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;
- [X] 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
AMS-A MEDICAL SERVICE, INC. EMPLOYEE 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1994

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
AMS - A MEDICAL SERVICE, INC. DBA NURSES THAT CARE

5411 NORTH MCCOLL
MCALLEN, TX 78504

2b Employer Identification Number (EIN)
74-2646915

2c Sponsor's telephone number
956-682-0800

2d Business code (see instructions)
621610

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.	04/15/2011	ANDY SANCHEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2011	ANDY SANCHEZ
	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")
AMS - A MEDICAL SERVICE, INC. DBA NURSES THAT CARE

5411 NORTH MCCOLL
MCALLEN, TX 78504

3b Administrator's EIN
74-2646915

3c Administrator's telephone number
956-682-0800

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**	920
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**	844
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	40
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	885
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	885
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	110
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	214
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:
3D 2E 2J 2K 2F 2G

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)		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)		Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
AMS-A MEDICAL SERVICE, INC. EMPLOYEE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
AMS - A MEDICAL SERVICE, INC. DBA NURSES THAT CARE

D Employer Identification Number (EIN)
74-2646915

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
GREAT WEST LIFE AND ANNUITY

(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
84-0467907	68322	940040-01	110	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
2223	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
LINCOLN FINANCIAL SECURITIES
1 GRANITE PL
CONCORD, NH 03301

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2223			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	

(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	81218
5	Current value of plan's interest under this contract in separate accounts at year end	5	855418

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 ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	13000
c	Additions: (1) Contributions deposited during the year	7c(1)	7617		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	687		
	(4) Transferred from separate account	7c(4)	59478		
	(5) Other (specify below)	7c(5)	551		
	▶ LOAN PAYMENTS				
	(6) Total additions			7c(6)	68333
d	Total of balance and additions (add **b** and **c(6)**)			7d	81333
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	115		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	115
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	81218

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
AMS-A MEDICAL SERVICE, INC. EMPLOYEE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMS - A MEDICAL SERVICE, INC. DBA NURSES THAT CARE

D Employer Identification Number (EIN)
74-2646915

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GREAT-WEST LIFE & ANNUITY COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	1625	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
AMS-A MEDICAL SERVICE, INC. EMPLOYEE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AMS - A MEDICAL SERVICE, INC. DBA NURSES THAT CARE

D Employer Identification Number (EIN)
74-2646915

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: FUTURE FUNDS SERIES ACCT II OF GWL

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INS. CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-0467907-003	P	855418

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
AMS-A MEDICAL SERVICE, INC. EMPLOYEE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMS - A MEDICAL SERVICE, INC. DBA NURSES THAT CARE

D Employer Identification Number (EIN)
74-2646915

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	111637	102983
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	715144	855418
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	13000	81218
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	839781	1039619
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	839781	1039619

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)	38047	
(B) Participants	2a(1)(B)	99932	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		137979
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	6558	
(F) Other	2b(1)(F)	687	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7245
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		96423
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c	Other income	2c		0
d	Total income. Add all **income** amounts in column (b) and enter total	2d		241647
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17259	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		17259
f	Corrective distributions (see instructions)	2f		17950
g	Certain deemed distributions of participant loans (see instructions)	2g		0
h	Interest expense	2h		0
i	Administrative expenses: (1) Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	6600	
	(3) Investment advisory and management fees	2i(3)	0	
	(4) Other	2i(4)	0	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6600
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		41809
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		199838
l	Transfers of assets:			
	(1) To this plan	2l(1)		0
	(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: LONG CHILTON, LLP **(2)** EIN: 74-1154721

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		100000
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		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)

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
AMS-A MEDICAL SERVICE, INC. EMPLOYEE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMS - A MEDICAL SERVICE, INC. DBA NURSES THAT CARE

D Employer Identification Number (EIN)
74-2646915

Part I Distributions

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

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

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

EIN(s): 20-3691708

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):

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITOR'S REPORT

AMS - A MEDICAL SERVICE, INC. EMPLOYEE 401(k) PLAN

June 30, 2010 and 2009

AMS - A MEDICAL SERVICE, INC.
EMPLOYEE 401(k) PLAN
June 30, 2010 and 2009

PLAN ADMINISTRATOR

AMS - A Medical Service, Inc.

