

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 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>HEALTHCARE PARTNERS OF NEVADA 401(K) PLAN</u>	1b Three-digit plan number (PN) ►	<u>001</u>	
	1c Effective date of plan	<u>10/01/1988</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>JSA HEALTHCARE NEVADA LLC</u> <u>770 E. WARM SPRING ROAD</u> <u>SUITE 250</u> <u>LAS VEGAS, NV 89119</u>	2b Employer Identification Number (EIN) <u>74-3177329</u>	2c Sponsor's telephone number <u>702-932-8543</u>	2d Business code (see instructions) <u>621111</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/17/2011</u>	<u>ANGELA SCURRY</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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") JSA HEALTHCARE NEVADA LLC 770 E. WARM SPRING ROAD SUITE 250 LAS VEGAS, NV 89119	3b Administrator's EIN 74-3177329 3c Administrator's telephone number 702-932-8543
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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	632
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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	802
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	105
d Subtotal. Add lines 6a , 6b , and 6c	6d	907
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	907
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	409
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	2

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

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)
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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 HEALTHCARE PARTNERS OF NEVADA 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. JSA HEALTHCARE NEVADA LLC	D Employer Identification Number (EIN) 74-3177329	

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
HARTFORD LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-813833	314	01/01/2010	12/31/2010

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

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

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

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

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

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

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

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

(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** 2312**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 ▶**b** Balance at the end of the previous year **7b** 254519**c** Additions: (1) Contributions deposited during the year **7c(1)** 171767(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 29172(4) Transferred from separate account **7c(4)** 97581(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 298520**d** Total of balance and additions (add **b** and **c(6)**). **7d** 553039**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 313586(2) Administration charge made by carrier **7e(2)** 496(3) Transferred to separate account **7e(3)** 236474(4) Other (specify below) **7e(4)** 179

▶ LOAN W/D

(5) Total deductions **7e(5)** 550735**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 2304

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)	0
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)	0
(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)	0
(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 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 HEALTHCARE PARTNERS OF NEVADA 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. JSA HEALTHCARE NEVADA LLC	D Employer Identification Number (EIN) 74-3177329	

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

(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

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

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

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

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

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

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

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

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

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	
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)	0
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)	0
(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)	0
(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 HEALTHCARE PARTNERS OF NEVADA 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JSA HEALTHCARE NEVADA LLC	D Employer Identification Number (EIN) 74-3177329	

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
FIDELITY INV INST OPS CO
04-2647786

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 37 60	RECORDKEEPER	312	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

KENNETH FRANCIS JEWELL

59-3670142

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	VENDOR	13629	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARTFORD LIFE

06-0974148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	VENDOR	10765	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COL MID CP VAL OP R4 - COLUMBIA MGT 1 FINANCIAL CTR #10 BOSTON, MA 02111	0.35%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DAVIS NY VENTURE A - BOSTON FINANCI 04-2526037	0.40%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EATON LG CAP VALUE A - PNC GLOBAL I 04-2871943	0.50%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
HARBOR INTL INV - HARBOR SERVICES G	0.35%	
34-1953399		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
JANUS FORTY S - JANUS SERVICES LLC	0.50%	
43-1804048		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
LD ABBETT SMCP BLD A - DST SYSTEMS,	0.40%	
43-1581814		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MSIF MID CAP GRTH P - JPMORGAN INVE 22-2382028	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NB GENESIS - TR CL - STATE STREET B 800 BOYLSTON STREET BOSTON, MA 02116	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO TOT RETURN ADM - BOSTON FINAN 04-2526037	0.25%	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	KIRKLAND, RUSS, MURPHY & TAPP, P.A.	b EIN:	59-3076061
c Position:	ACCOUNTANT		
d Address:	13577 FEATHER SOUND DRIVE,SUITE 400 CLEARWATER, FL 33762	e Telephone:	727-572-1400
Explanation:		THE SHAREHOLDERS OF KIRKLAND, RUSS, MURPHY & TAPP, P.A. BECAME SHAREHOLDERS OF MAYER HOFFMAN MCCANN P.C. AS OF NOVEMBER 1, 2010.	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 HEALTHCARE PARTNERS OF NEVADA 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 JSA HEALTHCARE NEVADA LLC	D Employer Identification Number (EIN) 74-3177329	

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)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	1114759
(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)	149403	224480
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4482312	12359714
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	272344	2304
(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	4904059	13701257

