Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
AVAILITY 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2002

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
AVAILITY, L.L.C.

7406 FULLERTON STREET, SUITE 300
JACKSONVILLE, FL 32256

2b Employer Identification Number (EIN)
59-3715944

2c Sponsor's telephone number
904-470-4900

2d Business code (see instructions)
519100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2010	JULIE KLAPSTEIN
	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")
AVAILITY, L.L.C.

7406 FULLERTON STREET, SUITE 300
JACKSONVILLE, FL 32256

3b Administrator's EIN
59-3715944

3c Administrator's telephone number
904-470-4900

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**	253
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**	265
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	17
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	283
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	283
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	231
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 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
AVAILITY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AVAILITY, L.L.C.

D Employer Identification Number (EIN)
59-3715944

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

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

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

CAPITAL RETIREMENT PLAN SERVICES

103A SOLANA ROAD
PONTE VEDRA BEACH, FL 32082

59-3092339

(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 17 37 38 49 50 64 65 99	TPA	23050	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPITAL INVESTMENT ADVISORY, INC.

103A SOLANA ROAD
PONTE VEDRA BEACH, FL 32082

(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?
27 28 51 72 99	INVESTMENT ADVISOR	5275	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
AVAILITY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AVAILITY, L.L.C.

D Employer Identification Number (EIN)
59-3715944

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: ABN AMRO INCOME PLUS

b Name of sponsor of entity listed in (a): ABN AMRO INVESTMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
03-0373646-007	C	213582

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
AVAILITY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AVAILITY, L.L.C.

D Employer Identification Number (EIN)
59-3715944

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	39891	21947
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	42716	90728
(2) Participant contributions	1b(2)	38	42709
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	88594	
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	114531	247104
(9) Value of interest in common/collective trusts	1c(9)	233859	213582
(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)	3657621	7087923
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	4177250	7703993
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	23	28
k	Total liabilities (add all amounts in lines 1g through1j)	1k	23	28
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4177227	7703965

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	773666	
	(B) Participants	2a(1)(B)	1337837	
	(C) Others (including rollovers)	2a(1)(C)	224903	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2336406
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	9336	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9336
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	103866	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		103866
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		15612
	(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)		1440219
c	Other income	2c		10474
d	Total income. Add all **income** amounts in column (b) and enter total	2d		3915913
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	360627	
	(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)		360627
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)	23050	
	(3) Investment advisory and management fees	2i(3)	5275	
	(4) Other	2i(4)	223	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		28548
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		389175
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		3526738
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: PRICEWATERHOUSECOOPERS, LLP **(2)** EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
AVAILITY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AVAILITY, L.L.C.

D Employer Identification Number (EIN)
59-3715944

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**

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): 26-0010549

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** 25

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

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

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

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

Availity 401(k)
Profit Sharing Plan

Financial Statements and Supplemental Schedule
December 31, 2009 and 2008

Availity 401(k) Profit Sharing Plan
Index

Page(s)

Report of Independent Certified Public Accountants 1

Financial Statements

Statements of Net Assets Available for Benefits
December 31, 2009 and 2008 2

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2009 3

Notes to Financial Statements
December 31, 2009 and 2008 4–10

Supplemental Schedule*

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2009 11-12

* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable, or are not required for participant directed investment transactions.

PRICEWATERHOUSECOOPERS

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Jacksonville FL 32202
Telephone (904) 354 0671
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www.pwc.com

Report of Independent Certified Public Accountants

To the Participants and Administrator of
Availity 401(k) Profit Sharing Plan

We were engaged to audit the financial statements and supplemental schedule of Availity 401(k) Profit Sharing Plan (the "Plan") at December 31, 2009 and 2008 and for the year ended December 31, 2009, as listed in the accompanying index. 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, any auditing procedures with respect to the information summarized in Note 4, which was certified by Mid Atlantic Trust Company, the custodian 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 the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the plan administrator by the custodian 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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PricewaterhouseCoopers LLP

Jacksonville, Florida
October 4, 2010

Availity 401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
Assets		
Investments, at fair value	$ 7,570,556	$ 4,134,496
Receivables		
Employer contributions	110,719	42,716
Participant contributions	22,718	38
Total receivables	133,437	42,754
Total assets	7,703,993	4,177,250
Liabilities		
Accrued expenses	28	23
Total liabilities	28	23
Net assets available for benefits at fair value	7,703,965	4,177,227
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	4,582	20,194
Net assets available for benefits	$ 7,708,547	$ 4,197,421

