

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
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 <u>URGENT CARE MSO, LLC 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/01/2004</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>09/01/2004</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>09/01/2004</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>URGENT CARE MSO, LLC</u> <u>1751 EARL CORE ROAD</u> <u>MORGANTOWN, WV 26505</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>26-3667220</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>304-225-2500</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621493</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>26-3667220</u>	2c Sponsor's telephone number <u>304-225-2500</u>	2d Business code (see instructions) <u>621493</u>	
2b Employer Identification Number (EIN) <u>26-3667220</u>					
2c Sponsor's telephone number <u>304-225-2500</u>					
2d Business code (see instructions) <u>621493</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2011	TRISHA PLEVICH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2011	TRISHA PLEVICH
	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

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") URGENT CARE MSO, LLC 1751 EARL CORE ROAD MORGANTOWN, WV 26505	3b Administrator's EIN 26-3667220 3c Administrator's telephone number 304-225-2500
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	907
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	1227
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	152
d Subtotal. Add lines 6a , 6b , and 6c	6d	1379
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	1379
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	673
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	9

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

2A 2E 2F 2G 2J 2K 2T 3D 3H

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

4B

9a Plan funding arrangement (check all that apply) (1) ☒ 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan URGENT CARE MSO, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. URGENT CARE MSO, LLC	D Employer Identification Number (EIN) 26-3667220	

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	801315	0	01/01/2010	10/29/2010

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
81	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
HTK INSURANCE AGENCY INC 600 DRESHER ROAD SUITE C1C HORSHAM, PA 19044

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
81	0		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** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**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 ▶ FLEXIBLE INVESTMENT ANNUITY**b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(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)** 0**d** Total of balance and additions (add **b** and **c(6)**). **7d** 0**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan URGENT CARE MSO, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 URGENT CARE MSO, LLC	D Employer Identification Number (EIN) 26-3667220	

Part I	Service Provider Information (see instructions)
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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
CHARLES SCHWAB INVEST MGMT INC
94-3106735

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

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

NEWPORT RETIREMENT SERVICES, INC.

62-1868111

(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?
12 50 37 64 15 60	NONE	76846	Yes ☒ No ☐	Yes ☐ No ☒	10029	Yes ☐ No ☒

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

VALMARK ADVISORS, INC.

31-1509466

(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?
28 51	NONE	30813	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB TRUST COMPANY

42-1558009

(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?
12 19 21 25 65 99	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	7679	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
NEWPORT RETIREMENT SERVICES, INC.	15 60	10029
(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.	
CHARLES SCHWAB TRUST CO. 42-1558009	REVENUE SHARING USED TO OFFSET PLAN EXPENSES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST COMPANY	12 19 21 25 65 99	7679
(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.	
NEWPORT RETIREMENT SERVICES, INC. 62-1868111	TRUST TRADE PARTNER/CUSTODIAN FEES FOR PLAN YEAR	
(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

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: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan URGENT CARE MSO, LLC 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 URGENT CARE MSO, LLC		D Employer Identification Number (EIN) 26-3667220
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: PRIN US PROPERTY SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB STABLE VALUE FUND		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY		
c EIN-PN 81-0625180-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1367994
a Name of MTIA, CCT, PSA, or 103-12 IE: TD AMERITRADE STR ALLOC CAP PRESERV		
b Name of sponsor of entity listed in (a): TD AMERITRADE TRUST COMPANY		
c EIN-PN 20-0937408-115	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 323274
a Name of MTIA, CCT, PSA, or 103-12 IE: TD AMERITRADE STR ALLOC INC & GROW		
b Name of sponsor of entity listed in (a): TD AMERITRADE TRUST COMPANY		
c EIN-PN 20-0937408-116	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 296303
a Name of MTIA, CCT, PSA, or 103-12 IE: TD AMERITRADE STR ALLOC BALANCED		
b Name of sponsor of entity listed in (a): TD AMERITRADE TRUST COMPANY		
c EIN-PN 20-0937408-117	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 860058
a Name of MTIA, CCT, PSA, or 103-12 IE: TD AMERITRADE STR ALLOC MODERATE		
b Name of sponsor of entity listed in (a): TD AMERITRADE TRUST COMPANY		
c EIN-PN 20-0937408-118	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 988908
a Name of MTIA, CCT, PSA, or 103-12 IE: TD AMERITRADE STR ALLOC GROWTH		
b Name of sponsor of entity listed in (a): TD AMERITRADE TRUST COMPANY		
c EIN-PN 20-0937408-119	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 315818
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule D (Form 5500) 2010 v.092308.1		

