounts (continued)				
*	Variable Annuity Life Insurance Company	VANGUARD LONG-TERM TREASURY	**	4,291
*	Variable Annuity Life Insurance Company	VANGUARD LT INV-GRADE FUND	**	1,039
*	Variable Annuity Life Insurance Company	VANGUARD WELLINGTON FUND, INC.	**	67,664
*	Variable Annuity Life Insurance Company	VANGUARD WINDSOR II	**	50,864
*	Lincoln National Life Insurance Company	VIP VALUE FUND	**	340
*	Lincoln National Life Insurance Company	EQUITY 500 INDEX FUND	**	84
*	Lincoln National Life Insurance Company	FOUNDATION AGGRESSIVE	**	10,138
		ALLOCATION FUND		
		FOUNDATION CONSERVATIVE		
*	Lincoln National Life Insurance Company	ALLOCATION FUND	**	8,742
*	Lincoln National Life Insurance Company	BOND FUND	**	10,746
*	Lincoln National Life Insurance Company	GROWTH & INCOME FUND	**	45,184
*	Lincoln National Life Insurance Company	SOCIAL AWARENESS FUND	**	36,192
*	Lincoln National Life Insurance Company	JANUS CAPITAL APPRECIATION FUND	**	168
*	Lincoln National Life Insurance Company	MONDRIAN INTERNATIONAL FUND	**	18,127
*	Lincoln National Life Insurance Company	MONEY MARKET FUND	**	34,024
Guaranteed interest accounts				
*	Variable Annuity Life Insurance Company	Fixed Account Plus Fund	**	111,010
*	Variable Annuity Life Insurance Company	Short-Term Fixed Account	**	51,316
*	Variable Annuity Life Insurance Company	VALIC Fixed-Interest Fund	**	3,309,094
*	Lincoln National Life Insurance Company	Fixed Account	**	36,376
Loans to participants		Rates from 3.00% to 8.25%	0	115,822
				<u>\$ 13,984,337</u>

* Party-in-interest as defined by ERISA.

** Historical cost information omitted with respect to assets held for investment purposes on participant-directed individual account balances.

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	Loans to participants			
		Rates from 3.00% to 8.25%	0	115,822
				<u>\$ 13,984,337</u>

* Party-in-interest as defined by ERISA.

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