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

Availity 401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2009

Additions to net assets attributed to	
Investment income	
Interest and dividends	$ 113,232
Net appreciation in fair value of investments	1,450,663
Total investment income	1,563,895
Contributions	
Participant	1,562,740
Employer	773,666
Total contributions	2,336,406
Deductions from net assets attributed to	
Benefits paid to participants	360,627
Administrative expenses	28,548
Total deductions	389,175
Net increase	3,511,126
Net assets available for benefits	
Beginning of year	4,197,421
End of year	$ 7,708,547

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

1. Description of the Plan

The following description of the Availity 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan, established on January 1, 2002, is a defined contribution plan covering all employees of Availity, LLC (the "Sponsor" or "Employer"), who choose to enroll in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Mid Atlantic Trust Company (the "Custodian") holds the Plan's assets. Capital Services Group is the Plan recordkeeper.

Contributions

The Plan allows participating employees to contribute from 1% to 100% of their eligible annual compensation, as defined in the Plan and subject to certain Internal Revenue Code ("IRC") limitations, up to a maximum of $16,500 in 2009. Participants direct the investment of their contributions into various investment options offered by the Plan. As of December 31, 2009, the Plan offered 69 mutual funds as investment options for participants. The Sponsor, in accordance with "safe harbor" provisions, contributes a matching contribution equal to the sum of 100% of the employee's contributions that are not in excess of 3% of the employee's compensation, plus 50% of the employee's contributions that exceed 3% of but are not in excess of 5% of the employee's compensation. Additional profit sharing and other discretionary amounts may be contributed at the Sponsor's option. The Sponsor contributed $773,666 toward the employer match and zero additional discretionary amounts in 2009.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Sponsor's contributions and allocations of investment earnings (losses), and charged with an allocation of administrative expenses. Allocations are based on participant account balances, as defined in the Plan document. Transfers between funds and changes in contribution allocations are made based on participant instructions, subject to Plan provisions.

Vesting

Participants are immediately vested in their contributions and the Sponsor's contributions plus actual earnings thereon.

Participant Loans

At the discretion of the Sponsor, participants are permitted to borrow from the Plan. If a loan is approved, it must bear a reasonable interest rate that does not exceed the maximum rate allowed by applicable state law, be adequately collateralized, and be repaid within five years by equal payments made at least quarterly, except that a loan used to acquire a principal residence may be repaid over more than five years. The minimum loan permitted under the terms of the Plan is $1,000, and subject to the Plan's rules. The maximum amount of a participant's account balance that can be on loan at any given time is the lesser of $50,000 or 50% of a participant's vested interest. Only one loan per participant is permitted at any time. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits
On termination of service, death, disability or retirement, a participant may elect to receive a lump sum amount equal to the value of the participant's vested interest in their account. Benefit payments will be made based on Plan provisions and participant elections.

Inactive Accounts
At December 31, 2009 and 2008, there were no participants who had elected to withdraw from the Plan, but had not yet been paid.

2. Summary of Accounting Policies

Basis for Accounting
The financial statements of the Plan are prepared under the accrual basis of accounting.

New Accounting Pronouncements
In June 2009, the Financial Accounting Standards Board ("FASB") issued the FASB Accounting Standards Codification ("Codification"). The Codification is the single source for all authoritative Generally Accepted Accounting Principles ("GAAP") recognized by the FASB to be applied for financial statements issued for periods ending after September 15, 2009. The Codification does not change GAAP and did not have an effect on the Plan's Net Assets Available for Benefits or Change in Net Assets Available for Benefits.

In January 2010, the FASB issued ASC Update 2010-06, *Fair Value Measurements* and Disclosures (Topic 820) — *Improving Disclosures about Fair Value Measurements.* This guidance is effective for reporting periods beginning after December 15, 2009, except for the Level 3 disclosure requirements, which will be effective for fiscal years beginning after December 15, 2010 and interim periods within those fiscal years with early adoption permitted. The Plan is still assessing the impact of adoption.

