

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
--	--	---

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A This return/report is for:	<div>☐ a multiemployer plan;</div> <div>☒ a single-employer plan;</div> <div>☐ a multiple-employer plan; or</div> <div>☐ a DFE (specify) ____</div>
B This return/report is:	<div>☐ the first return/report;</div> <div>☐ the final return/report;</div> <div>☐ an amended return/report;</div> <div>☐ a short plan year return/report (less than 12 months).</div>
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	<div>☐ Form 5558;</div> <div>☐ automatic extension;</div> <div>☐ the DFVC program;</div> <div>☐ special extension (enter description)</div>

Part II	Basic Plan Information—enter all requested information	
1a Name of plan DIVERSIFIED RADIOLOGY OF COLORADO,PC PROFIT-SHARING PLAN	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan 10/01/1968	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) DIVERSIFIED RADIOLOGY OF COLORADO, PC 938 BANNOCK STREET, SUITE 300 DENVER, CO 80204	2b Employer Identification Number (EIN)	84-1156388
	2c Sponsor's telephone number	303-716-3776
	2d Business code (see instructions)	621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2010	TRACY WALKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") DIVERSIFIED RADIOLOGY OF COLORADO, PC 938 BANNOCK STREET, SUITE 300 DENVER, CO 80204	3b Administrator's EIN 84-1156388 3c Administrator's telephone number 303-716-3776
---	---

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

5 Total number of participants at the beginning of the plan year	5	150
---	----------	-----

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	96
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	34
d Subtotal. Add lines 6a , 6b , and 6c	6d	130
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	130
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	130
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

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

2E 2G 2J 2R 2F

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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE 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
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan DIVERSIFIED RADIOLOGY OF COLORADO,PC PROFIT-SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DIVERSIFIED RADIOLOGY OF COLORADO, PC	D Employer Identification Number (EIN) 84-1156388	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRUDENTIAL RETIREMENT INSURANCE AND
06-1050034

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

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

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

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

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

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

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

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

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

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

(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)

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

(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?
13 15 37 50 60 64	NONE	1037	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

PRUDENTIAL INVESTMENT MANAGEMENT SE

13-4122960

(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?
63	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

THE PRUDENTIAL INSURANCE COMPANY OF

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 60 64	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

COLORADO CAPITAL BANK

5251 DTC PARKWAY SUITE 1120
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	NONE	8330	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
PRUDENTIAL INVESTMENT MANAGEMENT SE	63	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.	
BARON CAPITAL, INC. 13-3107580	25.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 BARON SMALL CAP	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	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.	
AMERICAN FUNDS SERVICE CO 95-2566717	5.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 GROWTH FUND OF AMERICA R5	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	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.	
BOSTON FINANCIAL DATA SERVICE, INC 04-2526037	26.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 HIGHMRK DIV MMK REINV FID	

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
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	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.	
BOSTON FINANCIAL DATA SERVICES, INC 04-2526037	10.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 DODGE & COX STOCK FUND	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	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.	
BOSTON FINANCIAL DATA SVCS 04-2526037	10.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 ROYCE TOTAL RETURN FUND	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	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.	
DST SYSTEMS, INC. 43-1581814	30.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 BARON SMALL CAP	

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
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	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.	
GOLDMAN, SACHS & CO. 13-5108880	5.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 GOLDMAN SACHS HIGH YIELD	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	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.	
STATE STREET BANK & TRUST CO 04-1867445	25.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 BARCLAYS GLB INV LP 2010	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	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.	
STATE STREET BANK & TRUST CO 04-1867445	25.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 BLACKROCK LIFEPATH 2020 I	

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
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	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.	
STATE STREET BANK & TRUST CO 04-1867445	25.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 BLACKROCK LIFEPATH 2030 I	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	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.	
STATE STREET BANK & TRUST CO 04-1867445	25.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 BLACKROCK LIFEPATH 2040 I	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	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.	
STATE STREET BANK & TRUST CO 04-1867445	25.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 BLACKROCK LIFEPATH 2050 I	

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
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	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.	
STATE STREET BANK & TRUST CO 04-1867445	25.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 BLACKROCK LIFEPAATH RET I	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	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.	
US BANCORP FUND SERVICES, LLC 39-0281260	10.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 ARTIO EQUI I	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan DIVERSIFIED RADIOLOGY OF COLORADO,PC PROFIT-SHARING PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 DIVERSIFIED RADIOLOGY OF COLORADO, PC	D Employer Identification Number (EIN) 84-1156388	

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	510969	525387
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)	2252816	121891
(2) U.S. Government securities.....	1c(2)	9971	19672
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	166899	475209
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	5612	9080
(B) Common	1c(4)(B)	2349488	3789261
(5) Partnership/joint venture interests	1c(5)	265000	265000
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	330451	139636
(8) Participant loans	1c(8)	65800	80027
(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)	12455114	18935837
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	120150	23750

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	18532270	24384750

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	18532270	24384750
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1454634	
(B) Participants	2a(1)(B)	873216	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2327850

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	824	
(B) U.S. Government securities	2b(1)(B)	524	
(C) Corporate debt instruments	2b(1)(C)	11284	
(D) Loans (other than to participants)	2b(1)(D)	-957	
(E) Participant loans	2b(1)(E)	3636	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15311
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	71797	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		71797
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	6934730	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6669315	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		265415

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		3852510
c Other income.....	2c		2423
d Total income. Add all income amounts in column (b) and enter total.....	2d		6535306

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	665465	
(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)		665465
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		3627
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)	8330	
(4) Other	2i(4)	5404	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		13734
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		682826

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5852480
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ 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: BKD LLP

