Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
INDEPENDENT OPTIONS, INC. PROFIT SHARING 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1990

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

P. O. BOX 2197
CORONA, CA 92878-2197

2b Employer Identification Number (EIN) 33-0048519

2c Sponsor's telephone number 951-279-2585

2d Business code (see instructions) 621399

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.	04/13/2011	P. DENNIS MATTSON, PH.D.
	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")
INDEPENDENT OPTIONS, INC.

P. O. BOX 2197
CORONA, CA 92878-2197

3b Administrator's EIN
33-0048519

3c Administrator's telephone number
951-279-2585

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

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	549
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**	347
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	95
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	446
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	446
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	208
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
INDEPENDENT OPTIONS, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
INDEPENDENT OPTIONS, INC.

D Employer Identification Number (EIN)
33-0048519

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK 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
01-0233346	65838	64361	245	07/01/2009	06/30/2010

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
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

(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	

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

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

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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	1882565

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	87055
c	Additions: (1) Contributions deposited during the year	7c(1)	8187		
	(2) Dividends and credits	7c(2)	2288		
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	10475
d	Total of balance and additions (add **b** and **c(6)**)			7d	97530
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	28930		
	(2) Administration charge made by carrier	7e(2)	321		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ CASH ACCOUNT AS UNVESTED MONEY	7e(4)	131		
	(5) Total deductions			7e(5)	29382
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	68148

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

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
INDEPENDENT OPTIONS, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INDEPENDENT OPTIONS, INC.

D Employer Identification Number (EIN)
33-0048519

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

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

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

JOHN HANCOCK USA

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 67	NONE	4	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 07/01/2009 and ending 06/30/2010

A Name of plan
INDEPENDENT OPTIONS, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INDEPENDENT OPTIONS, INC.

D Employer Identification Number (EIN)
33-0048519

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	394	10673
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1882565	2081538
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	87055	68501
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	1970014	2160712
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1970014	2160712

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	117105	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		117105
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)		
(F) Other	2b(1)(F)	2288	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2288
(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)		231586
c Other income	2c		2162
d Total income. Add all **income** amounts in column (b) and enter total	2d		353141
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	147689	
(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)		147689
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	5800	
(2) Contract administrator fees	2i(2)	8954	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		14754
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		162443
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		190698
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) [X] 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 [X] No

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

(1) Name: R. EDWARD BERANEK ACCOUNTANCY CORP (2) EIN: 95-4643760

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		250000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
INDEPENDENT OPTIONS, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INDEPENDENT OPTIONS, INC.

D Employer Identification Number (EIN)
33-0048519

Part I Distributions

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

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

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): 01-0233346 33-6162635

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

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

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

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

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

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

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

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

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

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

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

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

Independent Options, Inc.
Profit Sharing 401(k) Plan

Financial Statements and Schedules
with
Independent Auditors' Report
June 30, 2010 and 2009

INDEPENDENT OPTIONS, INC. PROFIT SHARING 401 (K) PLAN

Table of Contents

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BERANEK CHAN AND ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Trustees
Independent Options, Inc.
Profit Sharing 401(K) Plan

We were engaged to audit the accompanying financial statements of Independent Options, Inc. Profit Sharing 401(k) Plan (the Plan) as of June 30, 2010 and 2009 and for the year then ended June 30, 2010 and the supplemental schedule as of June 30, 2010 as listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified to us by John Hancock Insurance Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended June 30, 2010 and 2009 that the information provided to the Plan Administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the Trustee have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Sally Chan

April 6, 2011
Arcadia, California

Beranek Chan and Associates
Certified Public Accountants

INDEPENDENT OPTIONS, INC. PROFIT SHARING 401 (K) PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
June 30, 2010 and 2009

Assets

	2010	2009
Cash	$ 10,673	$ 394
Investment in mutual funds	2,081,538	1,882,565
Investment in insurance contracts	68,501	87,055
Total assets	2,160,712	1,970,014
Net assets avaliable for Plan benefits (note 1)	$ 2,160,712	$ 1,970,014

The accompanying notes are an integral part of these financial statements

INDEPENDENT OPTIONS, INC. PROFIT SHARING 401 (K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
Year Ended June 30, 2010

Additions to net assets attributable to:	
Cash contributions	
Participants' contributions	$ 117,105
Total contributions	117,105
Investment gain	
Dividends and interest	2,288
Net appreciation in fair market value of investments	231,586
Other	2,162
Total investment gain	236,036
Total additions	353,141
Deductions from net assets attributable to:	
Benefits paid to participants	147,689
Administrative expenses	14,754
Total deductions	162,443
Net increase	**190,698**
Net assets available for benefits	
Beginning of the year	1,970,014
End of the year	$ 2,160,712

The accompanying notes are an integral part of these financial statements

INDEPENDENT OPTIONS, INC. PROFIT SHARING 401 (K) PLAN

Notes to the Financial Statements
June 30, 2010 and 2009

1. DESCRIPTION OF THE PLAN

The following summary description of Independent Options, Inc. Profit Sharing 401(K) Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

General

The Plan is a defined contribution plan covering essentially all employees of Independent Options, Inc. (the Company) who have six months of service.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may contribute up to a maximum of 10% of pre-tax compensation, subject to a maximum annual contribution limit of $16,500 ($22,000 for employees age 50 or older).