For the year ended December 31, 2009, the Plan adopted the FASB's update to general standards on accounting for disclosures of events that occur after the balance sheet date but before the financial statements are issued or are available to be issued. The adoption of this guidance did not materially impact the Plan's financial statements or disclosures.

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

Investment Valuation and Income Recognition
All investments are recorded at fair value in these financial statements. ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value and expands disclosures about assets and liabilities measured at fair value. The Plan adopted ASC 820, effective January 1, 2008, which did not have a material impact on the financial statements of the Plan. For information related to the Plan's valuation methodologies under ASC 820, see Note 3 of these financial statements.

The Plan presents in the statement of changes in net assets available for benefits the net appreciation in fair value of investments, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

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

The Plan has adopted the provisions of the Financial Accounting Standards Board Staff Position ("FSP") AAG INV-1 and SOP 94-4-1, *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans*, which are effective for financial statements issued for annual periods ended after December 15, 2006.

As described in the FSP, fully benefit-responsive investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through participation in the ABN Amro Income Plus fund, a pooled fund. As required by the FSP, investments in the accompanying statements of net assets available for benefits presents the fair value of the ABN Amro Income Plus fund as well as the adjustment of the portion of the ABN Amro Income Plus fund related to fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Payment of Benefits
Benefit payments to participants are recorded when paid.

Risks and Uncertainties
The Plan provides for investment options that are comprised of various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Administrative Expenses
Fees paid by the Plan for administrative expenses were $28,548 for the year ended December 31, 2009.

3. Fair Value Measurements

Fair value is defined under ASC 820 as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Valuation techniques used to measure fair value under ASC 820 must maximize the use of observable inputs and minimize the use of unobservable inputs. The standard describes a fair value hierarchy based on three levels of inputs, of which the first two are considered observable and the last is considered unobservable, that may be used to measure fair value:

- Level 1 – Quoted prices in active markets for identical assets or liabilities.

- Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly, 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.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Following is a description of the Plan's valuation methodologies for assets and liabilities measured at fair value. Such valuation methodologies were applied to all of the assets and liabilities carried at fair value effective January 1, 2008. The Plan has an established and well-documented process for determining fair values. Fair value is based upon quoted market prices, where available. If listed prices or quotes are not available, fair value is based upon models that primarily use, as inputs, market-based or independently-sourced market parameters, including yield curves, interest rates, volatilities, equity or debt prices and credit curves. In addition to market information, models also incorporate transaction details such as maturity. Valuation adjustments, such as liquidity valuation adjustments, may be necessary when the Plan is unable to observe a recent market price for a financial instrument that trades in inactive (or less active) markets. Liquidity adjustments are not taken for positions classified within Level 1 (as defined above in the fair value hierarchy).

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

Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end. Units of pooled funds are valued at the net asset value of units held by the Plan at year end. Participant loans are valued at cost, which approximates fair value.

The following table presents the financial instruments carried at fair value as of December 31, 2009:

	Fair Value	Markets for Identical Assets (Level 1)	Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Cash and equivalents	$ 21,947	$ 21,947	$ -	$ -
Money market funds	318,388	318,388	-	-
Mutual funds				
Equity funds	6,525,385	6,525,385	-	-
Fixed income funds	244,150	244,150	-	-
Pooled funds	213,582	-	213,582	-
Participant loans	247,104	-	-	247,104
	$ 7,570,556	$ 7,109,870	$ 213,582	$ 247,104

The following table presents the financial instruments carried at fair value as of December 31, 2008:

	Fair Value	Markets for Identical Assets (Level 1)	Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Cash and equivalents	$ 39,891	$ 39,891	$ -	$ -
Money market funds	88,594	88,594	-	-
Mutual funds				
Equity funds	3,461,701	3,461,701	-	-
Fixed income funds	195,921	195,921	-	-
Pooled funds	233,859	-	233,859	-
Participant loans	114,530	-	-	114,530
	$ 4,134,496	$ 3,786,107	$ 233,859	$ 114,530

Activity within the Level 3 investments for the year ended December 31, 2009 was as follows:

Balance at beginning of year	$ 114,530
Purchase, sales, issuances and settlements (net)	132,574
Balance at end of year	$ 247,104

4. Information Certified by the Plan's Custodian

The following is a summary of the Plan's financial information and data included in the Plan's financial statements, notes to financial statements and supplemental schedule which was certified by the Custodian as of December 31, 2009 and 2008 and for the year ended December 31, 2009 as complete and accurate, in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	2009	2008
Investments, at fair value (contract value for ABN Amro Income Plus)	$ 7,328,034	$ 4,040,160
Participant loans	247,104	114,530
	$ 7,575,138	$ 4,154,690
Investment income		
Interest and dividend income	$ 113,232	
Net appreciation in fair value of investments	1,450,663	
	$ 1,563,895	

In addition, the information in the supplemental schedule of assets (held at end of year) was certified by the Custodian, with the exception of the ABN Amro Income Plus fund, which was certified at contract value.