a Name of MTIA, CCT, PSA, or 103-12 IE: [TD AMERITRADE STR ALLOC AGG GR](#)**b** Name of sponsor of entity listed in (a): [TD AMERITRADE TRUST COMPANY](#)

c EIN-PN 20-0937408-120	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	463669
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TD AMERITRADE STR ALLOC PORT 2015](#)**b** Name of sponsor of entity listed in (a): [TD AMERITRADE TRUST COMPANY](#)

c EIN-PN 20-0937408-177	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1291318
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TD AMERITRADE STR ALLOC PORT 2025](#)**b** Name of sponsor of entity listed in (a): [TD AMERITRADE TRUST COMPANY](#)

c EIN-PN 20-0937408-178	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	956371
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TD AMERITRADE STR ALLOC PORT 2035](#)**b** Name of sponsor of entity listed in (a): [TD AMERITRADE TRUST COMPANY](#)

c EIN-PN 20-0937408-179	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	905456
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TD AMERITRADE STR ALLOC PORT 2045](#)**b** Name of sponsor of entity listed in (a): [TD AMERITRADE TRUST COMPANY](#)

c EIN-PN 20-0937408-180	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	513671
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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)	
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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)	
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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)	
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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)	
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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)	
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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
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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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

A Name of plan URGENT CARE MSO, LLC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 URGENT CARE MSO, LLC	D Employer Identification Number (EIN) 26-3667220	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	37587	44585
(2) Participant contributions	1b(2)	63925	79947
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	561115	10
(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)	95593	239020
(9) Value of interest in common/collective trusts	1c(9)	3455409	8282840
(10) Value of interest in pooled separate accounts	1c(10)	93635	
(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)	1141360	5206144
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5448624	13852546

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5448624	13852546
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1431216	
(B) Participants	2a(1)(B)	2460139	
(C) Others (including rollovers)	2a(1)(C)	198742	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4090097

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)	9730	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9730

(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)	83413	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		83413

(3) Rents	2b(3)		
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(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)		918024
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		530025
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5631289

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1266899	
(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)		1266899
f Corrective distributions (see instructions)	2f		2053
g Certain deemed distributions of participant loans (see instructions).....	2g		21089
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	70478	
(3) Investment advisory and management fees	2i(3)	30813	
(4) Other	2i(4)	189	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		101480
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1391521

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4239768
l Transfers of assets:			
(1) To this plan.....	2l(1)		4164154
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: REINSEL KUNTZ LESHAR LLP

(2) EIN: 23-2108173

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

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 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>URGENT CARE MSO, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>URGENT CARE MSO, LLC</u>	D Employer Identification Number (EIN) <u>26-3667220</u>

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-1558009</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

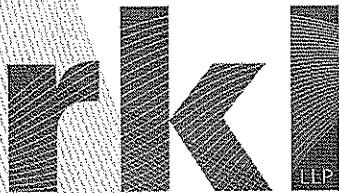
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

URGENT CARE MSO, LLC

401(k) PLAN

FINANCIAL REPORT

DECEMBER 31, 2010



REINSEL KUNTZ LESHER
certified public accountants & consultants

FOCUSED. ON YOU.

C O N T E N T S

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INDEPENDENT AUDITOR'S REPORT

**To the Plan Administrator and Participants
Urgent Care MSO, LLC 401(k) Plan
Morgantown, West Virginia**

We were engaged to audit the financial statements of the Urgent Care MSO, LLC 401(k) Plan as of and for the years ended December 31, 2010 and 2009, and the supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedule 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 3, which was certified or provided by Charles Schwab Trust Company, the current trustee of the Plan, and Principal Life Insurance Company, the former custodian of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee/custodian holds/held the Plan's assets and executes/executed transactions. The Plan Administrator has obtained certifications from the current trustee as of and for the year ended December 31, 2010 and as of December 31, 2009 and the period December 4, 2009 to December 31, 2009, and from the former custodian for the period January 1, 2009 to December 3, 2009, regarding the completeness and accuracy of the information summarized in Note 3 that was provided to the Plan Administrator by the trustee/custodian.

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

Reinsel Kuntz Lesher LLP

Wyomissing, Pennsylvania
October 7, 2011

URGENT CARE MSO, LLC 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2010 and 2009

ASSETS	2010	2009
Investments, at fair value	<u>\$ 13,488,994</u>	<u>\$ 5,251,519</u>
Receivables:		
Notes receivable from participants	239,020	95,593
Participant	79,947	63,925
Employer	<u>44,585</u>	<u>37,587</u>
	<u>363,552</u>	<u>197,105</u>
Net assets available for benefits	<u><u>\$ 13,852,546</u></u>	<u><u>\$ 5,448,624</u></u>

See Notes to Financial Statements.