TRUSTEE

Andy Sanchez

TABLE OF CONTENTS

	Page
FINANCIAL STATEMENTS	
Independent Auditor's Report	2
Statement of Net Assets Available for Benefits - Modified Cash Basis	3
Statement of Changes in Net Assets Available for Benefits - Modified Cash Basis	4
Notes to Financial Statements	5
SUPPLEMENTAL SCHEDULES	
Schedules of Assets Held for Investment Purposes	13-14

CERTIFIED PUBLIC ACCOUNTANTS
BUSINESS CONSULTANTS

LONG CHILTON, LLP

A PARTNERSHIP OF PROFESSIONAL CORPORATIONS AND INDIVIDUALS

Members - Division of Firms,
American Institute of CPAs

4100 N. 23rd
McAllen, Texas 78504
(956) 686-3701
Fax (956) 686-6830
www.longchilton.com

INDEPENDENT AUDITOR'S REPORT

To the Trustees
AMS – A Medical Service, Inc. Employee 401(k) Plan
McAllen, Texas

We were engaged to audit the accompanying statement of net assets available for benefits (modified cash basis) of AMS – A Medical Service, Inc. Employee 401(k) Plan (the Plan) as of June 30, 2010 and 2009, and the related statement of changes in net assets available for benefits (modified cash basis) for the years then ended, and the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of June 30, 2010 and 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States 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 D, which was certified by The Great-West Life & Annuity Insurance Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. 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.

As described in Note B, these financial statements and supplemental schedules were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

Because of the significance of the information in the Plan's financial statements and supplemental schedule that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Long Chilton, LLP

LONG CHILTON, LLP
Certified Public Accountants

McAllen, Texas
April 15, 2010

AMS - A Medical Service, Inc.
Employee 401(k) Plan
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS -
Modified Cash Basis
June 30,

ASSETS	2010	2009
Investments		
Pooled Separate Accounts (Note D)	$ 855,418	$ 715,144
General Account (Note D)	81,218	13,000
	936,636	728,144
Receivables		
Participant Loans	102,983	111,637
Total Assets	1,039,619	839,781
LIABILITIES		
	-	-
Total Liabilities	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,039,619	$ 839,781

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

AMS - A Medical Service, Inc.
Employee 401(k) Plan
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS -
Modified Cash Basis
For the Fiscal Year Ended June 30,

	2010	2009
Additions to net assets attributed to:		
Contributions from participants	$ 143,760	$ 146,229
Contributions from employers	39,877	49,394
Interest Income	687	371
Forfeitures	1,289	1,915
Increase in participant loans	57,231	59,550
Net appreciation (depreciation) in fair value of investments	96,424	(195,548)
Total additions	339,268	61,911
Deductions from net assets attributed to:		
Benefit payments	49,394	152,966
Loan disbursements	65,885	53,742
Corrective disbursements	17,950	-
Administrative expenses (Note E)	6,200	4,522
Total deductions	139,429	211,230
Net increase (decrease) in net assets	199,839	(149,319)
Net assets available for benefits		
Beginning of year	839,781	989,099
End of year	$ 1,039,619	$ 839,781

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

AMS – A Medical Service, Inc.
Employee 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
Fiscal Year Ended June 30, 2010

NOTE A – DESCRIPTION OF PLAN

The following description of the AMS – A Medical Service, Inc. Employee 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution plan established for the benefit of the employees of the following companies:

Nurses That Care Home Health Services, Inc.
Nurses That Care – Sitter Services, Inc.
Nurses That Care Consulting Services, Inc.
Sun Valley Adult Health Center
Sun Valley Adult Day Care II

The original effective date of the Plan was October 1, 1994. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. Eligibility

Employees are eligible to begin participation in the Plan once they have completed six consecutive months of service, during which they must have completed at least 500 hours of service and reached the age of 21. If the 500 hours of services has not been met during the first six months of service, then eligibility becomes effective once a year of service has been completed.