5. Investment Information Provided by Custodian

The fair value of investments which represent 5% or more of the Plan's net assets at December 31 are identified as follows:

	2009	2008
Fidelity Freedom 2020	$ -	$ 265,903
Russell LifePoints Growth Strategy S	-	238,651
ABN Amro Income Plus	-	233,859
Fidelity Contrafund	-	219,009

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year), consisting solely of mutual funds and pooled funds, appreciated in value by $1,450,663.

6. Related Party Transactions

At December 31, 2009 and 2008, there were outstanding loans of $247,104 and $114,530, respectively, due from Plan participants. All of these loans were made in accordance with the Plan agreement which permits loans to be made with prescribed terms, amounts and collateral. None of these loans were determined to be a prohibited transaction as defined by ERISA.

Certain Plan investments are managed by Mid Atlantic Trust Company. Mid Atlantic Trust Company is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

7. Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions and to terminate the Plan, subject to the provisions set forth in ERISA and the Internal Revenue Code. In the event of Plan termination, participants will be paid the balance of their accounts.

8. Tax Status

The Plan follows a "prototype" plan instrument which is covered by an Internal Revenue Service ("IRS") opinion letter dated March 31, 2008. The IRS opinion letter demonstrates that the plan instrument as originally written was subjected to IRS review. The Plan's administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the IRC.

9. Reconciliation to Form 5500

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

	2009	2008
Net assets available for benefits per the financial statements	$ 7,708,547	$ 4,197,421
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(4,582)	(20,194)
Net assets available for benefits per Form 5500	$ 7,703,965	$ 4,177,227

The following is a reconciliation of investment income per the financial statements for the year ended December 31 to Form 5500:

	2009
Total investment income per the financial statements	$ 1,563,895
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	15,612
Total investment income per Form 5500	$ 1,579,507

10. Subsequent Events

Management has evaluated the events and transactions that have occurred through October 4, 2010, the date the financial statements were available for issuance.