URGENT CARE MSO, LLC 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS Years Ended December 31, 2010 and 2009

	2010	2009
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ 1,448,049	\$ 931,645
Interest and dividends	83,413	16,446
Other	<u>-</u>	<u>2,193</u>
	1,531,462	950,284
Interest income on notes receivable from participants	<u>9,730</u>	<u>2,630</u>
	<u>1,541,192</u>	<u>952,914</u>
Contributions:		
Participant	2,460,139	1,482,221
Employer	1,431,216	881,582
Rollovers	<u>198,742</u>	<u>404,617</u>
	<u>4,090,097</u>	<u>2,768,420</u>
Total additions	<u>5,631,289</u>	<u>3,721,334</u>
DEDUCTIONS		
Benefits paid to participants	1,290,041	633,179
Administrative expenses	<u>101,480</u>	<u>1,983</u>
Total deductions	<u>1,391,521</u>	<u>635,162</u>
Net increase	4,239,768	3,086,172
Net assets available for benefits:		
Beginning of year	5,448,624	1,775,075
Transfers in from other plans	<u>4,164,154</u>	<u>587,377</u>
End of year	<u><u>\$ 13,852,546</u></u>	<u><u>\$ 5,448,624</u></u>

See Notes to Financial Statements.

URGENT CARE MSO, LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Summary of Significant Accounting Policies

Basis of accounting:

The accompanying financial statements are prepared on the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through collective trusts. Contract value for these collective trusts is based on the net asset value of the fund as reported by the investment advisor. The provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 946 have not been applied to the statements of net assets available for benefits since the difference between contract value and fair value is not material.

Use of estimates in the preparation of financial statements:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition:

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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the plan document.

NOTES TO FINANCIAL STATEMENTS

Note 1. Summary of Significant Accounting Policies (Continued)

Payment of benefits:

Benefits are recorded when paid.

Recent accounting pronouncements:

In January 2010, the FASB issued an amendment, *Fair Value Measurements and Disclosures – Improving Disclosures about Fair Value Measurements* (ASU 2010-06), which requires new disclosures and reason for transfers of financial assets and liabilities between Levels 1 and 2. This amendment also clarifies that fair value measurement disclosures are required for each class of financial assets and liabilities, and those disclosures should include a discussion of inputs and valuation techniques. It further clarifies that the reconciliation of Level 3 measurements should separately present purchases, sales issuances and settlements instead of netting these changes. With respect to matters other than Level 3 measurements, the amendment is effective for periods beginning on or after December 15, 2009. The guidance related to Level 3 measurements is effective for periods beginning on or after December 15, 2010. The adoption of this guidance did not have a material effect on the Plan's financial statements.

In September 2010, the FASB issued an amendment, *Plan Accounting – Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans* (ASU 2010-25), which provides guidance on how loans to participants should be classified and measured by defined contribution pension plans. This amendment requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. This amendment is effective for periods ending after December 15, 2010, with early adoption permitted. This amendment requires retrospective application to all periods presented in the financial statements.

The Plan adopted this amendment for the year ended December 31, 2010, and applied it retrospectively to the year ended December 31, 2009. Prior year amounts and disclosures have been revised to reflect the retrospective application of adopting this new amendment. The adoption resulted in a reclassification of participant loans totaling \$ 239,020 and \$ 95,593 from investments to notes receivable as of December 31, 2010 and 2009, respectively. There was no impact to the net assets as of December 31, 2010 or 2009 as a result of the adoption.

NOTES TO FINANCIAL STATEMENTS

Note 2. Description of Plan and Tax Status

The following brief description of the Urgent Care MSO, LLC 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the summary plan description for more complete information.

General:

The Plan is a defined contribution pension plan covering substantially all employees of Urgent Care MSO, LLC and related adopting employers (the "Company") who have three months of service. Prior to January 1, 2009, employees were required to have one year of service and be age 19 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

Each year participants may contribute pretax annual compensation, as defined by the Plan, up to the maximum allowed by law. Participants may also contribute after-tax amounts as Roth 401(k) deferrals. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company contributes 100% of the first 3% of compensation that a participant contributes to the Plan plus 50% of the next 2% of compensation contributed. The Company may make additional discretionary contributions. Contributions are subject to certain limitations.