A year of service is considered complete if, at the end of the first twelve consecutive months of employment, at least 1,000 hours of service has been completed. If the 1,000 hours of service by the end of the first twelve consecutive months of employment is not met, then an employee is considered to have completed a year of service at the end of any following Plan year during which the employee is credited with at least 1,000 hours of service.

Employees' entry dates into the Plan are the first days of the next month following the date in which the eligibility requirements described above have been met.

3. Contributions

Participants may contribute up to the maximum allowable limit of $16,500 in 2009 and 2010 ($22,000 allowed for Catch-Up contributions for those over 50 years old in 2009 and 2010) to the Plan. The Company may elect to make a discretionary matching contribution of $0.10 for every $1.00 contributed not to exceed 6% of the participants' compensation. This contribution was credited to all participants actively employed for each pay period of the Plan year. Employee and employer contributions are invested according to the employee apportionments. The employer may also elect to make a discretionary matching profit sharing contribution determined by the employer each year. Contributions are subject to certain limitations.

NOTE A – DESCRIPTION OF PLAN (*Continued*)

4. Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of the Companies' contribution, Plan earnings, and forfeitures of terminated participants' vested accounts and decreased by distributions and charges of allocated administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

5. Vesting

Each participant is 100% vested in his or her voluntary contribution account plus actual earnings thereon. Employer matching contributions and profit sharing contributions are discretionary contributions and are vested according to the following schedule:

Vesting Schedule

Years of Service	Percentage
1	20%
2	40%
3	60%
4	80%
5	100%

6. Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant may elect to receive all or portion of their vested account balance as a lump-sum amount, a series of scheduled payments from the plan, or paid as a direct rollover to another qualified retirement plan or IRA. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The Plan allows for hardship distributions not to exceed the amount of the immediate heavy financial need if the withdrawal request is for a purpose delineated in the Plan document. The Plan document explains more detailed specifics on the payment of benefits.

7. Investment Options

Upon enrollment into the Plan, participants may allow the Third Party Administrator to direct or self-direct their salary deferral contributions to selected investments as made available. These investment options are more fully described in the Plan's literature. Participants may change their investment options according to the salary deferral agreement set by the employer.

8. Trustee Information

The Plan's Individual Trustee is Andy Sanchez.

NOTE B – SUMMARY OF ACCOUNTING POLICIES

1. *Basis of Accounting*

The accompanying financial statements of the Plan are prepared under the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

2. *Estimates*

The preparation of financial statements in conformity with the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles, requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

3. *Notes Receivable from Participants*

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Participant loans have historically been classified as investments and measured at fair value in the Plan's Statement of Net Assets Available for Benefits.

However, in September 2010, the FASB issued ASU No. 2010-25, *Plan Accounting – Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans*. ASU No. 2010-25 requires participant loans to be classified as notes receivable from participants and measured at their unpaid principal balances plus any accrued but unpaid interest. ASU No. 2010-25 is effective for years ending after December 15, 2010, but as allowed, early adoption of ASU No. 2010-25 was implemented as of June 30, 2010.

4. *Investment 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. Many factors are considered in arriving at estimated fair market value. Shares of registered investment companies (General Account Investments and Mutual Funds) are reported at fair value based on the quoted market price of the fund which represents the net asset value of the shares held by the fund at year end. See Note C for discussion of fair value measurements.

5. *Payment of Benefits*

Benefits are recorded when notification is received from Plan Administrator as having been paid.

6. *Operating Expenses*

All expenses of maintaining the Plan are paid by the Company.

NOTE C – FAIR VALUE MEASUREMENTS

In accordance with FASB ASC Topic 820, investments are required to be reported at fair value hierarchies that prioritize the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1, which refers to securities traded in an active market, Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available (or Level 1 securities) where there is a contractual restriction, and Level 3, which refers to securities not traded in an active market and for which no significant observable market inputs are available.

