Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		Short Form Annual Return/Report of Small Employee Benefit Plan				OMB Nos. 1210-0110 1210-0089				
						2009				
		This form is required to be filed under sections 104 and 4065 of the Employed Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).				This Form is Open to Public				
Pension Benefit Guaranty Corporation  Complete all entries in accordat					)0-SF.	Inspection				
		entification Information				2000				
_	calendar plan year 2009 or fisca	al plan year beginning 01/01/2009		g	12/31/					
	This return/report is for:	first return/report	final retur	mployer plan (not multiemployer)		one-participant plan				
в	This return/report is for:	an amended return/report		vear return/report (less than 12 mo	nthe)					
C	Check box if filing under:	Form 5558	•		/1113)	DFVC program				
U	Check box if filing under: X Form 5558 automatic extension special extension (enter description)									
Pa	art II Basic Plan Inform	nation—enter all requested information	,							
	Name of plan	1b	Three-digit							
SEC	TION 403B RETIREMENT PLAI	N FOR ADVANTAGE CARE DIAGNO	DSTIC & T	REATMENT CENTER, INC.		plan number (PN) ▶ 003				
					1c	Effective date of plan				
- 20		· · · · · · · · · · · · · · · · · · ·			26	01/01/2005				
	ANTAGE CARE DIAGNOSTIC 8	ess (employer, if for single-employer & TREATMENT CENTER, INC.	plan)		20	Employer Identification Number (EIN) 75-3097539				
190 \	WHEATLEY ROAD				2c	Plan sponsor's telephone number 516-626-1000				
	OKVILLE, NY 11545				2d	Business code (see instructions) 621399				
<b>3a</b> Plan administrator's name and address (if same as Plan sponsor, enter "Same") ADVANTAGE CARE DIAGNOSTIC & TREATMENT 189 WHEATLEY ROAD						Administrator's EIN 75-3097539				
CENTER, INC. BROOKVILLE, NY 11545					3c	Administrator's telephone number 516-626-1000				
		n sponsor has changed since the las	port filed for this plan, enter the	4b	4b EIN					
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN				
5a	Total number of participants at	the beginning of the plan year				13				
b	<b>b</b> Total number of participants at the end of the plan year					21				
С	<b>C</b> Total number of participants with account balances as of the end of the plan year (defined benefit plans do no complete this item)					21				
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	(See instructions.)		X Yes No					
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
Pa	rt III Financial Informa	ation								
7	Plan Assets and Liabilities	(-)		-	(b) End of Year					
a b	•	al plan assets		5 312649						
c	•	b from line 7a)	70 70	163725		312649				
8	Income, Expenses, and Transf			(a) Amount	-	(b) Total				
а	Contributions received or recei		<b>a</b> (1)		-					
			8a(1) 8a(2)	3262 8613						
			8a(3)	0013	<u> </u>					
b			8b	3016	4					
C	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			148924				
d	1 1 5	ollovers and insurance premiums	8d							
е	· ,	ive distributions (see instructions)	8e							
f		s (salaries, fees, commissions)	8f							
g	Other expenses	·····	8g							
h		Be, 8f, and 8g)	8h			0				
i		8h from line 8c)				148924				
J	mansiers to (from) the plan (se	e instructions)	8j							

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

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## Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2L 2M 2T
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Question	Ins							
10	During the plan year:		_	Yes	No	A	moun	t	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions report on line 10a.)		10b		х				
С	Was the plan covered by a fidelity bond?		10c	Х				10	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				Х				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)				х				
f	Has the plan failed to provide a	y benefit when due under the plan?	10f		Х				
g	Did the plan have any participat	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			Х				
h		an, was there a blackout period? (See instructions and 29 CFR	10h		Х				
i		ck the box if you either provided the required notice or one of the e applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Co	ompliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))								No
lf	(If "Yes," complete 12a or 12b, If a waiver of the minimum fundi granting the waiver	In subject to the minimum funding requirements of section 412 of the Code 2c, 12d, and 12e below, as applicable.) Ing standard for a prior year is being amortized in this plan year, see instruct Mon ete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. tribution for this plan year the employer to the plan for this plan year from the amount in line 12b. Enter the result (enter a minus sign to the left	ctions, th of a	and e	nter th	e date of the	e letter		g
е	Will the minimum funding amou	nt reported on line 12d be met by the funding deadline?				Yes	No	Π	N/A
Part	VII Plan Terminations	and Transfers of Assets							
13a	Has a resolution to terminate the	plan been adopted during the plan year or any prior year?					Y	es 🕽	× No
		plan assets that reverted to the employer this year			13a				
	of the PBGC?	ted to participants or beneficiaries, transferred to another plan, or brought of ets or liabilities were transferred from this plan to another plan(s), identify the ransferred. (See instructions.)					☐ Y	es	X No
13c(1) Name of plan(s):				<b>13c(2)</b> EIN(s)			130	: <b>(3)</b> F	PN(s)
•									

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/13/2010	DIANE J. RODRIGUEZ				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	10/13/2010	DIANE J. RODRIGUEZ				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				