(2) EIN: 44-0160260

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>DIVERSIFIED RADIOLOGY OF COLORADO,PC PROFIT-SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DIVERSIFIED RADIOLOGY OF COLORADO, PC</u>	D Employer Identification Number (EIN) <u>84-1156388</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>22-1211670</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Independent Accountants' Report

Finance Committee
Diversified Radiology of Colorado, P.C.
Denver, Colorado

We were engaged to audit the accompanying statements of net assets available for benefits of Diversified Radiology of Colorado, P.C. Profit-Sharing Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended and the accompanying supplemental schedule. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, auditing procedures with respect to the information summarized in Note 3, which was certified by Prudential Bank & Trust, F.S.B. and Union Bank of California, N.A., the trustees of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that Union Bank of California, N.A. held the Plan's investments in individually directed account assets and executed investment transactions from June 21, 2008, to December 31, 2009, that Prudential Bank & Trust, F.S.B. held the Plan's investments in core assets and executed investment transactions from June 21, 2008, to December 31, 2009, and that Union Bank of California, N.A. held all of the Plan's investment assets and executed investment transactions for the period January 1, 2008, to June 20, 2008. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2009 and 2008, 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 financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the 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.

BKD, LLP

Denver, Colorado
July 27, 2010
Federal Employer Identification Number: 44-0160260

RUN DATE: 01/19/10
CYCLE: 1003YEB
PLAN NBR: 890559

PLAN NAME: DIVERSIFIED RADIOLOGY OF

PLAN SPONSOR EIN: 841156388

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES FOR PLAN YEAR 2009

IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
PRUDENTIAL MUTUAL FUNDS	HIGHMRK DIV MMK REINV FID	656,643	656,643
PRUDENTIAL MUTUAL FUNDS	BLACKROCK LIFEPAATH RET I	248,535	249,142
PRUDENTIAL MUTUAL FUNDS	PIMCO TOTAL RETURN INSTIT	1,193,999	1,222,256
PRUDENTIAL MUTUAL FUNDS	BLACKROCK LIFEPAATH 2040 I	346,128	366,746
PRUDENTIAL MUTUAL FUNDS	DODGE & COX STOCK FUND	714,966	669,318
PRUDENTIAL MUTUAL FUNDS	BLACKROCK LIFEPAATH 2030 I	1,020,555	1,062,540
PRUDENTIAL MUTUAL FUNDS	BLACKROCK LIFEPAATH 2020 I	696,138	692,055
PRUDENTIAL MUTUAL FUNDS	BLACKROCK LIFEPAATH 2050 I	705	723
PRUDENTIAL MUTUAL FUNDS	GOLDMAN SACHS HIGH YIELD	47,544	48,175
PRUDENTIAL MUTUAL FUNDS	GROWTH FUND OF AMERICA R5	314,321	287,932
PRUDENTIAL MUTUAL FUNDS	VANGUARD INF PROT SEC	85,883	87,867
PRUDENTIAL MUTUAL FUNDS	VANGUARD MID CAP IND FD	120,369	112,708
PRUDENTIAL MUTUAL FUNDS	BARON SMALL CAP	28,123	29,246
PRUDENTIAL MUTUAL FUNDS	VANGUARD 500 INDEX	503,108	486,767
PRUDENTIAL MUTUAL FUNDS	ROYCE TOTAL RETURN FUND	44,327	44,491
PRUDENTIAL MUTUAL FUNDS	ARTIO EQUI I	343,129	270,696
INDIVIDUALLY DIRECTED ACT	INDIVIDUALLY DIRECTED ACT	18,159,231	18,159,231
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	LN AP FUND	94	94
PARTICIPANT LOANS	4.25% - 9.25%	0	80,027

Diversified Radiology of Colorado, PC
Profit-Sharing Plan

EIN 84-1156388 PN 001

Accountants' Report and Financial Statements

December 31, 2009 and 2008

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan

December 31, 2009 and 2008

Contents

Independent Accountants' Report.....	1
---	----------

Financial Statements

Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements.....	4

Supplemental Schedule

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	16
--	----

Independent Accountants' Report

Finance Committee
Diversified Radiology of Colorado, P.C.
Denver, Colorado

We were engaged to audit the accompanying statements of net assets available for benefits of Diversified Radiology of Colorado, P.C. Profit-Sharing Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended and the accompanying supplemental schedule. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, auditing procedures with respect to the information summarized in Note 3, which was certified by Prudential Bank & Trust, F.S.B. and Union Bank of California, N.A., the trustees of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that Union Bank of California, N.A. held the Plan's investments in individually directed account assets and executed investment transactions from June 21, 2008, to December 31, 2009, that Prudential Bank & Trust, F.S.B. held the Plan's investments in core assets and executed investment transactions from June 21, 2008, to December 31, 2009, and that Union Bank of California, N.A. held all of the Plan's investment assets and executed investment transactions for the period January 1, 2008, to June 20, 2008. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2009 and 2008, 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 financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the 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.