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	4904059	13701257
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	279533	
(B) Participants	2a(1)(B)	1226417	
(C) Others (including rollovers)	2a(1)(C)	193168	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1699118
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	81	
(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)	5271	
(F) Other	2b(1)(F)	27243	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		32595
(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)	164404	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		164404
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		663006
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2559123

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	578355	
(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)		578355
f Corrective distributions (see instructions)	2f		150116
g Certain deemed distributions of participant loans (see instructions).....	2g		23
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	11366	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		11366
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		739860

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1819263
l Transfers of assets:			
(1) To this plan.....	2l(1)		7716281
(2) From this plan	2l(2)		738346

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: **MAYER HOFFMAN MCCANN P.C.,**

(2) EIN: **43-1947695**

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.).....	☒	☐	118019
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.).....	☐	☒	
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.)	☐	☒	
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.).....	☐	☒	
e Was this plan covered by a fidelity bond?.....	☒	☐	1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒	☐	
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.).....	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	☐	☒	
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.	☐	☒	

- 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)
DELTA HEALTH SYSTEMS 401(K) PLAN	94-2353289	001

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>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 HEALTHCARE PARTNERS OF NEVADA 401(K) PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 JSA HEALTHCARE NEVADA LLC		D Employer Identification Number (EIN) 74-3177329
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 06-0974148 04-6568107		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
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):

**HEALTHCARE PARTNERS OF NEVADA 401(k) PLAN
(Formerly Healthcare Partners of Nevada and Utah 401(k) Plan)**

**Financial Statements
and Supplemental Schedules**

**December 31, 2010 and 2009
(With Independent Auditors' Report Thereon)**

HEALTHCARE PARTNERS OF NEVADA 401(k) PLAN
(Formerly Healthcare Partners of Nevada and Utah 401(k) Plan)

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Independent Auditors' Report

To the Plan Administrator

Healthcare Partners of Nevada 401(k) Plan

(Formerly Healthcare Partners of Nevada and Utah 401(k) Plan):

We were engaged to audit the financial statements and supplemental schedules of Healthcare Partners of Nevada 401(k) Plan (Formerly Healthcare Partners of Nevada and Utah 401(k) Plan) (the Plan) as of and for the year ended December 31, 2010 as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management. The financial statements of Healthcare Partners of Nevada and Utah 401(k) Plan as of December 31, 2009 were audited by other auditors, Kirkland, Russ, Murphy & Tapp, P.A. whose shareholders became shareholders of Mayer Hoffman McCann P.C. as of November 1, 2010. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Hartford Life Insurance Company, the trustee of the Plan. Their report dated October 7, 2010, indicated that (a) because of the significance of the information they did not audit, they were unable to, and did not, express an opinion on the 2009 financial statements taken as a whole and (b) the form and content of the information included in the 2009 financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income and Security Act of 1974.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Hartford Life Insurance Company and Fidelity Management Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustees hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from the trustees as of and for the year ended December 31, 2010 that the information provided to the Plan Administrator by the trustees is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2010 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the 2010 financial statements and supplemental schedules, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Mayer Hoffman McCann P.C.

October 14, 2011
Clearwater, Florida

HEALTHCARE PARTNERS OF NEVADA 401(k) PLAN
(Formerly Healthcare Partners of Nevada and Utah 401(k) Plan)

Statements of Net Assets Available for Benefits

December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Assets:		
Registered investment companies, at fair value	\$ 13,474,473	-
Pooled separate accounts, at fair value	-	4,482,312
Guaranteed interest account, at contract value	<u>2,304</u>	<u>272,344</u>
Total investments	13,476,777	4,754,656
Receivables:		
Participant	71,652	82,954
Employer	17,799	14,910
Notes receivable from participants	<u>224,480</u>	<u>149,403</u>
Total assets	13,790,708	5,001,923
Liabilities:		
Excess participant contributions payable	<u>24,583</u>	<u>36,703</u>
Net assets available for benefits	<u>\$ 13,766,125</u>	<u>4,965,220</u>

HEALTHCARE PARTNERS OF NEVADA 401(k) PLAN
(Formerly Healthcare Partners of Nevada and Utah 401(k) Plan)