Participant accounts:

Each participant's account is credited with the participant's contributions plus an allocation of (a) the Company's contributions and (b) plan earnings and charged with an allocation of 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.

Forfeited accounts:

Forfeited nonvested accounts may first be used to pay administrative expenses and then to reduce future Company contributions. Administrative expenses paid from forfeited nonvested accounts during 2010 totaled \$21,674. There were no administrative expenses paid from forfeited nonvested accounts during 2009. There were no Company contributions paid from forfeited nonvested accounts during 2010. During 2009, Company contributions paid from forfeited nonvested accounts totaled \$9,885. Forfeited nonvested accounts at December 31, 2010 and 2009 are not material.

NOTES TO FINANCIAL STATEMENTS

Note 2. Description of Plan and Tax Status (Continued)

Vesting:

Participants are immediately vested in their contributions plus the Company's matching contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. Effective January 1, 2009, a participant is 100% vested after five years of credited service. Previously, a participant was 100% vested after six years of credited service.

Payment of benefits:

On termination of service due to death, disability, retirement or for other reasons, a participant may elect to receive a qualified joint and survivor annuity or a lump-sum payment equal to the value of his or her vested interest in his or her account.

Notes receivable from participants:

Participants may borrow from their fund accounts a minimum of \$ 1,000 up to a maximum equal to the lesser of \$ 50,000 or 50% of their account balance. Loan terms range from one-to-five years for nonresidential loans and up to 10 years for residential loans. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus 1%. Interest rates range from 4.25% to 6.25%. Principal and interest is paid ratably through payroll deductions.

Tax status:

Effective January 1, 2009, the Company adopted a volume submitter 401(k) profit sharing plan sponsored by Newport Retirement Services, Inc. The volume submitter plan has received an opinion letter from the National Office of the Internal Revenue Service (IRS) stating that the volume submitter plan is qualified under the appropriate section of the Internal Revenue Code (IRC). The volume submitter plan opinion letter has been relied upon by this Plan. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC. The Plan is exempt from federal and state income taxes under current regulations.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U. S. federal, state, or local tax authorities for years before 2007.

NOTES TO FINANCIAL STATEMENTS

Note 3. Information Certified and Provided by Charles Schwab Trust Company and Principal Life Insurance Company

The following is a summary of the Plan's asset information as of December 31, 2010 and 2009, and for the years then ended, included throughout the Plan's financial statements and supplemental schedule that was prepared by or derived from information provided by the current trustee and the former custodian and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the current trustee and the former custodian that information provided to the Plan Administrator by the current trustee and the former custodian related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information that appears throughout the financial statements and supplemental schedule related to the following assets:

	----- December 31, -----	
	2010	2009
Registered investment companies (mutual funds)	\$ 5,206,144	\$ 1,141,360
Collective trust funds	8,282,840	3,455,409
Short-term investment	10	561,115
Insurance company pooled separate account	-	93,635
Notes receivable from participants	<u>239,020</u>	<u>95,593</u>
	<u>\$13,728,014</u>	<u>\$ 5,347,112</u>

Charles Schwab Trust Company also certified to the completeness and accuracy of \$ 1,448,049 and \$ 41,038 of net appreciation in fair value of investments and \$ 93,143 and \$ 13,947 of interest and dividend income related to the aforementioned assets for the year ended December 31, 2010 and the period December 4, 2009 to December 31, 2009, respectively.

Principal Life Insurance Company also certified to the completeness and accuracy of \$ 890,607 of net appreciation in fair value of investments and \$ 5,129 of interest income related to the aforementioned assets for the period January 1, 2009 to December 3, 2009.

NOTES TO FINANCIAL STATEMENTS

Note 3. Information Certified and Provided by Charles Schwab Trust Company and Principal Life Insurance Company (Continued)

During 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$ 1,448,049 and \$ 931,645, respectively, as follows:

	Net Appreciation in Fair Value	
	Years Ended December 31,	
	2010	2009
Registered investment companies (mutual funds)	\$ 530,025	\$ 4,422
Collective trust funds	918,024	36,616
Insurance company pooled separate accounts	<u>-</u>	<u>890,607</u>
	<u><u>\$ 1,448,049</u></u>	<u><u>\$ 931,645</u></u>

Note 4. Fair Value Measurements

FASB 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

"Level 1" inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

"Level 2" inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

"Level 3" inputs to the valuation methodology are unobservable and significant to the fair value measurement.

NOTES TO FINANCIAL STATEMENTS

Note 4. Fair Value Measurements (Continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Registered investment companies (mutual funds) are valued at the net asset value of shares held by the Plan at year-end.

