Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee

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

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

Short Form Annual Return/Report of Small Employee

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2009 or fiscal plan year beginning 01/01/20	09	and ending	12/31/2	2009
Α	This return/report is for: Single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plar	n year return/report (less than 12 m	onths)	
С	Check box if filing under:	automatio	extension		DFVC program
	special extension (enter descript	ion)			
Pa	irt II Basic Plan Information—enter all requested inform	nation			
	Name of plan			1b	Three-digit
CHE	LSEA IMAGING 401(K) PLAN				plan number
				4-	(PN)
				10	Effective date of plan 01/01/1998
2a	Plan sponsor's name and address (employer, if for single-employe	r plan)		2b	Employer Identification Number
	LSEA IMAGING HOLDINGS, L.L.C.	,			(EIN) 26-2039330
				2c	Plan sponsor's telephone number
	VEST 17TH STREET YORK, NY 10011			2d	917-305-2601 Business code (see instructions)
				- 4	621510
	Plan administrator's name and address (if same as Plan sponsor,			3b	Administrator's EIN
CHE	LSEA IMAGING HOLDINGS, L.L.C. 230 WEST NEW YORK			20	26-2039330
				36	Administrator's telephone number 917-305-2601
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
I	name, EIN, and the plan number from the last return/report. Spons	or's name		4c	DN
	Total number of participants at the beginning of the plan year				
b	Total number of participants at the beginning of the plan year				54
C	Total number of participants with account balances as of the end of			5b	52
	complete this item)		` .	. 5c	47
6a	Were all of the plan's assets during the plan year invested in eligi	ble assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of				V Vac □ Na
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use I		•		X Yes No
Pa	rt III Financial Information	01111 3300	or and must mistead use i orm s		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	185887	'1	2289070
b	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7с	185887	'1	2289070
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:	0 (4)			
	(1) Employers	8a(1)	40505	_	
	(2) Participants		12565	07	
h	(3) Others (including rollovers)		27456		
b	Other income (loss)		37456	00	500225
c d	Benefits paid (including direct rollovers and insurance premiums	8c			300223
<u>.</u>	to provide benefits)	8d	5758	88	
е	Certain deemed and/or corrective distributions (see instructions)	8e	676	55	
f	Administrative service providers (salaries, fees, commissions)	8f	567	'3	
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			70026
i	Net income (loss) (subtract line 8h from line 8c)	8i			430199
i	Transfers to (from) the plan (see instructions)	gi			

Part IV	Plan	Charac	teristics

9a 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 3D

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

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art	٧	Compliance Questions								
0	Duri	ng the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)									
b		e there any nonexempt transactions with any party-in-interest? (Dene 10a.)		•	10b		X			
С	Was	the plan covered by a fidelity bond?			10c	X			250	00
d		he plan have a loss, whether or not reimbursed by the plan's fidel shonesty?			10d		X			
е	insu	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of the actions.)	e benefits under the	e plan? (See	10e		X			
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X			
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g	Χ			5149	
h		s is an individual account plan, was there a blackout period? (See			10h		X			
i		h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			10i					
art	VI	Pension Funding Compliance								_
11	Is thi	s a defined benefit plan subject to minimum funding requirements							Yes X N	lo
2		is a defined contribution plan subject to the minimum funding requ							Yes X N	lo
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)							
а	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 letter ruling									
16 .		ompleted line 12a, complete lines 3, 9, and 10 of Schedule ME			h		Day		Year	
		r the minimum required contribution for this plan year					12b			—
		r the amount contributed by the employer to the plan for this plan					12c			_
		ract the amount in line 12c from the amount in line 12b. Enter the	·				124			_
	negative amount)									
		he minimum funding amount reported on line 12d be met by the fo	unding deadline?					Yes	No N/	\
art	VII	Plan Terminations and Transfers of Assets								
3a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?				Γ	Yes X	lo
		es," enter the amount of any plan assets that reverted to the emplo					13a			
b		e all the plan assets distributed to participants or beneficiaries, trai e PBGC?		plan, or brought u	ınder 	the co	ntrol		Yes X	lo
С		ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	e plai	n(s) to	1			
1	13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s))		
										—
Cauti	on: A	penalty for the late or incomplete filing of this return/report	will be assessed ι	ınless reasonabl	e cau	ıse is	establ	ished.		
SB o	Sche	alties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
	Fil		07/29/2010	MICHAEL PETTI						
SIGI	N	3 - 3	-							