As required by FASB ASC Topic 820, the Plan's portfolio investments were classified as follows based on fair values at June 30, 2010, as determined by the trustee, The Great-West Life & Annuity Insurance Company:

	Fair Value Measurements at Reporting Date Using:	
June 30, 2010	**Fair Value**	**Significant Other Observable Inputs (Level 2)**
General Accounts	$ 81,218	$ 81,218
Pooled Separate Accounts	855,418	855,418
Total Assets at Fair Value	$ 936,636	$ 936,636

At June 30, 2009, the Plan's portfolio investments were classified as follows, based on fair values:

	Fair Value Measurements at Reporting Date Using:	
June 30, 2009	**Fair Value**	**Quoted Prices in Active Markets for Identical Assets (Level 1)**
General Accounts	$ 13,000	$ 13,000
Pooled Separate Accounts	715,144	715,144
Total Assets at Fair Value	$ 728,144	$ 728,144

NOTE D – INFORMATION CERTIFIED BY THE TRUSTEES (UNAUDITED)

The following tables present the fair value of the Plan's investments at June 30, 2010 and 2009 as certified by the trustee, The Great-West Life & Annuity Insurance Company. See detailed listing of investments on pages 13-14 of supplemental schedules to financial statements.

	June 30, 2010	2009
Investments, at fair value		
Great-West Life & Annuity Insurance Company Investments		
General Account	$ 81,218	$ 13,000
Pooled Separate Accounts	855,418	715,144
Total Plan Assets	**$ 936,636**	**$ 728,144**

NOTE D – INFORMATION CERTIFIED BY THE TRUSTEES (UNAUDITED) (*Continued*)

The fair values of investments that represent 5 percent or more of the Plan's net assets as of June 30, 2010 ($46,832) and 2009 ($41,989) are as follows:

		June 30, 2010		June 30, 2009	
Investment at estimated fair value					
Pooled Separate Accounts in Great-West					
AllianceBernstein International Value R	*	$ -		$ 49,079	
American Funds Europacific Growth R3	*	-		75,803	
MFS International Value R2		89,671		-	*
Oppenheimer Global A		116,227		-	*
Maxim Index 600	*	-		66,621	
Columbia Mid Cap Value R		123,614		-	*
Davis NY Venture R		72,053		50,005	
Maxim S&P 500 Index	*	-		93,297	
Maxim T.Rowe Price Equity Income		68,168		-	*
Maxim Bond Index		64,487		-	*
Pimco Total Return Admin	*	-		51,753	
General Account in Great-West					
Guaranteed Portfolio Fund		74,176		-	*
Total Investments Greater than 5% of Plan Assets		$ 608,395		$ 386,558	

Note: The assets with a "*" symbol represent assets that were greater than 5% in one fiscal year but less than this percentage in the other. The amounts of each of these investments can be seen in the detailed listing of investments on pages 13-14 of supplemental schedules to financial statements.

NOTE E – TRANSACTIONS WITH PARTIES-IN-INTEREST

Fees paid by the Company, whose employees' are covered by the Plan, on behalf of the Plan for legal, accounting, and other services rendered were based on customary and reasonable rates for such services. Fees paid by the Plan for the contract administrative services amounted to $6,200 for the fiscal year ended June 30, 2010.

NOTE F – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right, under the Plan, to change, amend or discontinue the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, each participant's account will become fully vested and non-forfeitable.

NOTE G – RECONCILIATION OF DIFFERENCES BETWEEN THESE FINANCIAL STATEMENTS AND THE FINANCIAL INFORMATION REQUIRED ON FORM 5500

	June 30, 2010	June 30, 2009
Net assets available for benefits as presented in these financial statements	$ 1,039,619	$ 839,781
Net assets available for benefits as presented on Form 5500	$ 1,039,619	$ 839,781

	2010	2009
Net increase (decrease) in net assets available for benefits as presented in these financial statements	$ 199,839	$ (149,319)
Adjustments of:		
Contributions from participants	(43,828)	-
Contributions from employers	(1,830)	-
Forfeitures	(1,289)	-
Increase in participant loans	(50,673)	-
Benefit payments	32,135	-
Loan disbursements	65,885	-
Administrative expenses	(400)	-
Net increase (decrease) in net assets available for benefits as presented on Form 5500	$ 199,839	$ (149,319)

NOTE H – FEDERAL INCOME TAX STATUS

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code (IRC) and, accordingly, the trust's net investment income is exempt from income taxes. The Plan obtained a favorable tax determination letter from the Internal Revenue Service dated November 27, 2001. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been made in the financial statements.