Availity 401(k) Profit Sharing Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, number of shares, collateral, par, or maturity value	(d) Cost**	(e) Current value
	Cash and equivalents			
*	Mid Atlantic Cash Account			$ 21,947
	Money market funds			
	Fidelity Retirement Money Market	Money market fund, 318,388 shares		318,388
	Mutual funds			
	Fidelity Freedom 2020	Mutual fund, 29,337 shares		368,175
	Fidelity Contrafund	Mutual fund, 6,124 shares		356,904
	Russell LifePoints Growth Strategy S	Mutual fund, 38,696 shares		346,719
	Columbia Energy and Natural Resources Fund Z	Mutual fund, 16,521 shares		326,957
	Russell LifePoints Bal Strat S	Mutual fund, 31,839 shares		304,066
	Columbia Acorn Z	Mutual fund, 12,070 shares		297,877
	Davis NY Venture A	Mutual fund, 9,366 shares		290,161
	Russell LifePoints Eq Growth Strategy S	Mutual fund, 31,136 shares		258,739
	Artisan International Inv	Mutual fund, 10,590 shares		218,787
	T. Rowe Price Health Sciences	Mutual fund, 8,010 shares		209,613
	Van Kampen Real Estate Secs A	Mutual fund, 14,710 shares		208,437
	Oppenheimer Global A	Mutual fund, 3,773 shares		200,007
	Fidelity Freedom 2030	Mutual fund, 15,809 shares		195,861
	Lazard Emerging Markets Open	Mutual fund, 8,543 shares		156,164
	American Funds Capital World Growth and Income Fund R5	Mutual fund, 4,436 shares		151,187
	Fidelity Freedom 2040	Mutual fund, 20,620 shares		147,639
	Vanguard GNMA	Mutual fund, 13,773 shares		146,541
	Vanguard Total Bond Market Index	Mutual fund, 13,697 shares		141,760
	Columbia Marsico 21st Century Z	Mutual fund, 11,663 shares		138,201
	Fidelity Freedom 2035	Mutual fund, 12,549 shares		128,749
	Hartford Capital Appreciation A	Mutual fund, 3,817 shares		117,099
	Vanguard Short-Term Federal	Mutual fund, 10,821 shares		116,106
	Columbia Acorn USA Z	Mutual fund, 4,613 shares		106,979
	Fidelity Independence	Mutual fund, 4,979 shares		99,190
	American Funds EuroPacific Gr R5	Mutual fund, 2,480 shares		94,935
	Fidelity Growth Company	Mutual fund, 1,361 shares		93,799
	Columbia Acorn International Z	Mutual fund, 2,677 shares		91,703
	Fidelity Freedom 2015	Mutual fund, 8,720 shares		90,861
	Eaton Vance Large-Cap Value A	Mutual fund, 5,135 shares		85,966
	Vanguard 500 Index	Mutual fund, 813 shares		83,442
	Van Kampen Growth and Income A	Mutual fund, 4,565 shares		78,881
	Vanguard Mid Capitalization Index	Mutual fund, 4,430 shares		72,479
	Victory Special Value A	Mutual fund, 5,160 shares		69,922
	Fidelity Freedom 2045	Mutual fund, 7,884 shares		66,778
	JP Morgan Mid Cap Growth Sel	Mutual fund, 3,435 shares		62,937
	Gabelli Asset AAA	Mutual fund, 1,434 shares		57,652
	U.S. Global Investors WrldPrecMineral	Mutual fund, 2,964 shares		51,626

The information in this Schedule has been certified as to its completeness and accuracy by Mid Atlantic Trust Company, the Custodian.

Availity 401(k) Profit Sharing Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	**Description of investment including maturity date, rate of interest, number of shares, collateral, par, or maturity value**	**Cost****	**Current value**
	Templeton Foreign A	Mutual fund, 7,571 shares		49,587
	Fidelity Freedom 2025	Mutual fund, 3,480 shares		36,156
	Seligman Communications&Information A	Mutual fund, 932 shares		36,124
	Van Kampen Small Cap Growth A	Mutual fund, 3,949 shares		35,345
	Davis Financial A	Mutual fund, 1,033 shares		29,722
	Vanguard Value Index	Mutual fund, 1,521 shares		28,328
	Vanguard Short-Term Investment-Grade	Mutual fund, 2,446 shares		25,904
	Royce Pennsylvania Mutual Inv	Mutual fund, 2,420 shares		22,872
	Vanguard Growth Index	Mutual fund, 786 shares		21,463
	Fidelity Freedom 2050	Mutual fund, 2,432 shares		20,304
	Columbia Mid Cap Value Z	Mutual fund, 1,718 shares		19,032
	Fidelity Freedom 2010	Mutual fund, 1,515 shares		18,953
	Fidelity Mid-Cap Stock	Mutual fund, 781 shares		18,309
	Russell LifePoints Mod Strat S	Mutual fund, 1,544 shares		15,151
	Vanguard Small Cap Growth Index	Mutual fund, 886 shares		14,912
	Vanguard Total Intl Stock Index	Mutual fund, 1,021 shares		14,715
	Dodge & Cox International Stock	Mutual fund, 439 shares		13,979
	American Century Vista Inv	Mutual fund, 950 shares		12,816
	Vanguard Total Stock Mkt Idx	Mutual fund, 448 shares		12,294
	Russell LifePoints Con Strat S	Mutual fund, 1,004 shares		9,987
	T. Rowe Price Media & Telecom	Mutual fund, 221 shares		9,075
	Columbia Small Cap Value I Z	Mutual fund, 191 shares		7,213
	American Funds Capital World Bd R5	Mutual fund, 322 shares		6,469
	Vanguard Small Cap Value Index	Mutual fund, 398 shares		5,194
	Jennison Utility Z	Mutual fund, 508 shares		4,662
	Fidelity Freedom Income	Mutual fund, 151 shares		1,627
	BlackRock Mid-Cap Value Inv A	Mutual fund, 122 shares		1,171
	T. Rowe Price Value	Mutual fund, 55 shares		1,122
	Total equity mutual funds			6,525,385
	Pioneer High Yield A	Mutual fund, 11,454 shares		104,462
	JPMorgan Core Bond Select	Mutual fund, 7,139 shares		79,238
	American Funds Bond Fund of Amer R5	Mutual fund, 5,123 shares		60,450
	Total fixed income mutual funds			244,150
	Pooled funds			
	ABN Amro Income Plus	Pooled fund, 218,164 shares		213,582
*	**Participant loans**	Maturity dates ranging from 2010 to 2024; interest rates ranging from 4.25% to 9.25%.		247,104
	Total investments			$ 7,570,556