Participant Accounts

Each participant's account is credited with the participant's contribution, allocation of the Company's contribution and account earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants immediately vest in their voluntary contributions. Vesting in the Company's contributions is based upon years of service as follows:

Years of Service	Vested Percentage
0 - 1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

1. DESCRIPTION OF THE PLAN (Continued)

Payment of Benefits

On termination of service, a vested participant may elect to receive either a lump sum distribution equal to the value of his or her account or annual installments over a period not exceeding the life expectancy of the participant or the joint life expectancy of the participant and their designated beneficiary.

Forfeited Accounts

Forfeited non-vested accounts are used to pay administrative expenses of the Plan. As at June 30, 2010 and 2009, $10,673 and $394, respectively, of forfeitures are available for paying administrative expenses. The Plan sponsor pays for plan expenses which exceed available cash balances of the Plan and not seek subsequent disbursement from the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for Plan benefits and the changes in those net assets.

Investments

Investments, consisting of pooled separate accounts and guaranteed investments, are stated at fair value based on quoted market prices. Net unrealized appreciation and depreciation resulting from revaluation of investments to fair value are reflected in the statements of changes in net assets available for Plan benefits.

Administration

Executive Benefits, Inc. is the administrator of the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

Investment securities are exposed to various risks such as interest rate, market and credit. The financial markets in recent months have had great volatility. Due to the level of uncertainty related to changes in the value of investment securities, it is reasonably possible that changes in the various factors, in the near term, could materially affect investment balances and the amounts reported in the financial statements. Additionally, many mutual funds invest in securities of foreign companies, which involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic development. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than similar types of securities of comparable U.S. companies.

3. FAIR VALUE MEASUREMENTS

Investments at June 30, 2010 are reported at fair value in the accompanying statement of net assets available for benefits.

Investments	Fair Value	Fair Value Measurements Using: Quoted Prices in Active Markets for Identical Assets (Level 1)
Mutual Funds	$ 2,160,712	$ 2,160,712
Total	$ 2,160,712	$ 2,160,712

3. FAIR VALUE MEASUREMENTS (continued)

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs are observable either directly or indirectly and Level 3 inputs are not observable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 or 3 inputs were applicable to the Plan.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended June 30, 2010 are reported in the net appreciation in fair value of investments.

4. INFORMATION CERTIFIED BY PLAN'S TRUSTEE

The Plan administrator has elected the method of compliance permitted by 29CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, John Hancock Insurance Company, the trustee of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of assets available for pension benefits as of June 30, 2010 and 2009 and the supplemental Schedule H, line 4i-Schedule of Assets held at End of Year as of June 30, 2010 assets.

The following table presents the investments held, all of which are participant directed, at June 30, 2010 and 2009:

Investments, at fair value	**2010**	**2009**
Mutual funds	$2,081,538	$1,882,565
Guaranteed investments	$68,501	87,055
	$2,150,039	$1,969,620

4. PLAN INVESTMENTS (continued)

The following table presents the investments that represent 5% or more of the Plan's net assets at June 30, 2010 and 2009:

	2010	2009
Mutual Funds		
Lifestyle - Conservative	$ 313,586	$ 281,591
Lifestyle - Balanced	295,371	249,537
Lifestyle - Growth	277,949	261,958
Lifestyle - Aggressive	99,556	-
Money Market	374,324	342,454

The net appreciation on the investments' fair value is:

Mutual funds	$ 231,586

5. INCOME TAX STATUS

The Internal Revenue Service has issued a determination letter that the Plan, as amended, constitutes a qualified plan under Section 401(a) of the Internal Revenue Code and that the Trust is exempt from Federal income taxes under the provisions of Section 501(a). The Plan Administrator believes that the Plan will continue to qualify under applicable provisions of the Internal Revenue Code and will thereby continue to be exempt from Federal income taxes.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to amend, modify, suspend or terminate the Plan at any time by the adoption or execution of appropriate resolutions, subject to the provisions of ERISA. In the event of Plan termination, each participant's interest automatically becomes fully vested to the extent of the balance in the participant's individual account.

7. PLAN AMENDMENT

There was no plan amendment during the year ended June 30, 2010.

8. SEPARATED PARTICIPANTS WITH VESTED BALANCES

Upon termination of employment from the Company, Plan participants are entitled to withdraw or roll over their vested amounts from the Plan. The vested portion of accounts of terminated employees held within the Plan at June 30, 2010 and 2009 amounted to $308,397 and $267,254, respectively.