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2010

Additions to net assets attributed to:	
Net appreciation in fair value of investments	\$ 663,006
Interest income	191,728
Interest income from notes receivable from participants	<u>5,271</u>
Total investment income	860,005
Contributions:	
Participant	1,227,235
Employer	282,422
Rollover	<u>193,168</u>
Total additions to net assets	2,562,830
Deductions from net assets attributed to:	
Benefits paid to participants	728,494
Administrative expenses	<u>11,366</u>
Total deductions from net assets	<u>739,860</u>
Net increase	1,822,970
Transfers in	7,716,281
Transfers out	(738,346)
Net assets available for benefits:	
Beginning of year	<u>4,965,220</u>
End of year	<u><u>\$ 13,766,125</u></u>

HEALTHCARE PARTNERS OF NEVADA 401(k) PLAN
(Formerly Healthcare Partners of Nevada and Utah 401(k) Plan)

Notes to Financial Statements

December 31, 2010 and 2009

(1) Plan Description

The following is a brief description of the Healthcare Partners of Nevada 401(k) Plan (Plan) and is provided for general information purposes only. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a multiple employer defined-contribution plan covering certain related entities of Healthcare Partners of Nevada (Company). The entities that have adopted the plan include JSA Healthcare Nevada, LLC (Nevada), JSA P5 Nevada, LLC (P5 Nevada), JSA P5 Utah, LLC (P5 Utah), JSA Professional Association (PA), Medical Diagnostic Services, Inc. d/b/a Nevada Physicians Imaging (MDS), and Resource Advisors Corporation (RAC). During 2009 P5 Utah was sold. All related accounts were transferred out of the Plan in 2010. During 2009, MDS declared bankruptcy and substantially all accounts were distributed to participants during 2010. During 2010, the Company acquired the Fremont Medical Clinic LTD (Fremont). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective November 1, 2010 the Plan adopted the Fidelity Volume Submitter Plan. As a result of adoption, Fidelity Management Trust Company (Fidelity) became the new trustee of the Plan. Hartford Life Insurance Company (Hartford) had previously served as trustee. As a result of the change in trustees, all assets of the Plan were liquidated and transferred from Hartford to Fidelity. After the transfer, the Plan changed the Plan name from "Healthcare Partners of Nevada and Utah 401(k) Plan" to "Healthcare Partners of Nevada 401(k) Plan". Employees now become eligible to participate in the Plan in the month following completion of nine months of service and attaining the age of 18. Prior to adoption, employees become eligible to participate in the Plan in the month following completion of nine months of service and attaining the age of 21. Employees may enter the plan on the first day of the month after completion of the required service.

(b) Contributions

Participants may elect to contribute up to 75% of their pre-tax compensation up to a maximum of \$16,500 for the year ended December 31, 2010. The Plan also provides for "catch-up" contributions subject to IRS limitations. The Plan also allows for Roth contributions.

HEALTHCARE PARTNERS OF NEVADA 401(k) PLAN
(Formerly Healthcare Partners of Nevada and Utah 401(k) Plan)

Notes to Financial Statements - Continued

(1) Plan Description – Continued

(b) Contributions - Continued

Under the Hartford plan, adopting employers, at their discretion, may make matching contributions of 50% of an employee's deferrals, up to and not to exceed 3% of a participant's compensation. Under the Fidelity plan, the Company may make discretionary contributions. During 2010, Nevada, P5 Nevada, PA, RAC and Fremont made discretionary contributions of approximately \$282,000. MDS and P5 Utah did not make discretionary matching contributions during 2010.

The Company, at its discretion, may also make discretionary profit sharing contributions. Participants must be employed on the last day of the plan year and have completed 1,000 hours of service in order to receive their contribution. No such contributions were made for the year ended December 31, 2010.

The Plan also accepts rollovers and direct transfers from other tax-qualified plans.

(c) Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of the Company's contribution and Plan earnings. A separate account is maintained for each investment option selected by the participant. Earnings and losses of the Plan are allocated to each participant based upon the ratio of their account to the total of all participants' accounts. All allocations are made on a daily basis.