BKD, LLP

Denver, Colorado
July 27, 2010
Federal Employer Identification Number: 44-0160260

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

Assets

	2009	2008
Investments, at Fair Value	<u>\$ 23,859,363</u>	<u>\$ 18,021,301</u>
Cash	<u>525,387</u>	<u>510,969</u>
Net Assets Available for Benefits	<u><u>\$ 24,384,750</u></u>	<u><u>\$ 18,532,270</u></u>

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Investment Income (Loss)		
Net appreciation (depreciation) in fair value of investments	\$ 4,120,348	\$ (7,915,669)
Dividends	71,797	54,433
Interest	<u>15,311</u>	<u>120,299</u>
Net investment income (loss)	<u>4,207,456</u>	<u>(7,740,937)</u>
Contributions		
Employers	1,454,634	1,472,816
Participants	<u>873,216</u>	<u>942,474</u>
Total contributions	<u>2,327,850</u>	<u>2,415,290</u>
Total	<u>6,535,306</u>	<u>(5,325,647)</u>
Deductions		
Benefits paid to participants	669,092	1,399,171
Administrative expenses	<u>13,734</u>	<u>14,035</u>
Total deductions	<u>682,826</u>	<u>1,413,206</u>
Net Increase (Decrease)	5,852,480	(6,738,853)
Net Assets Available for Benefits, Beginning of Year	<u>18,532,270</u>	<u>25,271,123</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 24,384,750</u></u>	<u><u>\$ 18,532,270</u></u>

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 1: Description of the Plan

The following description of Diversified Radiology of Colorado, P.C. Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan document and *Summary Plan Description*, which are available from the Plan Administrator, for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Diversified Radiology of Colorado, P.C. (Company) for the benefit of its employees, and the employees of affiliated companies, who have at least one year of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). As of December 31, 2009, Prudential Bank & Trust, F.S.B. (Prudential) is the trustee of the Plan and maintains custody of the core funds. The custody of the individually directed accounts (IDAs) is with Union Bank of California, N.A. (UBOC). UBOC is also a trustee of the Plan. Prudential and UBOC are collectively referred to as the Trustees.

Contributions

The Plan permits eligible employees, through a salary deferral election, to have the Company make annual contributions of up to 100% of eligible compensation. Each year, the Company contributes to the Plan a 3% safe-harbor contribution on behalf of each employee who is eligible to participate in the Plan and may make a profit-sharing or matching contribution to the Plan on behalf of each employee who has at least two years of service, has worked at least 1,000 hours during the plan year and is employed on the last day of the plan year, unless the participant terminated employment under normal retirement. The profit-sharing and matching contributions are at the discretion of the Company's board of directors. During 2009, the Company made discretionary profit-sharing contributions to eligible participants of approximately 7.05% of eligible compensation up to \$245,000 plus 5.70% on wages in excess of \$106,800 up to \$245,000. During 2008, the Company made discretionary profit-sharing contributions to eligible participants of approximately 7.08% of eligible compensation up to \$230,000 plus 5.70% on wages in excess of \$102,000 up to \$230,000. Contributions are subject to certain limitations.

Participant Investment Account Options

Investment account options available include various core funds and individually directed accounts (IDAs). Participants have the option of directing their contributions, as well as the Company's contributions, into the IDAs or core funds and may change the allocation daily. If no election is made, the participants' contributions are invested in the age-appropriate target retirement fund.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's contributions and plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan

Notes to Financial Statements

December 31, 2009 and 2008

Vesting

Participants are immediately vested in all contributions plus earnings thereon.

Payment of Benefits

Upon termination of service, an employee with a vested account balance of \$1,000 or less (including any rollover contributions) will automatically be distributed to the participant in a lump-sum amount. Upon termination of service, an employee with a vested account balance greater than \$1,000 may elect to receive a lump-sum payment equal to his or her account balance, roll over the vested account balance to an account of his or her choice, or maintain the vested balance in the Plan and continue to share in investment gains and losses. A joint and survivor annuity option is available to those participants who have an account balance pertaining to amounts transferred from the Company's prior pension plan.

Participant Loans

The Plan document includes provisions authorizing loans from the Plan to active eligible participants. The maximum amount of a participant's loans is determined by the available loan balance restricted to the lesser of \$50,000 or 50% of the participant's vested account balance. All loans are covered by demand notes and are repayable over a period not to exceed five years (except for loans for the purchase of a principal residence) through payroll withholdings unless the participant is paying the loan in full. Interest on the loans is based on local prevailing rates as determined by the Plan Administrator.

Plan Termination

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

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

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 net assets and changes in net assets and disclosure of contingent

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan

Notes to Financial Statements

December 31, 2009 and 2008

assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

Quoted market prices, if available, are used to value investments. Common stocks and U.S. government securities are valued at the closing price reported on the active market on which the individual securities are traded. Corporate bonds are valued on the basis of yields currently available on comparable securities of issuers with similar credit ratings. Investments in certain restricted common stocks are valued at the quoted market price of the issuer's unrestricted common stock less a discount. If a quoted market price for unrestricted common stock of the issuer is not available, restricted common stocks are valued at a multiple of current earnings consistent with multiples of similar companies based on current market prices. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end. Participant loans are valued at amortized cost, which approximates fair value. Other investments, including loans, partnerships/joint ventures and closely held instruments, are valued at estimated fair values as provided by the Plan Administrator based on information obtained from third parties.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Plan Tax Status

The Plan obtained its latest determination letter on July 7, 2010, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

Subsequent Events

Subsequent events have been evaluated through July 27, 2010, which is the date the financial statements were available to be issued.

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 3: Investments

The Plan's investments are held by a bank-administered trust fund. The following table presents the Plan's investments. Investments that represent 5% or more of total Plan assets are separately identified.