9. RELATED PARTIES IN INTEREST

Related parties in interest include John Hancock Life Insurance Co. (the trustee), Executive Benefits, Inc. (plan administrator), and Independent Options, Inc. (the sponsor).

10. SUBSEQUENT EVENT

Subsequent to June 30, 2010 and for the six months ended December 31, 2010, the investments of the Plan increased in value by $328,043 or approximately 15% in connection with the recovery of the U.S. securities market during this period.

Independent Options, Inc. Profit Sharing 401(k) Plan
EIN: 33-0048519 - Plan No. 001
Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes
Plan Year Ended 6/30/2010

(a)	(b) Identity	(c) Description of assets/shares	(d) Cost	(e) Current Value
	Checking Account	Cash	226	$ 226
	John Hancock			
	Credit Available	Cash	10,447	10,447
	John Hancock Guaranteed Investments	Guaranteed Accounts	*	68,501
	500 Index Fund	Mutual Fund	*	42,808
	AIM Small Cap Growth	Mutual Fund	*	34,288
	American Balanced Fund	Mutual Fund	*	2,441
	American Century Vista	Mutual Fund	*	40,959
	Blue Chip Growth Fund	Mutual Fund	*	39,532
	Capital Appreciation Fund	Mutual Fund	*	25,022
	Columbia Value & Restructuring	Mutual Fund	*	7,546
	Davis New York Venture	Mutual Fund	*	4,397
	Domini Social Equity	Mutual Fund	*	18,975
	EuroPacific Growth Fund	Mutual Fund	*	5,392
	Franklin Balance Sheet	Mutual Fund	*	28,783
	International Value Fund	Mutual Fund	*	342
	Lifestyle Aggressive	Mutual Fund	*	99,556
	Lifestyle Blaanced	Mutual Fund	*	295,371
	Lifestyle Conservative	Mutual Fund	*	313,586
	Lifestyle Growth	Mutual Fund	*	277,949
	Lifestyle Moderate	Mutual Fund	*	85,942
	LM Westerm Asset Glb High Yield	Mutual Fund	*	23,567
	Mid Cap Stock Fund	Mutual Fund	*	7,202
	Money Market Fund	Mutual Fund	*	374,324
	Mutual Beacon	Mutual Fund	*	52,648
	Mutual Global Discovery	Mutual Fund	*	10,448
	Oppenheimer Developing Mkt	Mutual Fund	*	52,571
	Optimized All Cap Fund	Mutual Fund	*	32,368
	Optimized Value Fund	Mutual Fund	*	12,317
	PIMCO Total Return	Mutual Fund	*	38,297
	Short Term Federal	Mutual Fund	*	6,039
	Small Cap Growth Index	Mutual Fund	*	39,246
	T. Rowe Price Sci & Tech	Mutual Fund	*	71,073
	T. Rowe Price Spectrum Inc.	Mutual Fund	*	22,207
	Templeton World	Mutual Fund	*	16,342
	Total			**$ 2,160,712**

* Disclosure of this information is not required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA when the account is participant directed.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

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
Independent Options, Inc.
Profit Sharing 401(k) Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1990

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

P. O. Box 2197

Corona CA 92878-2197

2b Employer Identification Number (EIN) 33-0048519

2c Sponsor's telephone number (951)279-2585

2d Business code (see instructions) 621399

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	P. Dennis Mattson	1/28/11	P. Dennis Mattson, Ph.D.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	P. Dennis Mattson	1/28/11	P. Dennis Mattson, Ph.D.
	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")
SAME

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	549
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**	347
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	95
d	Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	446
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	446
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	208
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 64361 THE TRUSTEES OF INDEPENDENT OPTIONS,
INC. PROFIT SHARING 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF INDEPENDENT OPTIONS, INC. PROFIT SHARING 401(K) PLAN Total No of Units	Total Value
Retirement Choices at 2010	$ 0.00	.000000	$ 0.00
Lifecycle Retirement	$ 0.00	.000000	$ 0.00
Retirement Choices at 2015	$ 0.00	.000000	$ 0.00
Retirement Choices at 2020	$ 0.00	.000000	$ 0.00
Retirement Choices at 2025	$ 0.00	.000000	$ 0.00
Retirement Choices at 2030	$ 0.00	.000000	$ 0.00
Retirement Choices at 2035	$ 0.00	.000000	$ 0.00
Retirement Choices at 2040	$ 0.00	.000000	$ 0.00
Retirement Choices at 2045	$ 0.00	.000000	$ 0.00
Lifecycle 2010	$ 416508218.33	.000000	$ 0.00
Lifecycle 2015	$ 360859542.46	.000000	$ 0.00
Lifecycle 2020	$ 499718571.49	.000000	$ 0.00
Lifecycle 2025	$ 520650683.63	.000000	$ 0.00
Lifecycle 2030	$ 428549744.27	.000000	$ 0.00
Lifecycle 2035	$ 329141517.55	.000000	$ 0.00
Lifecycle 2040	$ 238817773.08	.000000	$ 0.00
Lifecycle 2045	$ 232051562.00	.000000	$ 0.00
Russell Conservative	$ 20970084.28	.000000	$ 0.00
Russell Moderate	$ 39243187.84	.000000	$ 0.00
Russell Balanced	$ 169583591.36	.000000	$ 0.00
Russell Growth	$ 147354515.17	.000000	$ 0.00
JH Dreyfus Premier Core Bond	$ 0.00	.000000	$ 0.00
Russell Equity Growth	$ 50736709.57	.000000	$ 0.00
Lifestyle Conservative	$ 1847759319.18	1678.871737	$ 303999.96
JH Money Market	$ 0.00	.000000	$ 0.00
Lifestyle Moderate	$ 2392496867.13	511.303722	$ 82151.27