(d) Vesting

Participants are immediately vested in their own salary deferral and rollover contributions, plus actual earnings thereon. Participants who were employed by the Company at any time after December 31, 2008, become 100% vested in the Company matching contributions and Company discretionary profit sharing contributions after four years of credited service based on the following table:

<u>Years of Service</u>	
Less than one year	0%
One year but less than two	25%
Two years but less than three	50%
Three years but less than four	75%
Four years or more	100%

HEALTHCARE PARTNERS OF NEVADA 401(k) PLAN
(Formerly Healthcare Partners of Nevada and Utah 401(k) Plan)

Notes to Financial Statements - Continued

(1) Plan Description – Continued

(d) Vesting - Continued

Participants who are not employed by the Company at any time after December 31, 2008, and employees of MDS, and participants of the Fremont plan who terminated employment prior to November 1, 2010 become 100% vested in the Company matching and Company discretionary profit sharing contributions after six years of credited service based on the following table:

<u>Years of Service</u>	
Less than two years	0%
Two years but less than three	20%
Three years but less than four	40%
Four years but less than five	60%
Five years but less than six	80%
Six years or more	100%

Participants also become fully vested upon reaching their normal retirement age (age 65) or when they satisfy the conditions of early retirement age, death or retirement due to disability.

(e) Notes Receivable from Participants

Participants may borrow from their account a minimum of \$1,000 with the maximum equal to the lesser of \$50,000 or 50% of their vested account balance. A participant may not have more than two loans outstanding from the Plan at any time. Loan terms range from one to five years and are collateralized by the respective participants account and are evidenced by a note which bears interest at prevailing interest rates. Principal and interest are paid ratably through payroll deductions. All loans shall be repaid within five years, unless the loan qualifies as a home loan in which the loan term shall not exceed 15 years.

(f) Withdrawals

The Plan allows participants to withdraw a portion of their vested account balance in the event of immediate and heavy financial need. Any hardship withdrawal is limited to the amount needed to meet the financial need but shall be for no less than \$500, and must qualify with respect to Plan provisions.

Effective November 1, 2010, the Plan also allows for in service withdrawals from vested accounts by participants who have reached age 59 ½.

HEALTHCARE PARTNERS OF NEVADA 401(k) PLAN
(Formerly Healthcare Partners of Nevada and Utah 401(k) Plan)

Notes to Financial Statements - Continued

(1) Plan Description – Continued

(g) Benefit Payments

In the event of termination of employment with the Company, a participant shall be entitled to benefits equal to a lump-sum amount equal to the value of the participant's vested interest in his or her account, maintain their account with the Plan or a combination of both. If the value of a terminated participant's vested benefit does not exceed \$1,000, the entire amount shall be paid to the participant in a single lump sum or combined within another qualified plan within 90 days. As of November 1, 2010, the threshold was increased from \$1,000 to \$5,000.

(h) Forfeitures

Forfeitures from the Plan are used to reduce future employer contributions or to reduce administrative expenses. Forfeitures available for reduction of future employer contributions were approximately \$73,000 and \$18,000 at December 31, 2010 and 2009, respectively. For the year ended December 31, 2010, the Company did not utilize any forfeited non-vested account balances.

(2) Summary of Accounting Policies

(a) Basis of Presentation

The financial statements of the Plan are presented on the accrual basis of accounting and present the net assets available for benefits and changes in net assets available for benefits.

(b) Use of Estimates

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

(c) Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

HEALTHCARE PARTNERS OF NEVADA 401(k) PLAN
(Formerly Healthcare Partners of Nevada and Utah 401(k) Plan)

Notes to Financial Statements - Continued

(2) Summary of Accounting Policies - Continued

(d) Investment Valuation and Income Recognition

Registered investment companies are stated at fair value based on quoted market prices. Pooled separate accounts are stated at fair value. Fair values of pooled separate accounts are based on quoted market prices of the underlying investments and include interest and realized gains, net of any fees and expenses. The guaranteed interest account is stated at contract value which approximates fair value. Generally, transactions are processed at contract value.

Realized and unrealized gains and losses represent the change in market value of the investments during the year.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned.

(e) Administrative Expenses

Plan expenses may be paid out of Plan assets unless paid by the Company. Company personnel also perform various administrative services for the Plan, including limited assistance with the maintenance of participant records. The amount of payroll and related overhead costs associated with these services is not included in the accompanying financial statements.

(f) Risks and Uncertainties

The Plan provides for various investment options in any combination of investment securities offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market and credit. 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 plan benefits.