	2009	2008
Mutual Funds		
Highmark Diversified MMKT Fund	\$ 2,232,452	\$ 2,164,512
Pimco Total Return Institutional	1,222,256	1,145,637
American Funds Capital Income	(a)	941,604
Others	15,481,127	10,367,873
	<u>18,935,835</u>	<u>14,619,626</u>
Common Stock	<u>3,622,775</u>	<u>2,179,276</u>
Corporate Bonds	<u>475,209</u>	<u>166,899</u>
Partnerships/Joint Ventures	<u>265,000</u>	<u>265,000</u>
Closely Held Investments	<u>166,486</u>	<u>170,212</u>
Other Loans	<u>139,636</u>	<u>330,451</u>
Interest-bearing Cash	<u>121,891</u>	<u>88,304</u>
Participant Loans	<u>80,027</u>	<u>65,800</u>
Other Investments	<u>23,750</u>	<u>120,150</u>
U.S. Government Securities	<u>19,674</u>	<u>9,971</u>
Preferred Stock	<u>9,080</u>	<u>5,612</u>
Total investments	<u>\$ 23,859,363</u>	<u>\$ 18,021,301</u>

(a) Less than 5% of net assets available for benefits (included in "Others")

During the years ended December 31, 2009 and 2008, the Plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated (depreciated) in value as follows:

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan

Notes to Financial Statements

December 31, 2009 and 2008

	2009	2008
Mutual funds, common stock and other investments at fair value as determined by quoted prices in an active market	\$ 4,371,382	\$ (7,927,998)
Others	(251,034)	12,329
Total net appreciation (depreciation) in fair value of investments	<u>\$ 4,120,348</u>	<u>\$ (7,915,669)</u>

Interest and dividends realized on the Plan's investments, including participant loans, for the years ended December 31, 2009 and 2008, were \$87,108 and \$174,732, respectively.

Note 4: Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

A certain Plan investment held within an IDA is an investment in an entity owned by an owner of the Company.

The Plan incurs expenses related to general administration and record keeping. The plan sponsor pays a portion of these expenses and certain accounting and auditing fees relating to the Plan and performs certain administrative functions at no cost to the Plan.

Note 5: Change in Trustee, Custodian and Record Keeper

Effective June 20, 2008, the Plan transitioned all the record keeping responsibilities for the Plan from UBOC to Prudential Retirement. Simultaneously, the Plan also transitioned the custody of the core funds to Prudential, an affiliate of Prudential Retirement. The custody of the IDAs remains with UBOC. The conversion initiated a blackout period, during which funds could not be applied to the employee-selected funds held by the Trustees or withdrawn from the Plan until Prudential Retirement had time to accurately complete the conversion. During this period, employee contributions continued to be made through payroll deductions and the contributions were deposited and held by the Trustees until the completion of the blackout period. At the end of the blackout period, these funds were invested in funds as requested by each participant.

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 6: Plan Amendment and Restatement

Effective January 1, 2008, the Plan was amended and restated ("Plan Amendment") to no longer operate under a non-standardized adoption agreement in connection with a prototype retirement plan and trust document sponsored by Sherman & Howard LLC. In connection with the amendment and restatement, the automatic deferral feature was eliminated. All other provisions remain the same.

Note 7: Fair Value of Plan Assets and Liabilities

ASC Topic 820, *Fair Value Measurements*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Topic 820 also specifies a fair value hierarchy, which requires a plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Following is a description of the valuation methodologies and inputs used for assets and liabilities measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include mutual funds, common stock, interest-bearing cash, corporate bonds, U.S. government securities and preferred stock. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. Level 2 securities include other investments. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy and include other loans, partnerships/joint ventures, closely held investments and participant loans.

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2009 and 2008:

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan

Notes to Financial Statements

December 31, 2009 and 2008

		2009		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobserv- able Inputs (Level 3)
	Fair Value			
Mutual funds				
Large cap blend	\$ 4,112,089	\$ 4,112,089	\$ -	\$ -
Intermediate term bond	2,079,197	2,079,197	-	-
Highmark-money market - taxable	1,575,809	1,575,809	-	-
Large cap growth	1,474,824	1,474,824	-	-
Large cap value	1,151,327	1,151,327	-	-
International hybrid	1,032,979	1,032,979	-	-
Moderate hybrid	870,002	870,002	-	-
World bond	782,557	782,557	-	-
World stock	740,453	740,453	-	-
Diversified emerging mkts	659,002	659,002	-	-
Mid cap blend	556,443	556,443	-	-
Foreign large blend	551,976	551,976	-	-
High yield bond	472,353	472,353	-	-
Small cap blend	394,461	394,461	-	-
Small cap growth	328,614	328,614	-	-
Mid-cap growth	326,578	326,578	-	-
Short-term bond	282,067	282,067	-	-
World fund	270,696	270,696	-	-
Foreign large growth	172,739	172,739	-	-
Long government	157,720	157,720	-	-
Inflation-protected bond	87,867	87,867	-	-
Natural resources	80,168	80,168	-	-
Pacific/Asia Excl - Japan stock	74,770	74,770	-	-
Health	72,601	72,601	-	-
Multisector bond	63,963	63,963	-	-
Foreign small/mid	55,270	55,270	-	-
Mid-cap value	53,160	53,160	-	-
Real estate	51,702	51,702	-	-
Small cap value	49,548	49,548	-	-
Precious metals	46,083	46,083	-	-
Latin America stock	45,455	45,455	-	-
Technology	45,275	45,275	-	-
Foreign large value	42,866	42,866	-	-
Financial	39,303	39,303	-	-
Intermediate government	36,875	36,875	-	-
Utilities	36,203	36,203	-	-
Bank loan	25,970	25,970	-	-
Industrials	18,091	18,091	-	-
Energy	17,217	17,217	-	-
Communications	1,562	1,562	-	-
Total mutual funds	18,935,835	18,935,835	-	-