The Plan's interest in the collective trust funds is based on the fair value of the collective trusts' underlying investments as based on information reported by the investment advisor using the audited financial statements of the trusts.

Insurance company pooled separate accounts are valued at the unit value of shares held by the Plan at year-end, as reported to the Plan by the insurance company.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTES TO FINANCIAL STATEMENTS

Note 4. Fair Value Measurements (Continued)

The following summary sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009. Investments that represent 5% or more of the Plan's net assets are separately identified:

	----- December 31, 2010 -----			
	Level 1	Level 2	Level 3	Total
Registered investment companies (mutual funds):				
Large Cap	\$ 1,448,676	\$ -	\$ -	\$ 1,448,676
Mid Cap	543,174	-	-	543,174
Small Cap	678,026	-	-	678,026
International:				
Lazard Emerging Market				
Port Open Shares	746,774	-	-	746,774
Other	647,664	-	-	647,664
Fixed income	790,134	-	-	790,134
Specialty	351,696	-	-	351,696
Collective trust funds:				
Specialty:				
Fiserv Strat Alloc Balanced	-	860,058	-	860,058
Fiserv Strat Alloc Moderate				
Growth	-	988,908	-	988,908
Other	-	1,399,064	-	1,399,064
Balanced:				
Fiserv Strat Alloc Port				
Target 2015	-	1,291,318	-	1,291,318
Fiserv Strat Alloc Port				
Target 2025	-	956,371	-	956,371
Fiserv Strat Alloc Port				
Target 2035	-	905,456	-	905,456
Other	-	513,671	-	513,671
Fixed income, Schwab				
Stable Value Fund Instl	-	1,367,994	-	1,367,994
Short-term investment	10	-	-	10
	<u>\$ 5,206,154</u>	<u>\$ 8,282,840</u>	<u>\$ -</u>	<u>\$13,488,994</u>

NOTES TO FINANCIAL STATEMENTS

Note 4. Fair Value Measurements (Continued)

	----- December 31, 2009 -----			
	Level 1	Level 2	Level 3	Total
Insurance company pooled separate accounts, fixed income	\$ -	\$ -	\$ 93,635	\$ 93,635
Registered investment companies (mutual funds):				
Large Cap	421,112	-	-	421,112
Mid Cap	58	-	-	58
Small Cap:				
Royce Total Return Fund	277,506	-	-	277,506
Other	45,730	-	-	45,730
International	326,801	-	-	326,801
Fixed income	70,153	-	-	70,153
Collective trust funds:				
Specialty:				
Fiserv Strat Alloc Balanced	-	454,267	-	454,267
Fiserv Strat Alloc Moderate				
Growth	-	633,709	-	633,709
Other	-	604,411	-	604,411
Balanced:				
Fiserv Strat Alloc Port				
Target 2015	-	658,713	-	658,713
Fiserv Strat Alloc Port				
Target 2025	-	379,228	-	379,228
Fiserv Strat Alloc Port				
Target 2035	-	439,416	-	439,416
Fiserv Strat Alloc Port				
Target 2045	-	285,665	-	285,665
Short-term investment	561,115	-	-	561,115
	<u>\$ 1,702,475</u>	<u>\$ 3,455,409</u>	<u>\$ 93,635</u>	<u>\$ 5,251,519</u>

NOTES TO FINANCIAL STATEMENTS

Note 4. Fair Value Measurements (Continued)

Level 3 gains and losses:

The following is a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2010 and 2009:

	2010	2009
Insurance company pooled separate accounts:		
Balance, beginning of year	\$ 93,635	\$ 51,895
Realized losses	(13,066)	-
Unrealized losses relating to instruments still held at the reporting date	-	(31,036)
Purchases, sales, issuances and settlements, net	<u>(80,569)</u>	<u>72,776</u>
Balance, end of year	<u>\$ -</u>	<u>\$ 93,635</u>

Note 5. Fair Value of Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent)

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2010:

	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Collective trust funds:				
Stable Value Fund (a)	\$ 1,404,554	\$ -	Immediate	None
Aggressive Growth Portfolio Fund (b)	463,669	-	Immediate	None
Balanced Portfolio Fund (c)	860,058	-	Immediate	None
Capital Preservation Portfolio Fund (d)	323,274	-	Immediate	None
Growth Portfolio Fund (e)	315,818	-	Immediate	None
Income & Growth Portfolio Fund (f)	296,303	-	Immediate	None
Moderate Growth Portfolio Fund (g)	988,908	-	Immediate	None
Target Date 2015 (h)	1,291,318	-	Immediate	None
Target Date 2025 (i)	956,371	-	Immediate	None
Target Date 2035 (j)	905,456	-	Immediate	None
Target Date 2045 (j)	513,671	-	Immediate	None