(g) New Pronouncements

In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2010-06 *Improving Disclosures about Fair Value Measurements*, which is an update to ASC Topic 820, *Fair Value Measurements and Disclosures*. This update establishes further disclosure requirements regarding transfers in and out of Levels 1 and 2, and activity in Level 3 fair value measurements. In addition, plans will be required to disclose quantitative information about the inputs used in determining fair values. ASU 2010-06 is effective for reporting periods beginning after December 15, 2009, except for the new Level 3 disclosures, which will become effective for reporting periods after December 15, 2010. The Plan adopted ASU 2010-06 on January 1, 2010 and the adoption had no impact on the Plan's net assets available for benefits or changes in net assets available for benefits as it only amends required disclosures.

HEALTHCARE PARTNERS OF NEVADA 401(k) PLAN
(Formerly Healthcare Partners of Nevada and Utah 401(k) Plan)

Notes to Financial Statements - Continued

(2) Summary of Accounting Policies - Continued

(g) New Pronouncements - Continued

In September 2010, the FASB issued Accounting Standards Update 2010-25, *Reporting on Loans to Participants by Defined Contribution Pension Plans* (ASU 2010-25). ASU 2010-25 requires participant loans to be measured at their unpaid principal balance plus any accrued but unpaid interest and to be classified as notes receivable from participants. Previously, loans were measured at fair value and classified as investments. The Plan adopted this standard during 2010. As such, participant loans have been reclassified to notes receivable from participants as of December 31, 2010 and 2009.

(3) Plan Termination

Although the Company has not expressed any intent to do so, it 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 become 100% vested in their accounts.

(4) Tax Status

The Internal Revenue Service has determined and informed the Sponsor by a letter dated January 26, 2009 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). On November 1, 2010, the Plan adopted the Fidelity Volume Submitter Plan. The Fidelity Volume Submitter Plan obtained its latest opinion letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with applicable requirements of the IRC. The Plan has been amended since receiving the determination and opinion letters, however, the plan administrator and the plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

(5) Investment Contracts with Insurance Company

As of December 31, 2009, the Plan's assets were administered through an investment contract with Hartford. Hartford maintained the contributions in pooled separate accounts and a fixed account which guarantees a certain rate of return. The contract is not fully-benefit responsive and is included in the financial statements at contract value, which approximates fair value, as reported to the Plan by Hartford.

The contributions of the fixed account with Hartford are maintained in a general account. Contract value of the account is the value paid when funds are withdrawn prior to their maturity except in limited circumstances. The average yield and crediting interest rates were 3.00% for the year ended December 31, 2010.

The fixed account contracts were discontinued with Hartford effective October 29, 2010, except for MDS's contract (See note 1(a)).

HEALTHCARE PARTNERS OF NEVADA 401(k) PLAN
(Formerly Healthcare Partners of Nevada and Utah 401(k) Plan)

Notes to Financial Statements - Continued

(6) Information Certified by the Trustees (Unaudited)

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Hartford and Fidelity, the trustees, have certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Total investments and notes receivable from participants, except for \$2,304, as shown in the statements of net assets available for benefits, as of December 31, 2010 and 2009.
- Total investment income and related investment activity as shown in the statement of changes in net assets available for benefits, for the year ended December 31, 2010.
- The schedule of assets (held at end of year), as shown in the supplemental schedule, as of December 31, 2010.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in these financial statements.

HEALTHCARE PARTNERS OF NEVADA 401(k) PLAN
(Formerly Healthcare Partners of Nevada and Utah 401(k) Plan)

Notes to Financial Statements - Continued

(7) Investments

The fair value of investments which individually comprise greater than 5% of net assets available for plan benefits as of December 31, 2010 and 2009 are as follows:

	<u>2010</u>	<u>2009</u>
Registered investment companies, at fair value:		
Davis New York Venture Fund, Inc. - Class A	\$ 889,487	*
Janus Forty Fund Class S	1,196,340	*
Harbor International Fund	980,355	*
Fidelity Balanced Fund	1,395,438	*
Fidelity Freedom 2010 Fund	1,383,979	*
Fidelity Freedom 2020 Fund	805,984	*
Fidelity Freedom 2030 Fund	1,036,307	*
Fidelity Retirement Money Market Portfolio	1,114,759	*
Fidelity Freedom 2015 Fund	1,019,877	*
Pooled separate accounts, at fair value:		
Lifepath 2020	*	650,873
Lifepath 2030	*	435,076
Janus Advisor Forty	*	508,956
Hartford Global Health HLS	*	283,529
Thornburg International Value	*	463,268
Davis New York Venture	*	324,785
Columbia Mid Cap Value	*	261,808
American Century Vista	*	276,502
Guaranteed interest account, at contract value:		
Hartford fixed account	*	272,343