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan

Notes to Financial Statements

December 31, 2009 and 2008

		2009		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobserv- able Inputs (Level 3)
	Fair Value			
Common stock				
Software & services	796,018	796,018	-	-
Technology, hardware & equip	482,540	482,540	-	-
Capital goods	476,014	476,014	-	-
Energy	427,337	427,337	-	-
Telecommunication services	285,807	285,807	-	-
Pharmaceutical & biotechnology	256,999	256,999	-	-
Semiconduct & semiequip	105,392	105,392	-	-
Diversified financials	101,768	101,768	-	-
Food & staples retailing	90,733	90,733	-	-
Utilities	86,829	86,829	-	-
Food beverage & tobacco	66,716	66,716	-	-
Health care equip & services	65,645	65,645	-	-
Insurance	61,893	61,893	-	-
Consumer services	60,372	60,372	-	-
Media	52,261	52,261	-	-
Real estate	49,571	49,571	-	-
Commercial services & supplies	49,464	49,464	-	-
Materials	37,934	37,934	-	-
Consumer durables & apparel	27,633	27,633	-	-
Real estate investment trust	15,270	15,270	-	-
Transportation	11,774	11,774	-	-
Banks	11,254	11,254	-	-
Retailing	3,551	3,551	-	-
Total common stocks	3,622,775	3,622,775	-	-
Interest-bearing cash				
CD's negotiable - LT	99,391	99,391	-	-
Money Market - taxable	22,500	22,500	-	-
Total interest-bearing cash	121,891	121,891	-	-
Other loans	139,636	-	-	139,636
Partnerships/joint ventures	265,000	-	-	265,000
Closely held investments	166,486	-	-	166,486

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan

Notes to Financial Statements

December 31, 2009 and 2008

		2009		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobserv- able Inputs (Level 3)
Corporate bonds				
Diversified financials	168,118	168,118	-	-
Utilities	52,710	52,710	-	-
Commercial services & supplies	50,875	50,875	-	-
Energy	47,614	47,614	-	-
Capital goods	39,565	39,565	-	-
Technology, hardware & equip	36,264	36,264	-	-
Health care equip & services	26,875	26,875	-	-
Retailing	26,774	26,774	-	-
Food & staples retailing	16,346	16,346	-	-
Materials	10,068	10,068	-	-
Total corporate bonds	<u>475,209</u>	<u>475,209</u>	<u>-</u>	<u>-</u>
Other investments				
Annuity contracts	16,408	-	16,408	-
Whole life	7,342	-	7,342	-
Total other investments	<u>23,750</u>	<u>-</u>	<u>23,750</u>	<u>-</u>
Participant loans	<u>80,027</u>	<u>-</u>	<u>-</u>	<u>80,027</u>
U.S. government securities				
US govt agencies-bonds/notes	19,642	19,642	-	-
US govt agencies-passthroughs	32	32	-	-
Total U.S. government securities	<u>19,674</u>	<u>19,674</u>	<u>-</u>	<u>-</u>
Preferred stock	<u>9,080</u>	<u>9,080</u>	<u>-</u>	<u>-</u>
Total assets at fair value	<u>\$ 23,859,363</u>	<u>\$ 23,184,464</u>	<u>\$ 23,750</u>	<u>\$ 651,149</u>

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan

Notes to Financial Statements

December 31, 2009 and 2008

2008				
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobserv- able Inputs (Level 3)
Mutual funds	\$ 12,455,114	\$ 12,455,114	\$ -	\$ -
Common stock	2,179,276	2,179,276	-	-
Interest-bearing cash	2,252,816	2,252,816	-	-
Other loans	330,451	-	-	330,451
Partnerships/joint ventures	265,000	-	-	265,000
Closely held investments	170,212	-	-	170,212
Corporate bonds	166,899	166,899	-	-
Other investments	120,150	-	120,150	-
Participant loans	65,800	-	-	65,800
U.S. government securities	9,971	9,971	-	-
Preferred stock	5,612	5,612	-	-
Total assets at fair value	<u>\$ 18,021,301</u>	<u>\$ 17,069,688</u>	<u>\$ 120,150</u>	<u>\$ 831,463</u>

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan

Notes to Financial Statements

December 31, 2009 and 2008

The following is a reconciliation of the beginning and ending balances of recurring fair value measurements recognized in the accompanying statements of net assets available for benefits using significant unobservable (Level 3) inputs:

	Other Loans	Partnerships/ Joint Ventures	Closely Held Investments	Participant Loans
Balance, January 1, 2008	\$ 419,412	\$ 300,000	\$ 108,000	\$ 151,438
Total realized and unrealized gains and losses included in net decrease in net assets available for benefits	(80,000)	(35,000)	2,212	-
Purchases, issuances and settlements (net)	(8,961)	-	60,000	(85,638)
Transfers into and/or out of Level 3	-	-	-	-
Balance, December 31, 2008	330,451	265,000	170,212	65,800
Total realized and unrealized gains and losses included in net increase in net assets available for benefits	(187,460)	-	(63,726)	-
Purchases, issuances and settlements (net)	(3,355)	-	60,000	14,227
Transfers into and/or out of Level 3	-	-	-	-
Balance, December 31, 2009	<u>\$ 139,636</u>	<u>\$ 265,000</u>	<u>\$ 166,486</u>	<u>\$ 80,027</u>
Total gains or losses for the period included in net increase (decrease) in net assets available for benefits attributable to the change in unrealized gains or losses related to assets still held at the reporting date	<u>\$ (267,460)</u>	<u>\$ (35,000)</u>	<u>\$ (65,349)</u>	<u>\$ -</u>

Realized and unrealized gains and losses included in net increase (decrease) in net assets available for benefits for the period from January 1, 2008, through December 31, 2009, are reported in net appreciation (depreciation) in fair value of investments in the statements of changes in net assets available for benefits.

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 8: Significant Estimates and Concentrations

Current Economic Conditions

The current economic environment presents employee benefit plans with unprecedented circumstances and challenges, which in some cases have resulted in large declines in fair value of investments. The financial statements have been prepared using values and information currently available to the Plan.