*Assets = Liabilities

Note: this report does not reflect transactions processed after December 31, 2009
Cash Basis

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 64361 THE TRUSTEES OF INDEPENDENT OPTIONS,
INC. PROFIT SHARING 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF INDEPENDENT OPTIONS, INC. PROFIT SHARING 401(K) PLAN Total No of Units	Total Value
Manulife Balanced	$ 0.00	.000000	$ 0.00
Lifestyle Balanced	$ 8226552466.42	1487.574125	$ 300717.06
Lifestyle Growth	$ 8606517480.48	1060.994668	$ 297597.41
Lifestyle Aggressive	$ 2954097761.55	383.244467	$ 109750.37
JH AmCent Mason Select Bnd	$ 0.00	.000000	$ 0.00
JH AmCent Strat Alloc Moder	$ 0.00	.000000	$ 0.00
JH AmCent Mason High Yield Bnd	$ 0.00	.000000	$ 0.00
John Hancock Stable Val	$ 1318684453.15	.000000	$ 0.00
US Government Securities	$ 32718133.32	.000000	$ 0.00
JH AmCent Equity Index Fund	$ 0.00	.000000	$ 0.00
T. Rowe Price Short Term Bond	$ 0.00	.000000	$ 0.00
The Bond Fund of America	$ 8563447.30	.000000	$ 0.00
Capital World Bond Fund	$ 7765059.92	.000000	$ 0.00
John Hancock Strategic Inc	$ 75597453.86	.000000	$ 0.00
JH Fidelity Advisor Div Grwth	$ 0.00	.000000	$ 0.00
T. Rowe Price Spectrum Inc	$ 244471141.77	834.284335	$ 24410.41
Oppenheimer Intl Bond	$ 41822180.43	.000000	$ 0.00
LM Westrn Asset Glb High Yield	$ 230268562.62	774.934835	$ 21948.16
PIMCO Real Return	$ 237585548.02	.000000	$ 0.00
PIMCO Global Bond	$ 135383030.12	.000000	$ 0.00
PIMCO Total Return	$ 1230325440.88	1944.738479	$ 39214.92
Short-Term Federal	$ 426909244.05	288.111396	$ 5729.77
JH Legg Part Small Cap Value	$ 0.00	.000000	$ 0.00
American High-Income Fund	$ 14140935.07	.000000	$ 0.00
Managers AMG FQ Global Alt	$ 1229585.40	.000000	$ 0.00
PIMCO All Asset	$ 78059970.68	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 64361 THE TRUSTEES OF INDEPENDENT OPTIONS,
INC. PROFIT SHARING 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF INDEPENDENT OPTIONS, INC. PROFIT SHARING 401(K) PLAN Total No of Units	Total Value
American Balanced Fund	$ 469644243.71	122.161579	$ 2535.21
Investment Company of America	$ 187863830.73	.000000	$ 0.00
Manulife Capital Growth Stock	$ 0.00	.000000	$ 0.00
BlackRock Global Allocation	$ 98915281.99	.000000	$ 0.00
JH Fidelity Advisor Large Cap	$ 0.00	.000000	$ 0.00
Washington Mutual Investors	$ 157117092.92	.000000	$ 0.00
Income Fund of America	$ 12195615.64	.000000	$ 0.00
JH MFS Strategic Value	$ 0.00	.000000	$ 0.00
Pax World Balanced Fund	$ 908.93	.000000	$ 0.00
JH Weitz Partners Value	$ 0.00	.000000	$ 0.00
Mutual Beacon	$ 452507883.24	639.447963	$ 62888.71
Manulife Growth Plus Stock	$ 0.00	.000000	$ 0.00
Capital Income Builder	$ 15833893.00	.000000	$ 0.00
JH AmCent Select Fund	$ 0.00	.000000	$ 0.00
Value Index Fund	$ 17720567.68	.000000	$ 0.00
T. Rowe Price Equity Inc	$ 267668152.04	.000000	$ 0.00
Ivy Asset Strategy Fund	$ 20258546.30	.000000	$ 0.00
JH Lord Abbett All Value	$ 0.00	.000000	$ 0.00
Davis New York Venture	$ 634536217.09	198.806219	$ 5137.42
FT Founding Allocation	$ 14137576.74	.000000	$ 0.00
JH John Hancock U.S. Gbl Lead	$ 0.00	.000000	$ 0.00
RiverSource Equity Value	$ 6477822.50	.000000	$ 0.00
JH T. Rowe Price Mid-Cap Val	$ 0.00	.000000	$ 0.00
Mutual Global Discovery	$ 398276854.53	213.508577	$ 13340.64
JH Scudder Intl Select Equity	$ 0.00	.000000	$ 0.00
JH John Hancock Value Opps	$ 0.00	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 64361 THE TRUSTEES OF INDEPENDENT OPTIONS,
INC. PROFIT SHARING 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF INDEPENDENT OPTIONS, INC. PROFIT SHARING 401(K) PLAN Total No of Units	Total Value
Fidelity ContraFund	$ 279180696.53	.000000	$ 0.00
JH AIM Mid Cap Core Equity	$ 0.00	.000000	$ 0.00
JH Fidelity Advisor Overseas	$ 0.00	.000000	$ 0.00
Eaton Vance Large-Cap Value	$ 24209739.03	.000000	$ 0.00
JH Templeton Foreign	$ 0.00	.000000	$ 0.00
JH Munder Small-Cap Value	$ 0.00	.000000	$ 0.00
The Growth Fund of America	$ 900704125.88	.000000	$ 0.00
John Hancock Classic Value	$ 0.00	.000000	$ 0.00
Jennison Growth	$ 132704060.35	308.407152	$ 5575.26
Growth Index Fund	$ 16409904.01	.000000	$ 0.00
Templeton World	$ 150118485.68	557.073159	$ 18646.45
JH Am Century Intl Value	$ 0.00	.000000	$ 0.00
BlackRock Large Value	$ 124398653.66	.000000	$ 0.00
Legg Mason Value	$ 0.00	.000000	$ 0.00
MFS Utilities	$ 217827828.82	.000000	$ 0.00
Domini Social Equity	$ 64485950.34	593.489863	$ 19810.81
Parnassus Equity Income	$ 2869628.27	.000000	$ 0.00
Oppenheimer Global	$ 206398988.40	.000000	$ 0.00
Mass Investors Fund	$ 2435515.87	.000000	$ 0.00
JH Putnam Vista	$ 0.00	.000000	$ 0.00
Dreyfus Structured Mid Cap	$ 7452095.43	.000000	$ 0.00
JH INVESCO Dynamics	$ 0.00	.000000	$ 0.00
T. Rowe Price Sml Cap Val	$ 137499638.30	.000000	$ 0.00
RiverSource Mid Cap Value	$ 82561067.50	.000000	$ 0.00
Fidelity Adv New Insights	$ 30282822.47	.000000	$ 0.00
Franklin Balance Sheet	$ 254708488.03	396.664965	$ 32214.46