SIGN	Filed with authorized/valid electronic signature.	07/29/2010	MICHAEL PETTI
HERE	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

[Chelsea Imaging Holdings, LLC]

[Chelsea Imaging 401(k) Plan]

Authorization to Electronically Sign and File 5500

I hereby authorize any employee of Geller Group, LLC ("Service Provider") to electronically sign and file 5500 forms on my behalf.

I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- An image of my signature will be included with the rest of the return/report posted by the
 Department of Labor on the internet for public disclosure.
- I may revoke or change this authorization at any time by written notification to Service

Provider.

By:

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Title

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			92		Total plan liabilities	-
0/0,285,070		<u> </u>	67			•
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621510 55544050 0000 (000 HIDH 0000HD)	>**	TTOOT AN			NEM KOKK	NE.
Business code (see instructions)	PG			Ţ	330 MEST 17TH STREE	z
(917) 302-2601 Plan sponsor's telephone number	97.					
(EIN) \$6-2039330	<u>_</u>			: 2 · 11 · 11 · 12 · 14 · 14 · 14 · 14 ·	TOU ONTOWNT WISHING	า
Employer Identification Number	SP		blan)	ess (employer, if for single-employer	parti sponsor's name and addit	<u>29 i</u>
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Effective date of plan	٦Ļ					
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plan number				(k) PLAU	CHEPSEY IMAGING 401	
Three-digit	41	<u> </u>	HODZ	nation—enter all requested informa		
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one-participant plan		mployer plan (not multiemployer)		single-employer plan	his return/report is for: L	ΠA
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to be filed under sections 104 and 4065 of the Employee						
2000		Department of the Treasury Department of the Treasury This form is comitted to be filled under receipts 10A and Afrike of the Employee				
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				*				i i	Sign of Comer And
rotertaini	HERE Signature of plan administrator / Date Date Enter name of Individual signing as plan administrator								
	SIGN KONNE HE CARMEN ASHE								
nus afromous	belief, it is true, correct, and complete.								
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and									
									Caution: A penalty for the late or incomplete filling of this return/repor
	, ,								
C(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)								13c(1) Name of plan(s):	
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AM ON	∖es	<u> </u>	一	*******					Only the minimum funding amount reported on line 12d be met by the
		159		e jo					Subtract the amount in line 12c from the amount in line 12b. Enter the
		150							c Enter the amount contributed by the employer to the plan for this pla
		421] -	** * * * * * * * * *	_				b Enter the minimum required contribution for this plan year
., .,		VeCl			skip to line 13.	ue '(2200	mo7) 8N	granting the waiver
			e pue						S If a waiver of the minimum funding standard for a prior year is being
									(H "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicate
ON X Sey	FRISA?	10 SO	E noit		eboO effi to Sf4 n	ectio	s to st	nemeniuo	65000)) Section of the minimum funding residual
ON X Say									trines a defined benefit plan subject to minimum funding requiremen
							Annual Andrews		Pension Funding Compliance
				101					exceptions to providing the notice applied under 29 CFR 2520.101-
		37	-	401	adt to er		anilon	hərimər	Sezo. 101-3.)
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		X		101	******************	•••••	*******		These the plan failed to provide any benefit when due under the plan?
	l	x		90r					insurance service or other organization that provides some or all of instructions.)
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3E 000			X	105					on line 10a.)
		X		707					Chere there any nonexempt transactions with any party-in-interest?
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