NOTES TO FINANCIAL STATEMENTS

Note 5. Fair Value of Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent) (Continued)

- (a) This class is a stable asset fund with an investment objective of preserving principal value, protecting against market price volatility, obtaining consistent income return and providing liquidity for benefit payments and withdrawals. The fund primarily invests in a variety of investment contracts such as guaranteed investment contracts (GICs) issued by insurance companies, banks and other financial institutions and other investment products (separate account contracts, synthetic GICs and collective instrument trusts) with similar characteristics. Investments in this class can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of investment in this class has been estimated using the net asset value per share of the underlying investments.
- (b) The class is a collective investment fund with an investment objective of providing growth of capital by investing in a portfolio of U. S. and foreign stocks, real estate, and natural resources primarily through exchange traded funds. The fund invests in growth stocks primarily through exchange traded funds. Investments in this class can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of investment in this class has been estimated using the net asset value per share of the underlying investments.
- (c) The class is a collective investment fund with an investment objective of providing growth of capital and income by investing in a diversified portfolio of U. S. and foreign stocks, real estate, natural resources and corporate and government bonds primarily through exchange traded funds. The fund places a greater emphasis on equities than bonds, and the equity portion of the fund is primarily invested in value stocks through exchange traded funds. Investments in this class can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of investment in this class has been estimated using the net asset value per share of the underlying investments.
- (d) The class is a collective investment fund with an investment objective of preserving capital but also provide moderate income and growth by investing in a diversified portfolio of corporate and government bonds, U. S. and foreign stocks, and real estate primarily through exchange traded funds. The fund places a greater emphasis on bonds than equities, and the equity portion of the fund is primarily invested in value stocks through exchange traded funds. Investments in this class can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of investment in this class has been estimated using the net asset value per share of the underlying investments.

NOTES TO FINANCIAL STATEMENTS

Note 5. Fair Value of Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent) (Continued)

- (e) The class is a collective investment fund with an investment objective of providing growth of capital by investing in a diversified portfolio of U. S. and foreign stocks, real estate, natural resources, and corporate and government bonds primarily through exchange traded funds. The fund places a greater emphasis on equities than bonds, and the equity portion of the fund is primarily invested in growth stocks through exchange traded funds. Investments in this class can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of investment in this class has been estimated using the net asset value per share of the underlying investments.
- (f) The class is a collective investment fund with an investment objective of providing income and growth of capital by investing in a diversified portfolio of corporate and government bonds, U.S. and foreign stocks, real estate, and natural resources primarily through exchange traded funds. The fund places a greater emphasis on bonds than equities, and the equity portion of the fund is primarily invested in value stocks through exchange traded funds. Investments in this class can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of investment in this class has been estimated using the net asset value per share of the underlying investments.
- (g) The class is a collective investment fund with an investment objective of providing growth of capital by investing in a diversified portfolio of U. S. and foreign stocks, real estate, natural resources and corporate and government bonds primarily through exchange traded funds. The fund places a greater emphasis on equities than bonds, and the equity portion of the fund is primarily invested in both growth and value stocks through exchange traded funds. Investments in this class can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of investment in this class has been estimated using the net asset value per share of the underlying investments.
- (h) The class is a collective investment fund with an investment objective of providing growth of capital and income by investing in a diversified portfolio of U. S. and foreign stocks, real estate, natural resources and corporate and government bonds primarily through exchange traded funds. The fund places a greater emphasis on equities than bonds, and the equity portion of the fund is primarily comprised of value stocks. Investments in this class can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of investment in this class has been estimated using the net asset value per share of the underlying investments.

NOTES TO FINANCIAL STATEMENTS

Note 5. Fair Value of Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent) (Continued)

- (i) The class is a collective investment fund with an investment objective of providing growth of capital by investing in a diversified portfolio of U.S. and foreign stocks, real estate, natural resources and corporate and government bonds primarily through exchange traded funds. The fund places a greater emphasis on equities than bonds, and the equity portion of the fund is invested in both growth and value stocks. Investments in this class can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of investment in this class has been estimated using the net asset value per share of the underlying investments.
- (j) The class is a collective investment fund with an investment objective of providing growth of capital by investing in a diversified portfolio of U.S. and foreign stocks, real estate, natural resources and corporate and government bonds primarily through exchange traded funds. The fund places a greater emphasis on equities than bonds, and the equity portion of the fund is primarily invested in growth stocks. Investments in this class can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of investment in this class has been estimated using the net asset value per share of the underlying investments.