* Party-in-interest as defined by ERISA.

** Cost not required for participant-directed accounts.

The information in this Schedule has been certified as to its completeness and accuracy by Mid Atlantic Trust Company, the Custodian.

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▸ Complete all entries in accordance with the instructions to the Form 5500.	2009 This Form is Open to Public Inspection

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: ☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____

B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. ▸ ☐

D Check box if filing under: ☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan Availity 401(k) Profit Sharing Plan

1b Three-digit plan number (PN) ▸ 001

1c Effective date of plan 01/01/2002

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
Availity, L.L.C.

7406 Fullerton Street, Suite 300

Jacksonville FL 32256

2b Employer Identification Number (EIN) 59-3715944

2c Sponsor's telephone number (904)470-4900

2d Business code (see instructions) 519100

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	Signature of plan administrator	Date	Julie Klapstein Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Julie Klapstein 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") SAME	**3b** Administrator's EIN **3c** Administrator's telephone number
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**	253
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**	265
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	17
d Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	283
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	283
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	231
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:
X

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

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

9a Plan funding arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Availity 401(k) Profit Sharing Plan **EIN:** 59-3715944
Plan Sponsor's Name Availity, L.L.C. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	MidAtlantic Trust Co	MidAtlantic Cash Acct		21,947
	MidAtlantic Trust Co	Fidelity Retirement Money Market		318,388
	MidAtlantic Trust Co	American Century Vista Fund Class Investor		12,816
	MidAtlantic Trust Co	Artisan International Fund Class Investor		218,787
	MidAtlantic Trust Co	BlackRock Mid-Cap Value Portfolio Class Investor		1,171
	MidAtlantic Trust Co	American Funds Capital World Bd R5		6,469
	MidAtlantic Trust Co	American Funds Capital World G/I R5		151,187

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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Plan Sponsor's Name Availity, L.L.C. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	MidAtlantic Trust	Columbia Acorn Z		297,877
	MidAtlantic Trust	Columbia Acorn USA Z		106,979
	MidAtlantic Trust	Columbia Acorn International Z		91,703
	MidAtlantic Trust	Columbia Marsico 21st Century Z		138,201
	MidAtlantic Trust	Columbia Mid Cap Value Z		19,031
	MidAtlantic Trust	Columbia Small Cap Value I Z		7,213
	MidAtlantic Trust	Columbia Energy & Natural Resources Fund Z		326,957

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Availity 401(k) Profit Sharing Plan **EIN:** 59-3715944
Plan Sponsor's Name Availity, L.L.C. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	MidAtlantic Trust	Davis NY Venture A		290,161
	MidAtlantic Trust	Davis Financial A		29,722
	MidAtlantic Trust	Dodge & Cox International Stock		13,979
	MidAtlantic Trust	Eaton Vance Large-Cap Value A		85,966
	MidAtlantic Trust	American Funds EuroPacific Gr R5		94,935
	MidAtlantic Trust	Fidelity Freedom 2040		147,640
	MidAtlantic Trust	Fidelity Freedom 2050		20,304

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Availity 401(k) Profit Sharing Plan **EIN:** 59-3715944
Plan Sponsor's Name Availity, L.L.C. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	MidAtlantic Trust	Fidelity Freedom 2045		66,778
	MidAtlantic Trust	Fidelity Freedom 2035		128,749
	MidAtlantic Trust	Fidelity Freedom 2025		36,156
	MidAtlantic Trust	Fidelity Contrafund		356,904
	MidAtlantic Trust	Fidelity Mid-Cap Stock		18,309
	MidAtlantic Trust	Fidelity Independence		99,190
	MidAtlantic Trust	Fidelity Freedom Income		1,627