Given the volatility of current economic conditions, the values of assets recorded in the financial statements could change rapidly, resulting in material future adjustments in investment values that could negatively impact the Plan.

Note 9: Risks and Uncertainties

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

Supplemental Schedule

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan

EIN 20-3247785 PN 001

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

December 31, 2009

Identity of Issuer / Description of Investment	Current Value
Interest-Bearing Cash	
Vanguard Federal Money Market Fund	\$ 99,391
Standard Federated Bank	22,500
	<u>121,891</u>
U.S. Government Securities	
Federal Home Loan Mortgage Corp. 4.00% due 8/15/2019	19,642
Federal Home Loan Mortgage Corp 9.00% due 8/1/2016	32
	<u>19,674</u>
Corporate Debt Instruments	
Citigroup Inc 6.500% due 1/18/11	57,514
Merrill Lynch Co Inc. Mtn BE 5.45% 7/15/2014	41,800
Boston Scientific Corp 6.2500% 11/15/2015	26,875
Fortune Brands Inc. 6.3750% 6/15/2014	26,774
Pride International Inc. Del 7.3750% 7/15/2014	25,813
Lexmark International Inc. 5.9000% 6/1/2013	25,662
Ball Corp. 7.1250% 9/1/2016	25,625
L-3 Communications Corp. 6.1250% 7/15/2013	25,250
HSBC Finance Corp 2/10/2010	25,000
Interpublic Group COS 6.250% 11/15/2014	24,000
Husky Energy Inc SR Notes 5.9% 6/15/2014	21,801
Centerpoint Energy Houston Elect LLC 5.75% due 1/15/14	21,525
General Elec Cap Corp Mtn 5.5% 6/4/2014	21,192
Metropolitan Edison Co. 4.875% 4/1/2014	20,759
Conagra Foods Inc. 5.875% 4/15/2014	16,346
Goldman Sachs Group Inc 5.0% due 1/15/2011	15,582
Home Depot Inc. 5.2000% due 3/1/2011	15,565
Hewlett Packard 4.5000% due 3/1/2013	10,602
Southern Calif Edison Co. 5.000% due 1/15/2016	10,426
Dow Chemical Company 5.80% Due 11/15/2012	10,068
Marshall & Ilsley Corp 5.7500% 9/15/2023	7,030
	<u>475,209</u>
Preferred Stock	
CBS Corp New Preferred 7.25% 6/30/2051	9,080
Common Stock	
Microsoft Corp	676,168
General Electric Corporation	195,253
Hewlett Packard Company	180,027
Cisco Systems Inc	161,355

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan

EIN 20-3247785 PN 001

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

December 31, 2009

Identity of Issuer / Description of Investment	Current Value
America Movil Series L	140,940
Motorola Inc	108,640
Valero Energy Corporation	100,500
LSI Corp	78,130
Google Inc	71,297
Boeing Company	71,235
Caterpillar Inc	54,425
Apache Corporation	51,585
Wal-Mart Stores	50,777
Johnson & Johnson	43,477
Starbucks Corporation	43,353
Verizon Communications	38,530
Berkshire Hathaway Inc DEL	36,146
Goldman Sachs Group	33,768
Veolia Environment Sponsored	33,044
Sanofi-Aventis Sponsored ADR	32,515
Merck & Co.	32,119
Medtronic Inc	30,786
Flir Sys Inc.	29,948
Consol Energy Inc	29,880
NII Holdings Inc.	29,584
KHD Humboldt Wedag International	29,575
Diageo P L C Spon	27,764
Duke Energy Corp	27,536
Reynolds American	25,796
Comcast Corp	25,610
Nova-Nordisk As ADR	25,540
Teva Pharmaceutical Inds LTD	25,281
Enterprise Prods Partners LP	25,128
Marathon Oil Corporation	24,976
Automated Data Processing	24,836
Check Point Software	23,716
AFLAC Inc.	23,588
L-3 Communications Holdings Inc	23,042
BT Group PLC	22,827
Stryker Corp	22,667
Amgen Inc	22,628
Novartis A G	21,772
Magellan Midstream Partners	21,665
JPMorgan Chase & Co	20,835
Conoco Phillips Corp	20,428
Anadarko Pete Corp	18,726

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan

EIN 20-3247785 PN 001

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

December 31, 2009

Identity of Issuer / Description of Investment	Current Value
Cephalon Inc.	18,726
TC Pipelines LP	18,420
Walgreen Co	18,360
Kinder Morgan Energy Partners LP	18,294
Consolidated Edison Inc.	18,172
Energy Transfer Partners	17,988
China Pete & Chem Corp.	17,614
Ingersoll-Rand Plc	17,048
Devry Inc.	17,019
Northrop Gruman Corp.	16,978
Freeport-McMoran Copper & Go.	16,781
Total S A Sponsored	16,714
Avery Dennison Corp	16,421
Noble Corp	16,280
CVS Caremark Corporation	16,105
Nike Inc	15,857
SK Telecom Ltd	15,463
HCP Inc	15,270
Annaly Cap Mgmt Inc.	14,748
KBR Inc.	14,744
NYSE Euronext	14,548
BP PLC Sponsored ADS	14,493
3M Co	14,467
Turkcell Iletisim Hizmetleri	13,992
United Technologies Corp	13,882
McDermott International	13,782
Exxon Mobil Corp	13,638
Qwest Communications International	13,598
Abbott Laboratories Inc	13,498
Cadbury Plc Spon ADR	13,156
Realty Income Corp	12,955
Tutor Perini Corp.	12,837
Bristol Myers Squibb	12,347
UnitedHealth Group Inc	12,192
AT&T Inc.	11,913
Koninklijke Philips Electrs	11,776
Telecom Corp. New Zealand	11,696
Pall Corp	11,584
Plum Creek Timber Co Inc	11,328
Airmedia Group Inc.	11,318
US Bancorp New	11,255
Arch Coal Inc	11,125