Note 6. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their employer contributions.

Note 7. Administrative Expenses

Certain administrative expenses are paid by Urgent Care MSO, LLC, the plan sponsor.

Note 8. Related Party Transactions

Certain plan investments are shares of a money market fund and a registered investment company managed by Charles Schwab Trust Company. Charles Schwab Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

NOTES TO FINANCIAL STATEMENTS

Note 9. 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 statements of net assets available for benefits.

Note 10. Plan Amendments

Effective January 1, 2009, the Plan was amended and restated in its entirety. In connection with this restatement, the Plan's name changed from MedExpansion, Inc. 401(k) Plan to Urgent Care MSO, LLC 401(k) Plan.

During 2010, the following plans were merged into this Plan:

Medbrook Medical Associates, Inc. 401(k) Savings Plan, effective January 1
Doctor's Walk-In Clinic 401(k) Retirement Plan, effective January 29

Effective March 13, 2009, the following plans were merged into this Plan:

Highlands Ranch Healthcare 401(k) Profit Sharing Plan and Trust
Fallon Health, P.C. 401(k) Plan

Note 11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2010 to Form 5500:

Benefits paid to participants per the financial statements	\$ 1,290,041
Corrective distributions	(2,053)
Deemed distributions of participant loans	<u>(21,089)</u>
Benefits paid to participants per Form 5500	<u>\$ 1,266,899</u>

Corrective distributions and deemed distributions of participant loans are reflected in benefits paid to participants on the financial statements. Form 5500 requires these amounts to be reported separately on Schedule H, line 2f and 2g, respectively.

NOTES TO FINANCIAL STATEMENTS

Note 12. Subsequent Events

Plan management has evaluated subsequent events through October 7, 2011. This date is the date the financial statements were available to be issued. No material events subsequent to December 31, 2010 were noted

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

URGENT CARE MSO, LLC 401(k) PLAN
EIN: 26-3667220
PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2010

(a)	(b)	(c)		(d)	(e)
	Identity of Issue	Description		Cost	Current Value
		Par Value/ Type Shares	Rate/Maturity		
		Registered Investment Companies (Mutual Funds):			
	Artisan Midcap Value Fund	7,049		**	\$ 141,543
	Baron Small Cap Fund	10,175		**	241,963
	Capital World Growth & Income Fund R5	6,456		**	230,660
	Cohen & Steers Realty Shares	5,765		**	337,025
	Europacific Growth Fund R5	4,607		**	190,303
	Goldman Sachs Hi Yield Fd Inst'l Cl	113		**	822
	Goldman Sachs Short	49,795		**	508,900
	Growth Fund of America R5 American Funds	20,974		**	637,401
	Lazard Emerging Market Port Open Shares	33,654		**	746,774
	Loomis Sayles Value Fund	13,861		**	257,952
	Metropolitan West High Yield Bond Fund	18,261		**	195,030
	MFS Utilities Fund	893		**	14,671
	Pimco Real Return Fund	7,516		**	85,382
	Prudential Jennison Mid Cap Growth	5,832		**	159,668
	Prudential Jennison Natural Resources	2,403		**	137,150
	Royce Premier Fund	609		**	12,476
	Royce Total Return Fund	45,925		**	604,833
	Royce Total Return Institutional	4,617		**	60,717
*	Schwab S&P 500 Index Fund	28,274		**	553,323
	Templeton Global Bond Fund	6,604		**	89,551
			Total Registered Investment Companies (Mutual Funds)		5,206,144
			Collective Trust Funds:		
	Fiserv Strat Alloc Aggr Growth	36,828		**	463,669
	Fiserv Strat Alloc Balanced	66,414		**	860,058
	Fiserv Strat Alloc Cap Preserv	25,738		**	323,274
	Fiserv Strat Alloc Growth	24,731		**	315,818
	Fiserv Strat Alloc Inc & Growth	22,688		**	296,303
	Fiserv Strat Alloc Moderate Growth	77,379		**	988,908
	Fiserv Strat Alloc Port Target 2015	112,582		**	1,291,318
	Fiserv Strat Alloc Port Target 2025	85,238		**	956,371
	Fiserv Strat Alloc Port Target 2035	81,942		**	905,456
	Fiserv Strat Alloc Port Target 2045	47,387		**	513,671
*	Schwab Stable Value Fund Instl	6,643		**	1,367,994
			Total Collective Trust Funds		8,282,840
			Short-Term Investment:		
*	Schwab Retirement Advtg Money Fund	10		**	10
			Participant Loans:		
*	Participant loans	239,020	4.25%-6.25%	**	239,020
			Total Investments		\$ 13,728,014

* A party-in-interest as defined by ERISA.