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 64361 THE TRUSTEES OF INDEPENDENT OPTIONS,
INC. PROFIT SHARING 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF INDEPENDENT OPTIONS, INC. PROFIT SHARING 401(K) PLAN Total No of Units	Total Value
Victory Diversified Stock	$ 12279870.80	.000000	$ 0.00
JPM MidCap Value Fund	$ 171505616.32	.000000	$ 0.00
JH DWS Mid Cap Growth	$ 0.00	.000000	$ 0.00
Pru Jennison Mid Growth Fund	$ 0.00	.000000	$ 0.00
New Perspective Fund	$ 12642405.86	.000000	$ 0.00
Columbia Value & Restructuring	$ 359457911.73	179.523292	$ 8489.24
Manulife Emerging Growth Stock	$ 0.00	.000000	$ 0.00
Lifestyle Conservative 280(VS)	$ 0.00	.000000	$ 0.00
Fundamental Investors	$ 67391643.85	.000000	$ 0.00
Lifestyle Moderate 460 (VS)	$ 0.00	.000000	$ 0.00
Lifestyle Balanced 640 (VS)	$ 0.00	.000000	$ 0.00
Brandywine Blue Fund	$ 944722.15	.000000	$ 0.00
Lifestyle Growth 820 (VS)	$ 0.00	.000000	$ 0.00
Lifestyle Aggressive 1000 (VS)	$ 0.00	.000000	$ 0.00
Capital World Growth & Income	$ 40847858.98	.000000	$ 0.00
JH Calamos Growth	$ 0.00	.000000	$ 0.00
SSgA Mid Value Index Fund	$ 0.00	.000000	$ 0.00
JH INVESCO Telecom	$ 0.00	.000000	$ 0.00
Mid-Cap Value Index Fund	$ 12170222.78	.000000	$ 0.00
EuroPacific Growth Fund	$ 819117532.40	524.771006	$ 27094.26
JH Munder NetNet	$ 0.00	.000000	$ 0.00
New World Fund	$ 15236156.67	.000000	$ 0.00
T. Rowe Price Health Sci	$ 223382020.88	.000000	$ 0.00
Legg Mason ClearBr Agg Growth	$ 134600516.39	.000000	$ 0.00
John Hancock Rainier Grow	$ 2175305.28	.000000	$ 0.00
JH Templeton Foreign Small Co	$ 0.00	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 64361 THE TRUSTEES OF INDEPENDENT OPTIONS,
INC. PROFIT SHARING 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF INDEPENDENT OPTIONS, INC. PROFIT SHARING 401(K) PLAN Total No of Units	Total Value
Franklin Small-Mid Growth	$ 135825697.89	.000000	$ 0.00
Explorer	$ 37060805.48	.000000	$ 0.00
AIM Small Cap Growth	$ 118477676.62	1703.198553	$ 33673.74
Bridgeway Ultra-Small Co	$ 8870266.07	.000000	$ 0.00
American Century Vista	$ 249014681.63	1481.419212	$ 45600.66
JH AIM Constellation	$ 0.00	.000000	$ 0.00
Davis Financial	$ 77931049.30	.000000	$ 0.00
Small Cap Growth Index	$ 114136749.15	2116.146292	$ 35744.85
DFA U.S. Small Cap Fund	$ 60056506.92	.000000	$ 0.00
Small Cap Value Index	$ 19518687.84	.000000	$ 0.00
DFA International Value	$ 87470225.35	.000000	$ 0.00
Thornburg International Value	$ 4686341.12	.000000	$ 0.00
American Century Small Co	$ 0.00	.000000	$ 0.00
Balanced Fund (VS)	$ 0.00	.000000	$ 0.00
Turner Core Growth Fund	$ 910052.83	.000000	$ 0.00
Pru Jennison 20/20 Focus Fund	$ 14854812.96	.000000	$ 0.00
T. Rowe Price Sci & Tech	$ 341812965.90	2417.488560	$ 92540.30
Oppenheimer Intl Growth Fund	$ 17071563.37	.000000	$ 0.00
Oppenheimer Developing Mkt	$ 802732822.61	1373.342078	$ 73617.30
UBS Global Allocation	$ 0.00	.000000	$ 0.00
Energy	$ 559678995.54	.000000	$ 0.00
SMALLCAP World Fund	$ 7285388.79	.000000	$ 0.00
UBS U.S. Large Cap Equity	$ 0.00	.000000	$ 0.00
Royce Opportunity	$ 99704339.77	.000000	$ 0.00
DWS RREEF Real Estate	$ 0.00	.000000	$ 0.00
JH AmCent Mason Mid Growth	$ 0.00	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 64361 THE TRUSTEES OF INDEPENDENT OPTIONS,
INC. PROFIT SHARING 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF INDEPENDENT OPTIONS, INC. PROFIT SHARING 401(K) PLAN Total No of Units	Total Value
DFA US Targeted Value Fund	$ 10577874.65	.000000	$ 0.00
T. Rowe Price Real Estate	$ 0.00	.000000	$ 0.00
JH John Hancock Growth Opps	$ 0.00	.000000	$ 0.00
T. Rowe Price Blue Chip	$ 0.00	.000000	$ 0.00
John Hancock Intl Growth	$ 4856401.48	.000000	$ 0.00
JH John Hancock Small Cap	$ 0.00	.000000	$ 0.00
BlackRock Mid-Cap Value Opps	$ 0.00	.000000	$ 0.00
DFA Emerging Markets Value	$ 227093248.88	.000000	$ 0.00
Keeley Small Cap Value	$ 20635581.49	.000000	$ 0.00
Columbia Marsico Intl Opps	$ 0.00	.000000	$ 0.00
SSgA Mid Growth Index Fund	$ 0.00	.000000	$ 0.00
JH AmCent Mason Small Growth	$ 0.00	.000000	$ 0.00
Legg Mason Growth	$ 0.00	.000000	$ 0.00
Mid-Cap Growth Index Fund	$ 13205920.77	.000000	$ 0.00
Fidelity Adv Leveraged Co Stk	$ 4727246.89	.000000	$ 0.00
Allianz RCM Tech Fund	$ 0.00	.000000	$ 0.00
Fidelity Advisor Gold Fund	$ 13550485.11	.000000	$ 0.00
Money Market Fund	$ 2870579600.45	26393.726132	$ 345025.95
Large Cap Growth Fund (VS)	$ 0.00	.000000	$ 0.00
Strategic Income Opp Fund	$ 24203531.20	.000000	$ 0.00
Special Value Fund	$ 0.00	.000000	$ 0.00
Strategic Bond Fund	$ 37540130.46	.000000	$ 0.00
Active Bond Fund	$ 33470659.90	.000000	$ 0.00
U.S. High Yield Bond Fund	$ 39552009.00	.000000	$ 0.00
High Yield Fund	$ 69168965.83	.000000	$ 0.00
Quantitative Equity Fund (VS)	$ 0.00	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 64361 THE TRUSTEES OF INDEPENDENT OPTIONS,
INC. PROFIT SHARING 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF INDEPENDENT OPTIONS, INC. PROFIT SHARING 401(K) PLAN Total No of Units	Total Value
Core Bond Fund	$ 10240914.67	.000000	$ 0.00
Investment Qual Bond Fund	$ 55102502.32	.000000	$ 0.00
WAMCO U.S. Government Sec Fund	$ 40003348.60	.000000	$ 0.00
Total Return Fund	$ 242857242.52	.000000	$ 0.00
Strategic Value Fund (VS)	$ 0.00	.000000	$ 0.00
Real Return Bond Fund	$ 64094525.30	.000000	$ 0.00
Global Bond Fund	$ 59770607.04	.000000	$ 0.00
Total Bond Market Fund	$ 56923959.75	.000000	$ 0.00
Strategic Growth Fund (VS)	$ 0.00	.000000	$ 0.00
Core Fundamental Holdings	$ 8895389.13	.000000	$ 0.00
Absolute Return Fund	$ 0.00	.000000	$ 0.00
Income & Value Fund	$ 0.00	.000000	$ 0.00
500 Index Fund	$ 860602098.77	70.527171	$ 44367.98
Core Diversified Grwth & Inc	$ 15721804.05	.000000	$ 0.00
Optimized Value Fund	$ 48651759.71	160.366883	$ 12667.27
Fundamental Value Fund	$ 98828961.29	.000000	$ 0.00
Mid Cap Core Fund (VS)	$ 0.00	.000000	$ 0.00
Core Global Diversification	$ 12935843.06	.000000	$ 0.00
U.S. Global Leaders Fund	$ 0.00	.000000	$ 0.00
Overseas Fund (VS)	$ 0.00	.000000	$ 0.00
Equity Income Fund	$ 128690667.93	.000000	$ 0.00
Mid Cap Value Fund	$ 0.00	.000000	$ 0.00
Large Cap Fund	$ 38411637.06	.000000	$ 0.00
All Cap Value Fund	$ 83472453.75	.000000	$ 0.00
Quantitative Mid Cap Fund	$ 0.00	.000000	$ 0.00
Capital Appreciation Fund	$ 131660771.80	1868.067038	$ 19052.83