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan

EIN 20-3247785 PN 001

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

December 31, 2009

Identity of Issuer / Description of Investment	Current Value
Dow Chem Co	11,052
Rayonier Inc	10,540
Du Pont E I De Nemours & Com	10,101
Vodafone Group PLC New-Sp ADR	10,090
Texas Instrs Inc	9,121
Pfizer Incorporated	9,095
Leucadia Natl. Corp.	8,588
Applied Materials Inc	8,364
FedEx Corp	8,345
Baker Hughes Inc.	8,177
Intel Corporation	8,160
Viacom Inc New Class B	7,433
Comcast Corp-Special CL A	6,100
Citigroup Inc	5,634
Whole Foods Mkt Inc	5,490
American Express Company	4,052
Best Buy Inc	3,551
Southwest Airlines Co	3,429
Nokia Corp	2,570
American International Group Inc	2,159
Sirius Satellite Radio Inc Com	1,800
Kulicke & Soffa Inds Inc	1,617
Bank Amer Corp	1,506
Worldcom Inc Worldcom Group (Delisted)	1
	<u>3,622,775</u>
Closely Held Instruments	
Dividend Capital Total Realty	126,486
Bankvest Inc.	40,000
	<u>166,486</u>
Partnerships and Joint Ventures	
Horgan Investment Company LLC	<u>265,000</u>
Other Investments	
Axa Equitable Life Ins-Annuity	16,408
Life Investors Insurance Co	7,342
	<u>23,750</u>
Other Loans	
\$100,000 Merchants LLC, CSD-13A Maturity 12/31/2010	60,000
\$100,000 Merchants LLC, 2011-R22A Maturity 5/31/2011	60,000

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan

EIN 20-3247785 PN 001

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

December 31, 2009

Identity of Issuer / Description of Investment	Current Value
\$100,000 Nord Leasing, LLC Class B Maturity 6/30/2008	-
\$75,000 Nord Leasing LLC Class A	-
\$35,000 Nord Leasing LLC "FAC A"	19,636
\$17,500 Nord Leasing LLC, Class C Maturity 6/30/2008	-
	<u>139,636</u>
Mutual Funds	
Highmark Diversified MMKT Fund	\$ 2,232,452
Pimco Total Return Instit	1,222,256
Blackrock Lifepath 2030 I	1,062,540
American Funds Capital Income CL A	1,032,979
American Fds Capital World Bond Fd	701,903
Blackrock Lifepath 2020 I	692,054
Dodge & Cox Stock Fund	669,318
American Funds Bond Fund of Amer A	531,347
Vanguard 500 Index	486,768
American Fds High Income Trust CI A	424,178
New World FD Inc New	406,904
American Funds Europacific Growth Fd CL A	403,785
American Funds Growth Fd of America CL A #05	399,434
Blackrock Lifepath 2040 I	366,746
American Funds New Perspective Fd CL A	358,805
American Funds American Balanced Fd CL A	349,920
Growth Fund of America R5	287,932
Janus Twenty Fund	275,832
Artio Equi I	270,696
Blackrock Lifepath Retirement I	249,142
American Funds Capital World Growth & Income CL A	245,817
American Income Fund of America CI A	228,682
American Funds Smallcap World Fd Inc CL A	218,678
Hartford Capital Appreciation CI C	191,900
Royce Low-Priced Stock Inv	167,771
Marisco Focus Fund	160,935
Ishare TR Index Barclays Tips BD	157,720
Fidelity Spartan Total Market Index #397	128,304
Marisco International Opportunities	123,275
American Funds Fundamental Investors CL A	120,253
Transamerica Idex Asset Alloc CL B	117,636
Vanguard Short Term Bond Index Fund	113,996
Vanguard Mid Cap Ind Fd	112,708

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan

EIN 20-3247785 PN 001

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

December 31, 2009

Identity of Issuer / Description of Investment	Current Value
Fidelity Advisor Leveraged Company CL T	111,440
American Fds American High Mutual Fund CL A	109,130
T Rowe Price Retirement 2020	106,309
Ishares Russell 3000 Index Fd	98,638
Vanguard Fixed Income Secs-Short Term	98,251
Vanguard Index Total BD Market	93,408
Marisco Growth Fund	90,850
Vanguard Inf Prot Sec	87,867
American Funds Inc Washington Mutual Fd CL A	87,759
Ishares TR Index Russell Midcap	86,636
Keeley Small Cap Value Fund	84,881
Janus Venture Fund # 45	83,046
Morgan Stanley Emer Mkts	82,423
Metropolitan West FDS Total Return Bond Fund CI W	81,422
Templeton Global Income Fd	80,655
Janus Worldwide Fund	76,015
Ishares TR Index Barclay USAGG	75,122
Ishares S&P Midcap 400	72,772
Vanguard Health Care Fund	65,258
Templeton Developing Mkts Tr CI I	65,224
Pimco Total Return Fd Instl	64,829
American New Economy Fund CI A	64,490
Loomis Sayles BD FD	63,963
SPDR S& P Midcap 400 ETF TR	62,577
Vanguard Index Total Stock Mkt Port	62,468
Ishares TR Barclays 1-3yr	59,881
Fidelity Contrafund	59,104
Vanguard Total International Stock Index	55,315
T Rowe Price Mid Cap Growth	55,287
Janus Contrarian Fund	54,363
SPDR S&P 500 ETF TR	51,262
Ishares MSCI Emerging Mkt Index	50,174
Janus Overseas FD CL C	49,464
T Rowe Price International Discovery	48,910
Goldman Sachs High Yield	48,175
Principal Investors Sam Strategic Class C	47,039
Vanguard Index Trust 500 Port	46,981
Ivy Asset Strategy Fund	45,114
Ishares TR Index S&P Na Nat Res	44,603
Royce Total Return Fund	44,491
T Rowe Price Small-Cap Value Fund	44,215
Vanguard Index Value Port	42,841

