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
ADVOCATE 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1998

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
ADVOCATE RADIOLOGY BILLING AND REIMBURSEMENT SPECIALISTS, LLC

10567 SAWMILL PARKWAY
POWELL, OH 43065

2b Employer Identification Number (EIN)
31-1569197

2c Sponsor's telephone number
614-336-8843

2d Business code (see instructions)
518210

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.	10/14/2010	KIRK REINITZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	KIRK REINITZ
	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")
ADVOCATE RADIOLOGY BILLING AND REIMBURSEMENT SPECIALISTS, LLC

10567 SAWMILL PARKWAY
POWELL, OH 43065

3b Administrator's EIN
31-1569197

3c Administrator's telephone number
614-336-8843

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
ADVOCATE RADIOLOGY BILLING

4b EIN
31-1569197

4c PN
001

5	Total number of participants at the beginning of the plan year	**5**	127
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**	113
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	19
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	132
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	132
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	100
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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 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)		**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

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
ADVOCATE 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADVOCATE RADIOLOGY BILLING AND REIMBURSEMENT SPECIALISTS, LLC

D Employer Identification Number (EIN)
31-1569197

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3050	6086
(2) Participant contributions	1b(2)	6846	2513
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	43746	26233
(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)	57699	27369
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1230093	1881261
(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	1341434	1943462
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1341434	1943462

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)	79344	
	(B) Participants	2a(1)(B)	182017	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		261361
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	26287	
	(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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		26287
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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)		
	(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)		358911
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		646559
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	44531	
	(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)		44531
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)		
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		44531
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		602028
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) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: COTTERMAN-WILSON CPA'S INC. **(2)** EIN: 31-1526535

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		250000
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
ADVOCATE 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADVOCATE RADIOLOGY BILLING AND REIMBURSEMENT SPECIALISTS, LLC

D Employer Identification Number (EIN)
31-1569197

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-1569197

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 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):

ADVOCATE RADIOLOGY BILLING AND REIMBURSEMENT SPECIALISTS, LLC. 401(K) SAVINGS PLAN

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT

(External Use)

December 31, 2009 and 2008

Cotterman-Wilson

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Cotterman-Wilson
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Management
Advocate Radiology Billing and Reimbursement
Specialists, LLC 401(k) Savings Plan

We have audited the accompanying statements of net assets available for plan benefits of the Advocate Radiology Billing and Reimbursement Specialists, LLC 401(k) Savings Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for plan benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with United States generally accepted auditing standards. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Advocate Radiology Billing and Reimbursement Specialists, LLC 401(k) Savings Plan as of December 31, 2009 and 2008 and the changes in net assets available for benefits for the years then ended, in conformity with United States generally accepted accounting principles.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental information is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental information is the responsibility of the plan's management. The supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation the basic financial statements taken as a whole.

Cotterman - Wilson CPAs, Inc.

Worthington, Ohio
October 1, 2010

951 High Street Worthington, Ohio 43085 (614) 781-6174

ADVOCATE RADIOLOGY BILLING AND REIMBURSEMENT
SPECIALISTS, LLC 401(K) SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

December 31,

	2009	2008
ASSETS		
Investments:		
Mutual funds—at fair value (notes B and C)	$ 1,881,261	$ 1,230,093
Money market cash	26,233	43,746
Participant loans receivable (notes A and C)	27,369	57,699
Contributions receivable:		
Participant deferral	6,086	6,613
Employer match	2,513	3,050
Participant loan payment	-	233
	1,943,462	1,341,434
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 1,943,462	$ 1,341,434

See accompanying notes and independent auditors' report.

ADVOCATE RADIOLOGY BILLING AND REIMBURSEMENT
SPECIALISTS, LLC 401(K) SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

For the years ended December 31,

	2009	2008
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment earnings:		
Interest and dividend income	$ 26,287	$ 26,693
Net gain in fair value of investments	358,911	-
	385,198	26,693
Contributions:		
Participant deferrals	182,017	164,002
Employer match	79,344	66,331
Participant rollovers	-	41,953
	261,361	272,286
	646,559	298,979
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Net loss in fair value of investments	-	775,304
Benefits paid to participants	44,531	182,619
	44,531	957,923
NET INCREASE/(DECREASE)	602,028	(658,944)
NET ASSETS AVAILABLE FOR PLAN BENEFITS		
Beginning of year	1,341,434	2,000,378
End of year	$ 1,943,462	$ 1,341,434

See accompanying notes and independent auditors' report.