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 64361 THE TRUSTEES OF INDEPENDENT OPTIONS,
INC. PROFIT SHARING 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF INDEPENDENT OPTIONS, INC. PROFIT SHARING 401(K) PLAN Total No of Units	Total Value
US Core Fund	$ 0.00	.000000	$ 0.00
Total Stock Market Index Fund	$ 201981558.72	.000000	$ 0.00
All Cap Core Fund	$ 19907592.27	.000000	$ 0.00
Utilities Fund	$ 72874135.40	.000000	$ 0.00
Large Cap Value Fund	$ 78456807.86	.000000	$ 0.00
Blue Chip Growth Fund	$ 441877688.50	2055.622498	$ 44712.72
Classic Value Fund	$ 0.00	.000000	$ 0.00
Mid Cap Opps Fund (VS)	$ 0.00	.000000	$ 0.00
Mid Cap Growth Fund (VS)	$ 0.00	.000000	$ 0.00
Strategic Opps Fund (VS)	$ 0.00	.000000	$ 0.00
Mid Cap Index Fund	$ 251539269.89	.000000	$ 0.00
Core Equity Fund	$ 0.00	.000000	$ 0.00
Value Fund	$ 62816973.41	.000000	$ 0.00
Small Company Value Fund	$ 100566861.07	.000000	$ 0.00
U.S. Large Cap Fund	$ 0.00	.000000	$ 0.00
Mid Value Fund	$ 147766803.13	.000000	$ 0.00
Optimized All Cap Fund	$ 133619128.37	1896.247027	$ 32114.28
Small Company Blend Fund (VS)	$ 0.00	.000000	$ 0.00
Dynamic Growth Fund	$ 0.00	.000000	$ 0.00
Small Cap Opportunities Fund	$ 44043804.12	.000000	$ 0.00
Small Cap Value Fund	$ 129199516.80	.000000	$ 0.00
Aggressive Growth Fund (VS)	$ 0.00	.000000	$ 0.00
Real Est. Securities Fund	$ 279578925.15	.000000	$ 0.00
All Cap Growth Fund	$ 89366217.87	92.539113	$ 1469.00
Small Cap Growth Fund	$ 51575954.63	.000000	$ 0.00
International Core Fund	$ 44359449.33	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 64361 THE TRUSTEES OF INDEPENDENT OPTIONS,
INC. PROFIT SHARING 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2009