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan

EIN 20-3247785 PN 001

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

December 31, 2009

Identity of Issuer / Description of Investment	Current Value
Ishares MSCI EAFE Index	41,239
Ishares Inc. MSCI Australia	40,495
Allianz NFJ Dividend Value Class A	39,926
American Funds Amcap A	39,516
Ishare TR Index DJ US Finl Svc	39,303
Tocqueville C1 A	37,925
Vanguard Fixed Income Secs-GNMA Portfolio	36,875
Ishares S&P Latin America 40	36,081
Royce Value Plus Fund	34,747
Marisco 21st Century Fund	32,278
Baron Small Cap.	29,246
SPDR Series Trust S&P Metals Mng	28,334
Dodge & Cox Stock Fund #145	27,136
Aim Floating Rate Fund	25,969
Fidelity Select Electronics #08	25,689
Franklin Mutual Discovery Fund Class R	25,521
Vanguard Star Fd-Star	25,388
Vanguard International Equity Index	24,446
Franklin Mutual Quest Fund	23,392
Columbia Acorn Fund Class Z	23,307
FT UT1655EMGMK8RM	22,815
Fidelity Balanced Fund #304	22,341
Ishare TR Index cohen & St Rlty	21,638
United States Oil Fund	20,622
Vanguard Specialized Port. REIT	20,565
Legg Mason Ptrs Aggressive Growth A	19,518
Janus Fund	18,490
SPDR Series Trust S&P OilGas Exp	18,421
SPDR Series Trust S&P Retail	18,334
Ishares MSCI Pac J IDX	18,327
Select Sector SPDR TR SBI Int-Inds	18,091
Ishares TR MSCI Peru Cap	17,952
Market Vectors ETF TR Agribus	17,866
Harbor FDS International Fund	17,861
SPDR Series Trust S&P Homebuild	17,754
Select Sector SPDR TR SBI Materials	17,749
Oppenheimer International Diversified Fund A	17,493
Vanguard Windsor II Fund #73	17,397
Select Sector SPDR TR SBI Int-Energy	17,217
American Centy Mut Fds Inc	17,183
Market Vectors ETF TR Gold Miner	17,144
Blackrock Global Dynamic Equity CL A	16,429

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan

EIN 20-3247785 PN 001

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

December 31, 2009

Identity of Issuer / Description of Investment	Current Value
Gabelli Value Fd	16,019
Ishares MSCI Singapore	15,948
Rydex S&P Equal Weight ETF	15,812
Ishares TR S&P GLBIDX	15,581
American Century New Opportunities II Class A	14,161
Powershares QQQ	14,137
Brandywine Blue	14,100
Janus Intech Risk Managed Stock	13,922
Calamos Growth & Income A	13,585
Thornburg Value C	13,572
Mainstay Icap Select Equity I	13,557
Vanguard Strategic Equity Fund	12,926
Aim Dynamics Fund Investors	12,866
Baron Partners	12,039
Aim Multi-Sector A	12,025
Oakmark Fund	12,014
Bridgeway Aggressive Investors 2	11,807
Munder Technology Fund A	11,433
T Rowe Price International Fd Emerging Markets	10,936
Vanguard Fixed Income - Intermediate Term	10,813
Janus Invt Fd Orion Fund	10,760
American Funds Short-term Bond Fd CL A	9,939
Allianz NFJ Dividend Value C Pncx	9,929
USAA Aggressive Growth	9,837
Aim Global Real Estate Fund Class C	9,499
Nicholas Fund Inc	9,471
T Rowe Price International FDS Lat Am.	9,374
Legg Mason International Equity Prim	9,111
Neuberger & Berman Partners Fund	8,658
Ishares Russell 1000 Value Index Fd	7,855
Masters Select International	7,765
Dodge & Cox International Stock	7,512
Janus Global Life Sciences	7,343
Royce Value Trust	7,251
T Rowe Price Growth Stk Fund	6,794
Aim International Small Co Class A	6,360
Hotchkis & Wiley Large Cap Value A	6,226
Artio International Equity Fund CL I	5,671
Vanguard Index Small Capitalization	5,333
Vanguard Index Growth Port	5,306
DWS International S	4,643

Diversified Radiology of Colorado, P.C. Profit-Sharing Plan

EIN 20-3247785 PN 001

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

December 31, 2009

Identity of Issuer / Description of Investment	Current Value
Harbor Capital Appreciation Fund #412	4,526
Fidelity Select Software & Comp	4,370
Baron Small Capitalization Fund	4,331
American Century Equity Fund	4,319
Third Avenue Value	4,244
Meridian Fd Inc Value Fund	4,187
Scout Small Cap Fund	4,121
Bridgeway Ultra Small Company Mkt	2,777
Munder Technology Fund C	1,994
Fidelity Select Technology Fund	1,789
JP Morgan Large Cap Growth A	1,641
Fidelity Select Comm Equipment	1,562
Blackrock Lifepath 2050 I	723
Buffalo Small Cap Fund	23
	<hr/> 18,935,835
*Participant Loans (4.25% - 9.25%)	<hr/> 80,027
	<hr/> \$ 23,859,363

* Party-in-interest as defined by ERISA.