NOTE I – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE J – SUBSEQUENT EVENTS

The profit sharing contribution for fiscal year June 30, 2010 in the amount of $30,000 will be made after the close of the year before the closing of April 2011 and will be included in the June 30, 2011 Plan year.

Subsequent events have been evaluated through April 15, 2011, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

EIN: 74-2646915 PLAN NUMBER: 001

AMS - A Medical Service, Inc.
Employee 401(k) Plan
Schedules of Assets Held For Investment Purposes
(Form 5500 - Schedule H - Line 4i)
June 30, 2010

Assets held for investment at June 30, 2010 consisted of the following:

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	**Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	**Cost**	**Current Value**
*	The Great West Life & Annuity Insurance Company	Maxim Conservative Profile II	$ 16,986	$ 18,074
*	The Great West Life & Annuity Insurance Company	Maxim Moderate Profile II	29,041	27,888
*	The Great West Life & Annuity Insurance Company	Maxim Aggressive Profile II	17,929	15,827
**	The Great West Life & Annuity Insurance Company	AllianceBernstein International Value R	-	-
*	The Great West Life & Annuity Insurance Company	American Funds Europacific Growth R3	46,690	44,052
*	The Great West Life & Annuity Insurance Company	MFS International Value R2	97,967	89,671
*	The Great West Life & Annuity Insurance Company	Oppenheimer Global A	116,848	116,227
*	The Great West Life & Annuity Insurance Company	Putnam In'l Capital Opportunities R	15,745	14,162
*	The Great West Life & Annuity Insurance Company	First American Small Cap Select A	28,312	27,034
*	The Great West Life & Annuity Insurance Company	Maxim Index 600	53,802	46,045
*	The Great West Life & Annuity Insurance Company	Royce Total Return K	0	0
*	The Great West Life & Annuity Insurance Company	RidgeWorth Small Cap Growth Fund I	2,692	2,382
*	The Great West Life & Annuity Insurance Company	Lord Abbett Value Opportunities A	4,689	4,827
*	The Great West Life & Annuity Insurance Company	Maxim T. Rowe Price Mid-Cap Growth	5,268	4,817
*	The Great West Life & Annuity Insurance Company	Columbia Mid Cap Value R	120,910	123,614
**	The Great West Life & Annuity Insurance Company	Fidelity Advisor Mid Cap T	-	-
**	The Great West Life & Annuity Insurance Company	Maxim Ariel Small Cap Value	-	-
*	The Great West Life & Annuity Insurance Company	American Funds Growth Fund of Amer R3	3,647	2,794
*	The Great West Life & Annuity Insurance Company	Davis NY Venture R	80,426	72,053
*	The Great West Life & Annuity Insurance Company	Marisco Focus	53,884	46,791
*	The Great West Life & Annuity Insurance Company	Maxim S&P 500 Index	14,205	12,361
*	The Great West Life & Annuity Insurance Company	Maxim T. Rowe Price Equity Income	78,294	68,168
*	The Great West Life & Annuity Insurance Company	Oppenheimer Capital Appreciation A	10,414	8,354
*	The Great West Life & Annuity Insurance Company	RiverSource Diversified Equity Income R3	309	206
*	The Great West Life & Annuity Insurance Company	Invesco Van Kampen Comstock - R	0	0
*	The Great West Life & Annuity Insurance Company	Maxim Bond Index	61,031	64,487
*	The Great West Life & Annuity Insurance Company	Maxim Loomis Sayles Bond Portfolio	35	40
*	The Great West Life & Annuity Insurance Company	Maxim US Government Securities Fund	575	684
*	The Great West Life & Annuity Insurance Company	PIMCO Total Return Admin	44,101	44,860
*	The Great West Life & Annuity Insurance Company	Key Guaranteed Portfolio Fund	73,731	74,176
		Assets held for investment	$ 977,533	$ 929,594
*	The Great West Life & Annuity Insurance Company	Forfeitures	6,017	7,043
*	The Great West Life & Annuity Insurance Company	Participant Loans	101,425	102,983
		Total Plan assets	$1,084,975	$ 1,039,619