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF INDEPENDENT OPTIONS, INC. PROFIT SHARING 401(K) PLAN Total No of Units	Total Value
Intl Equity Index Fund	$ 182760899.64	.000000	$ 0.00
Telecommunications Fund (VS)	$ 0.00	.000000	$ 0.00
Mid Cap Stock Fund	$ 282785351.63	445.113928	$ 7361.63
Internet Technolog. Fund (VS)	$ 0.00	.000000	$ 0.00
Pacific Rim Fund	$ 28457402.89	.000000	$ 0.00
International Value Fund	$ 292266942.36	19.563601	$ 382.73
Financial Services Fund	$ 21692908.13	.000000	$ 0.00
Global Fund	$ 2238765.64	.000000	$ 0.00
Small Cap Index Fund	$ 132666689.48	.000000	$ 0.00
Science & Technology Fund	$ 172631163.37	.000000	$ 0.00
International Opps Fund	$ 90954665.86	.000000	$ 0.00
Intl Small Cap Fund	$ 129307991.79	.000000	$ 0.00
Global Allocation Fund	$ 0.00	.000000	$ 0.00
Overseas Equity Fund	$ 0.00	.000000	$ 0.00
Natural Resources Fund	$ 164034386.83	.000000	$ 0.00
Emerging Small Co Fund	$ 0.00	.000000	$ 0.00
Health Sciences Fund	$ 3647203.02	.000000	$ 0.00
Small Company Fund	$ 0.00	.000000	$ 0.00
Small Cap Fund	$ 0.00	.000000	$ 0.00
Emerging Growth Fund	$ 0.00	.000000	$ 0.00