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Availity 401(k) Profit Sharing Plan **EIN:** 59-3715944
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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	MidAtlantic Trust	Fidelity Freedom 2010		18,953
	MidAtlantic Trust	Fidelity Freedom 2020		368,175
	MidAtlantic Trust	Fidelity Freedom 2030		195,861
	MidAtlantic Trust	Fidelity Growth Company		93,799
	MidAtlantic Trust	Gabelli Asset AAA		57,652
	MidAtlantic Trust	Hartford Capital Appreciation A		117,099
	MidAtlantic Trust	Jennison Utility A		4,662

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Availity 401(k) Profit Sharing Plan **EIN:** 59-3715944
Plan Sponsor's Name Availity, L.L.C. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	MidAtlantic Trust	JP Morgan Diversified Mid Cap Growth Sel		62,937
	MidAtlantic Trust	ABN AMRO Income Plus		213,582
	MidAtlantic Trust	Lazard Emerging Markets Open		156,165
	MidAtlantic Trust	Oppenheimer Global A		200,007
	MidAtlantic Trust	T Rowe Price Media & Telecom		9,074
	MidAtlantic Trust	T Rowe Price Health Sciences		209,613
	MidAtlantic Trust	T Rowe Price Value		1,122

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Availity 401(k) Profit Sharing Plan **EIN:** 59-3715944
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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	MidAtlantic Trust	Royce Pennsylvania Mutual Inv		22,872
	MidAtlantic Trust	Russell LifePoints Mod Strat S		15,151
	MidAtlantic Trust	Russell LifePoints Con Strat S		9,987
	MidAtlantic Trust	Russell LifePoints Eq Growth Strategy S		258,739
	MidAtlantic Trust	Russell LifePoints Growth Strategy S		346,719
	MidAtlantic Trust	Russell LifePoints Bal Strat S		304,066
	MidAtlantic Trust	Seligman Communications & Information A		36,124

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Availity 401(k) Profit Sharing Plan **EIN:** 59-3715944
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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	MidAtlantic Trust	Templeton Foreign A		49,587
	MidAtlantic Trust	US Global Investors WrldPrecMineral		51,626
	MidAtlantic Trust	Van Kampen Growth and Income A		78,881
	MidAtlantic Trust	Van Kampen Real Estate Secs A		208,437
	MidAtlantic Trust	Van Kampen Small Cap Growth A		35,345
	MidAtlantic Trust	Vanguard Total Intl Stock Index		14,715
	MidAtlantic Trust	Vanguard Total Bond Market Index		141,760

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Availity 401(k) Profit Sharing Plan **EIN:** 59-3715944
Plan Sponsor's Name Availity, L.L.C. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	MidAtlantic Trust	Vanguard GNMA		146,541
	MidAtlantic Trust	Vanguard Short-Term Investment Grade		25,904
	MidAtlantic Trust	Vanguard Short-Term Federal		116,106
	MidAtlantic Trust	Vanguard 500 Index		83,442
	MidAtlantic Trust	Vanguard Total Stock Market Index		12,294
	MidAtlantic Trust	Vanguard Value Index		28,328
	MidAtlantic Trust	Vanguard Growth Index		21,463

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Availity 401(k) Profit Sharing Plan **EIN:** 59-3715944
Plan Sponsor's Name Availity, L.L.C. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	MidAtlantic Trust	Vanguard Small Cap Value Index		5,194
	MidAtlantic Trust	Vanguard Small Cap Growth Index		14,913
	MidAtlantic Trust	Vanguard Mid Capitalization Index		72,479
	MidAtlantic Trust	Victory Special Value A		69,922
	MidAtlantic Trust	American Fund Bond Fund of America R5		60,450
	MidAtlantic Trust	JPMorgan Core Bond Select		79,238
	MidAtlantic Trust	Pioneer High Yield A		104,462

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Availity 401(k) Profit Sharing Plan **EIN:** 59-3715944
Plan Sponsor's Name Availity, L.L.C. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	MidAtlantic Trust	Fidelity Freedom 2015 Fund		90,860
		Participant Loans Interest 4.25% - 9.25% Maturity 3/5/10 - 9/26/24		247,104