** Cost omitted for participant-directed investments.

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name URGENT CARE MSO, LLC 401(K) PLAN

EIN: 26-3667220

Plan Sponsor's Name URGENT CARE MSO, LLC

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	GOLDMAN SACHS SHT DUR GOV	REGISTERED INVESTMENT CO.		508,900
	PIMCO REAL RETURN	REGISTERED INVESTMENT CO.		85,382
	TEMPLETON GLOBAL BOND	REGISTERED INVESTMENT CO.		89,551
	LOOMIS SAYLES VALUE	REGISTERED INVESTMENT CO.		257,952
	SCHWAB S&P 500 INDEX FUND	REGISTERED INVESTMENT CO.		553,323
	AMERICAN FUNDS GROWTH FUND	REGISTERED INVESTMENT CO.		637,401
	ARTISAN MID CAP VALUE	REGISTERED INVESTMENT CO.		141,543

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name URGENT CARE MSO, LLC 401(K) PLAN

EIN: 26-3667220

Plan Sponsor's Name URGENT CARE MSO, LLC

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PRUDENTIAL JENN MID CAP GR	REGISTERED INVESTMENT CO.		159,668
	ROYCE TOTAL RETURN	REGISTERED INVESTMENT CO.		604,833
	BARON SMALL CAP	REGISTERED INVESTMENT CO.		241,963
	AMERICAN EUROPACIFIC GR	REGISTERED INVESTMENT CO.		190,303
	AMERICAN FND CAP WRLD G & I	REGISTERED INVESTMENT CO.		230,660
	LAZARD EMERGING MARKETS	REGISTERED INVESTMENT CO.		746,774
	PRUDENTIAL JENN NATURAL RES	REGISTERED INVESTMENT CO.		137,150

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name URGENT CARE MSO, LLC 401(K) PLAN

EIN: 26-3667220

Plan Sponsor's Name URGENT CARE MSO, LLC

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	COHEN & STEERS REALTY SH	REGISTERED INVESTMENT CO.		337,025
	MFS UTILITIES	REGISTERED INVESTMENT CO.		14,671
	TD AMERITRD ALLOC CP PRES	COMMON COLLECTIVE TRUST		323,274
	TD AMERITRD STR ALLOC INC & GR	COMMON COLLECTIVE TRUST		296,303
	TD AMERITRD STR ALLOC MODERATE	COMMON COLLECTIVE TRUST		988,908
	TD AMERITRD STR ALLOC BALANCED	COMMON COLLECTIVE TRUST		860,058
	TD AMERITRD STR ALLOC GROW	COMMON COLLECTIVE TRUST		315,818

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name URGENT CARE MSO, LLC 401(K) PLAN

EIN: 26-3667220

Plan Sponsor's Name URGENT CARE MSO, LLC

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	TD AMERITRD STR ALLOC AGG GR	COMMON COLLECTIVE TRUST		463,669
	TD AMERITRD STR ALLOC PORT 2015	COMMON COLLECTIVE TRUST		1,291,318
	TD AMERITRD STR ALLOC PORT 2025	COMMON COLLECTIVE TRUST		956,371
	TD AMERITRD STR ALLOC PORT 2035	COMMON COLLECTIVE TRUST		905,456
	TD AMERITRD STR ALLOC PORT 2045	COMMON COLLECTIVE TRUST		513,671
	ROYCE PREMIER FD INSTL CL	REGISTERED INVESTMENT CO.		12,476
	ROYCE TOTAL RETURN INST	REGISTERED INVESTMENT CO.		60,717

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name URGENT CARE MSO, LLC 401(K) PLAN

EIN: 26-3667220

Plan Sponsor's Name URGENT CARE MSO, LLC

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	METROPOLITAN WEST HGH YLD	REGISTERED INVESTMENT CO.		195,030
	SCHWAB STABLE VALUE INSTL	COMMON COLLECTIVE TRUST		1,367,994
	LOAN FUND	PARTICIPANT LOANS VARIOUS INTEREST RATES AND MATURITY DATES		239,020
	GOLDMAN SACHS HI YLD INSTL CL	REGISTERED INVESTMENT CO.		822
	SCHWAB RET ADV MONEY FD	MONEY MARKET FUND		10