* Investment did not represent 5% or more of the Plan's net assets

During the year ended December 31, 2010, the Plan's investments, including investments bought sold, and held during the year, appreciated in value as follows:

Pooled separate accounts	\$ 283,881
Registered investment companies	<u>379,125</u>
Net appreciation in fair value of investments	<u><u>\$ 663,006</u></u>

HEALTHCARE PARTNERS OF NEVADA 401(k) PLAN
(Formerly Healthcare Partners of Nevada and Utah 401(k) Plan)

Notes to Financial Statements - Continued

(8) Parties-in-Interest

The Plan invested in registered investment companies managed by Fidelity and pooled separate accounts and a guaranteed interest account managed by Hartford. Hartford and Fidelity acted as the investment trustees for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions.

(9) Excess Contributions Payable

The Plan's statement of net assets available for benefits at December 31, 2010 and 2009 include \$24,583 and \$36,703, respectively, of excess contributions payable to certain active participants to return to them excess deferrals required to satisfy the relevant nondiscrimination provisions of the Plan.

(10) Transfers In and Out

In July 2010, assets of P5 Utah totaling \$738,346 were transferred out of the Plan. In November 2010, assets of the Fremont Medical Clinic LTD 401(k) Plan of \$7,716,281 were transferred into the Plan.

(11) Fair Value Measurements

The Plan applies the provisions of ASC 820 in measuring fair value. ASC 820 established a three-tier fair value hierarchy which prioritized the inputs used in measuring fair value as follows:

Level 1: Observable inputs such as quoted prices in active markets;

Level 2: Inputs, other than quoted prices in active markets, that are observable either directly or indirectly; and

Level 3: Unobservable inputs in which there is little or no market data, which require the reporting entity to develop its own assumptions.

The asset'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. Following is a description of the valuation methodologies used for investments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Registered Investment Companies: Registered investment companies are valued at quoted market prices, which represent net asset values of shares held by the Plan at year-end and are classified as Level 1 investments.

Pooled Separate Accounts: The pooled separate accounts are valued based on the value of sub-accounts which invest in mutual funds. These mutual funds are valued using quoted market prices, which represent the net asset values of shares held by the Plan at year-end and are classified as Level 2 investments.

Guaranteed Interest Account: The guaranteed interest account is valued at the contract value of the account and is the approximation of fair value of the account when funds are withdrawn prior to their maturity and are classified as Level 2 investments.

HEALTHCARE PARTNERS OF NEVADA 401(k) PLAN
(Formerly Healthcare Partners of Nevada and Utah 401(k) Plan)

Notes to Financial Statements - Continued

(11) Fair Value Measurements - Continued

As of December 31, 2010 and 2009, the Plan's investments measured at fair value on a recurring basis were as follows:

Fair Value Measurements at 12/31/10 Using				
Description	Assets Measured at Fair Value at 12/31/2010	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment companies:				
Large Cap	\$ 2,466,060	2,466,060	-	-
Mid Cap	1,095,284	1,095,284	-	-
Small Cap	438,523	438,523	-	-
International	980,355	980,355	-	-
Blended	6,796,326	6,796,326	-	-
Bond	583,165	583,165	-	-
Short-term	1,114,760	1,114,760	-	-
Guaranteed interest account	2,304	-	2,304	-
	<u>\$ 13,476,777</u>	<u>13,474,473</u>	<u>2,304</u>	<u>-</u>
Fair Value Measurements at 12/31/09 Using				
Description	Assets Measured at Fair Value at 12/31/2009	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled separate accounts:				
Large Cap	\$ 1,045,976	-	1,045,976	-
Mid Cap	587,279	-	587,279	-
Small Cap	119,294	-	119,294	-
International	463,268	-	463,268	-
Blended	1,717,096	-	1,717,096	-
Intermediate Government	132,629	-	132,629	-
Bond	109,145	-	109,145	-
Short-term	307,625	-	307,625	-
Guaranteed interest account	272,344	-	272,344	-
	<u>\$ 4,754,656</u>	<u>-</u>	<u>4,754,656</u>	<u>-</u>

In November 2010, all pooled separate accounts and substantially all of the guaranteed interest account totaling approximately \$5,343,200 were liquidated from Hartford and transferred to Fidelity as a result of the change in trustees. The funds were invested in shares of registered investment companies at Fidelity which are classified as Level 1 investments.