Note: A "*" symbol in column (a) indicates a party-in-interest. Note also that the Royce Total Return K and Invesco Van Kampen Comstock - R investments reflect a zero in the asset balance due to rounding down of cents values held in the investment as of June 30, 2010.

Note: A "**" symbol in column (a) indicates an investment carried over from fiscal year end June 30, 2009 and closed during fiscal year end June 30, 2010.

EIN: 74-2646915

PLAN NUMBER: 001

AMS - A Medical Service, Inc.
Employee 401(k) Plan
Schedules of Assets Held For Investment Purposes
(Form 5500 - Schedule H - Line 4i)
June 30, 2009

Assets held for investment at June 30, 2009 consisted of the following:

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	**Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	**Cost**	**Current Value**
*	The Great West Life & Annuity Insurance Company	Maxim Conservative Profile II	$ 16,772	$ 16,212
*	The Great West Life & Annuity Insurance Company	Maxim Moderate Profile II	33,152	28,472
*	The Great West Life & Annuity Insurance Company	Maxim Aggressive Profile II	14,747	11,174
*	The Great West Life & Annuity Insurance Company	AllianceBernstein International Value R	66,175	49,079
*	The Great West Life & Annuity Insurance Company	American Funds Europacific Growth R3	85,276	75,803
**	The Great West Life & Annuity Insurance Company	MFS International Value R2	-	-
*	The Great West Life & Annuity Insurance Company	Oppenheimer Global A	37,449	39,899
**	The Great West Life & Annuity Insurance Company	Putnam In'l Capital Opportunities R	-	-
*	The Great West Life & Annuity Insurance Company	First American Small Cap Select A	5	3
*	The Great West Life & Annuity Insurance Company	Maxim Index 600	81,945	66,621
*	The Great West Life & Annuity Insurance Company	Royce Total Return K	27,751	26,266
*	The Great West Life & Annuity Insurance Company	RidgeWorth Small Cap Growth Fund I	11,764	12,034
*	The Great West Life & Annuity Insurance Company	Columbia Mid Cap Value R	37,368	39,034
*	The Great West Life & Annuity Insurance Company	Fidelity Advisor Mid Cap T	4,691	3,168
**	The Great West Life & Annuity Insurance Company	Lord Abbett Value Opportunities A	-	-
**	The Great West Life & Annuity Insurance Company	Maxim T. Rowe Price Mid-Cap Growth	-	-
*	The Great West Life & Annuity Insurance Company	Maxim Ariel Small Cap Value	5,217	3,363
*	The Great West Life & Annuity Insurance Company	American Funds Growth Fund of Amer R3	41,687	33,288
*	The Great West Life & Annuity Insurance Company	Davis NY Venture R	58,391	50,005
**	The Great West Life & Annuity Insurance Company	Marisco Focus	-	-
*	The Great West Life & Annuity Insurance Company	Maxim S&P 500 Index	103,727	93,297
*	The Great West Life & Annuity Insurance Company	Maxim T. Rowe Price Equity Income	58,239	41,646
*	The Great West Life & Annuity Insurance Company	Oppenheimer Capital Appreciation A	48,852	41,805
*	The Great West Life & Annuity Insurance Company	RiverSource Diversified Equity Income R3	308	181
**	The Great West Life & Annuity Insurance Company	Invesco Van Kampen Comstock - R	-	-
*	The Great West Life & Annuity Insurance Company	Maxim Bond Index	30,836	31,372
*	The Great West Life & Annuity Insurance Company	Maxim Loomis Sayles Bond Portfolio	35	33
*	The Great West Life & Annuity Insurance Company	Maxim US Government Securities Fund	575	637
*	The Great West Life & Annuity Insurance Company	PIMCO Total Return Admin	48,886	51,752
*	The Great West Life & Annuity Insurance Company	Key Guaranteed Portfolio Fund	1,031	1,082
		Assets held for investment	$ 814,880	$ 716,226
*	The Great West Life & Annuity Insurance Company	Forfeitures	11,181	11,918
*	The Great West Life & Annuity Insurance Company	Participant Loans	111,390	111,637
		Total Plan assets	$ 937,451	$ 839,781