*Assets = Liabilities

I hereby certify that this statement, given pursuant to 29 CFR 2520.103-5(c), is complete and accurate.

Katherine MacMillan
President, Retirement Plan Services

Production Date(R): JUL/19/2010

Independent Options, Inc. Profit Sharing 401(k) Plan
EIN: 33-0048519 - Plan No. 001
Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes
Plan Year Ending 6/30/2010

(a)	(b) Identity	(c) Description of assets/shares	(d) Cost	(e) Current Value
	Premier Service Bank	Checking Account	226	226
	John Hancock			
	Credit Available	Cash	10447	10,447
	John Hancock Guaranteed Investments	Guaranteed Accounts	*	68,501
	500 Index Fund	Mutual Fund	*	42,808
	AIM Small Cap Growth	Mutual Fund	*	34,288
	American Balanced Fund	Mutual Fund	*	2,441
	American Century Vista	Mutual Fund	*	40,959
	Blue Chip Growth Fund	Mutual Fund	*	39,532
	Capital Appreciation Fund	Mutual Fund	*	25,022
	Columbia Value & Restructuring	Mutual Fund	*	7,546
	Davis New York Venture	Mutual Fund	*	4,397
	Domini Social Equity	Mutual Fund	*	18,975
	EuroPacific Growth Fund	Mutual Fund	*	5,392
	Franklin Balance Sheet	Mutual Fund	*	28,783
	International Value Fund	Mutual Fund	*	342
	Lifestyle Aggressive	Mutual Fund	*	99,556
	Lifestyle Balanced	Mutual Fund	*	295,371
	Lifestyle Conservative	Mutual Fund	*	313,586
	Lifestyle Growth	Mutual Fund	*	277,949
	Lifestyle Moderate	Mutual Fund	*	85,942
	LM Western Asset Glb High Yield	Mutual Fund	*	23,567
	Mid Cap Stock Fund	Mutual Fund	*	7,202
	Money Market Fund	Mutual Fund	*	374,324
	Mutual Beacon	Mutual Fund	*	52,648
	Mutual Global Discovery	Mutual Fund	*	10,448
	Oppenheimer Developing Mkt	Mutual Fund	*	52,571
	Optimized All Cap Fund	Mutual Fund	*	32,368
	Optimized Value Fund	Mutual Fund	*	12,317
	PIMCO Total Return	Mutual Fund	*	38,297
	Short Term Federal	Mutual Fund	*	6,039
	Small Cap Growth Index	Mutual Fund	*	39,246
	T. Rowe Price Sci & Tech	Mutual Fund	*	71,073
	T. Rowe Price Spectrum Inc.	Mutual Fund	*	22,207
	Templeton World	Mutual Fund	*	16,338

* Disclosure of this information is not required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA when the account is participant directed.