HEALTHCARE PARTNERS OF NEVADA 401(k) PLAN
(Formerly Healthcare Partners of Nevada and Utah 401(k) Plan)

Notes to Financial Statements - Continued

(12) Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31, 2010 and 2009:

	<u>2010</u>	<u>2009</u>
Net assets available for benefits for financial reporting purposes	\$ 13,766,125	4,965,220
Participant and employer contributions receivable	(89,451)	(97,864)
Excess employee contributions payable	<u>24,583</u>	<u>36,703</u>
Net assets available for benefits for Form 5500 purposes	<u>\$ 13,701,257</u>	<u>4,904,059</u>

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2010:

Net increase for financial reporting purposes	\$ 1,822,970
Participant and employer contributions receivable as of December 31, 2010	(89,451)
Participant and employer contributions receivable as of December 31, 2009	97,864
Excess contributions payable as of December 31, 2010	24,583
Excess contributions payable as of December 31, 2009	<u>(36,703)</u>
Net increase for Form 5500 purposes	<u>\$ 1,819,263</u>

(13) Subsequent Events

In preparing these financial statements, the Plan Administrator has evaluated events and transactions for potential recognition or disclosure through October 14, 2011, the date the financial statements were available to be issued.

HEALTHCARE PARTNERS OF NEVADA 401(k) PLAN
(Formerly Healthcare Partners of Nevada and Utah 401(k) Plan)

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

Employer Identification Number (EIN): 74-3177329
Plan Number (PN): 001

December 31, 2010

(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	(e) Current Value
	Pimco Total Return Fund	Registered Investment Company	\$ 421,384
	Morgan Stanley Institutional Fund		
	Mid Cap Growth Portfolio	Registered Investment Company	556,942
	Neuberger Berman Genesis Fund Trust Class	Registered Investment Company	118,376
	Davis New York Venture Fund, Inc. - Class A	Registered Investment Company	889,487
	Janus Forty Fund Class S	Registered Investment Company	1,196,340
	Columbia Mid-Cap Value Fund - R4	Registered Investment Company	538,342
	Harbor International Fund	Registered Investment Company	980,355
	Eaton Vance Large Cap Value Fund Class A	Registered Investment Company	208,204
	Lord Abbett Small-Cap Blend Fund Class A	Registered Investment Company	320,147
*	Fidelity Government Income Fund	Registered Investment Company	161,781
*	Fidelity Balanced Fund	Registered Investment Company	1,395,438
*	Fidelity Freedom Income Fund	Registered Investment Company	103,720
*	Fidelity Freedom 2000 Fund	Registered Investment Company	61,807
*	Fidelity Freedom 2010 Fund	Registered Investment Company	1,383,979
*	Fidelity Freedom 2020 Fund	Registered Investment Company	805,984
*	Fidelity Freedom 2030 Fund	Registered Investment Company	1,036,307
*	Fidelity Retirement Money Market Portfolio	Registered Investment Company	1,114,759
*	Spartan 500 Index Fund Investor Class	Registered Investment Company	172,028
*	Fidelity Freedom 2040 Fund	Registered Investment Company	364,547
*	Fidelity Freedom 2005 Fund	Registered Investment Company	220
*	Fidelity Freedom 2015 Fund	Registered Investment Company	1,019,877
*	Fidelity Freedom 2025 Fund	Registered Investment Company	292,563
*	Fidelity Freedom 2035 Fund	Registered Investment Company	296,223
*	Fidelity Freedom 2045 Fund	Registered Investment Company	27,314
*	Fidelity Freedom 2050 Fund	Registered Investment Company	8,349
	Hartford fixed account	Guaranteed Interest Account	2,304
			<u>13,476,777</u>
*	Participant loans	4.25% to 7%	<u>224,480</u>
			\$ <u><u>13,701,257</u></u>

* Parties-in-interest

HEALTHCARE PARTNERS OF NEVADA 401(k) PLAN
(Formerly Healthcare Partners of Nevada and Utah 401(k) Plan)

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

Employer Identification Number (EIN): 74-3177329

Plan Number (PN): 001

December 31, 2010

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 21,271	\$ -	\$ 21,271	\$ -	\$ -
96,748	78,709	18,039	-	-
<u>\$ 118,019</u>	<u>\$ 78,709</u>	<u>\$ 39,310</u>	<u>\$ -</u>	<u>\$ -</u>