Note: A "*" symbol in column (a) indicates a party-in-interest.

Note: A "**" symbol in column (a) indicates an investment started in fiscal year end June 30, 2010. It has been included in this schedule for comparative purposes.

ASSETS HELD FOR INVESTMENT PURPOSES

AMS-A Medical Service, Inc. Employee 401(k) Plan
01-JUL-09 to 30-JUN-10

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1PBAXCP			16,985.93	18,073.71
1PBAXMP			29,040.58	27,887.78
1PBAXAP			17,929.45	15,827.45
192AFEP			46,689.73	44,052.15
1288MIM			97,967.31	89,670.72
186OGA			116,847.94	116,226.57
1241PIO			15,744.68	14,161.64
1226FA			28,312.42	27,034.16
193MX6			53,802.29	46,045.46
1245RTK			0.08	0.10
1125SS			2,692.28	2,381.75
1239CVR			120,910.02	123,613.97
1284LVP			4,689.28	4,826.67
1MGRXTM			5,267.90	4,817.31
195AFGF			3,647.33	2,793.91
1146NY			80,426.22	72,052.66
1LGRMAR			53,883.77	46,791.34
194MX5			14,205.19	12,361.42
180TEIX			78,294.20	68,167.85
1LGROCA			10,414.38	8,353.68
1227RD			309.12	206.31
1147VS			0.05	0.05
1BIMXBI			61,031.11	64,487.40
1BMSXLC			34.78	39.76
1BIMXUS			575.27	683.80
1BIMPTR			44,101.31	44,860.33
1PORT		2.500	73,730.61	74,175.72
			977,533.23	**929,593.67**
PARTICIPANT LOANS	VARIOUS	4.250-9.250	101,425.45	102,983.09
FORFEITURES			6,016.61	7,042.52

ASSETS HELD FOR INVESTMENT PURPOSES

AMS-A Medical Service, Inc. Employee 401(k) Plan
01-JUL-09 to 30-JUN-10

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1PBAXCP	Maxim Conservative Profile II
1PBAXAP	Maxim Aggressive Profile II
1288MIM	MFS International Value R2
1241PIO	Putnam Int'l Capital Opportunities R
193MX6	Maxim Index 600
1125SS	RidgeWorth Small Cap Growth Fund I
1284LVP	Lord Abbett Value Opportunities A
195AFGF	American Funds Growth Fund of Amer R3
1LGRMAR	Marsico Focus
180TEIX	Maxim T. Rowe Price Equity Income
1227RD	RiverSource Diversified Equity Income R3
1BIMXBI	Maxim Bond Index
1BIMXUS	Maxim US Government Securities Fund
1PORT	Key Guaranteed Portfolio Fund
1PBAXMP	Maxim Moderate Profile II
192AFEP	American Funds EuroPacific Growth R3
186OGA	Oppenheimer Global A
1226FA	First American Small Cap Select A
1245RTK	Royce Total Return K
1239CVR	Columbia Mid Cap Value R
1MGRXTM	Maxim T. Rowe Price Mid-Cap Growth
1146NY	Davis NY Venture R
194MX5	Maxim S & P 500 Index
1LGROCA	Oppenheimer Capital Appreciation A
1147VS	INVESCO Van Kampen Comstock - R
1BMSXLC	Maxim Loomis Sayles Bond Portfolio
1BIMPTR	PIMCO Total Return Admin

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year