ADVOCATE RADIOLOGY BILLING AND REIMBURSEMENT
SPECIALISTS, LLC 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

For the years ended December 31, 2009 and 2008

NOTE A—DESCRIPTION OF PLAN

The following description of the Advocate Radiology Billing and Reimbursement Specialists, LLC (the Company) 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the Plan for a more complete description of the Plan's provisions.

1. *General*

   The Plan is a defined contribution plan covering all employees of the Company who have completed one year of service and are age 21 or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is exempt from federal taxation.

2. *Contributions*

   Participants may defer a portion of their compensation and contribute it to the Plan. Participants may also roll over distributions from other qualified retirement plans. Maximum contributions are subject to certain limitations which are established by law.

   The Company's annual matching contribution is determined by the Board of Directors. In 2009 and 2008, the Company matched 50% of the employee deferral up to a maximum deferral of 4% of salary. The Company's profit sharing contribution is discretionary. No profit sharing contribution was made in 2009 or 2008.

3. *Participant Accounts*

   Each participant's account is increased by the participant's voluntary contribution, by the Company's matching contribution and by investment earnings on their account. Each account is reduced by participant withdrawals and by investment losses on their account.

   The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

4. *Vesting*

   Participants are immediately vested in their contributions plus investment earnings on their contributions. Vesting in the Company's contributions plus investment earnings is based on years of continuous service. A participant is 100% vested after six years of credited service as defined by the Plan.

NOTE A—DESCRIPTIONS OF PLAN—CONTINUED

5. *Payment of Benefits*

On termination of service, a participant will receive a lump-sum distribution if their account is less than $1,000. Participants with accounts in excess of $1,000 may receive a lump-sum distribution or may elect to remain in the Plan and have their benefits distributed on their normal retirement date. Retirement benefit distributions will be made in the form of a single lump sum or in substantially equal installments over the participant's life expectancy.

6. *Forfeitures*

The non-vested portion of a participant's account is forfeited upon termination of service. The forfeitures are used to offset the Company's contribution. Forfeitures totaling $1,951 and $6,159 and were utilized in 2009 and 2008, respectively. At December 31, 2009, forfeitures totaling $480 are available for future use.

7. *Investment Options*

Participants are permitted to direct their investments among a variety of investment options that range from conservative to aggressive. Participants have direct access to their accounts and may change their investment options daily.

8. *Participant Loans*

Participants may borrow 50% of their vested account balance, up to a maximum of $50,000, from the Plan. Loan terms generally range from 1-5 years, however, they may be as long as 10 years for the purchase of a primary residence. The loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with prevailing rates as determined by the Plan Administrator. Principal and interest are paid ratably over the term of the loan through payroll deductions.

NOTE B—SIGNIFICANT ACCOUNTING POLICIES

The significant accounting policies consistently applied in preparation of the accompanying financial statements follows:

1. *Accounting Method*

The financial statements and IRS Form 5500 are prepared on an accrual basis of accounting. Contributions to the Plan and investment earnings have been recorded as earned by the participants. Benefits are deducted when a request for payment is received.

NOTE B—SIGNIFICANT ACCOUNTING POLICIES—CONTINUED

2. *Use of Estimates*

The preparation of financial statements in conformity with United States generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect the reported amounts and disclosures. Actual results could differ from those estimates.

3. *Risks and Uncertainties*

The Plan has investments in a variety of mutual funds. The underlying investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits and participants individual account balances.

4. *Cash*

The Plan has money market accounts in eight brokerage accounts. The accounts are insured up to specified limits by the Securities Investor Protection Corporation. Cash balances may sometimes exceed the insured limits.

5. *Investment Income Recognition*

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

6. *Subsequent Events*

The Plan has evaluated subsequent events through October 1, 2010, which is the date the financial statements were available to be issued.

NOTE C—FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Statement No. 157, *Fair Value Measurement*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB Statement No. 157 are as follows:

Level 1: Unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2: Quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; or other inputs that are observable for the asset or liability or can be derived principally from or corroborated by observable market data by correlation or other means for substantially the full term of the asset or liability.

Level 3: Unobservable inputs that are supported by little or no market activity and are significant to the fair value measurement. Unobservable inputs reflect the Plan's own assumptions about the assumptions that market participants would use to price the asset or liability.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009.

Mutual Funds: Fair value is based on unadjusted quoted prices of identical assets in an active market.

Participant Loans: Valued at amortized cost, which approximates fair value.

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 fair value measurement at the reporting date.

NOTE C—FAIR VALUE MEASUREMENTS—CONTINUED

The following table sets forth by level, within fair value hierarchy, the Plan's assets at fair value as of December 31,:

	2009			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 1,881,261	$ -	$ -	$ 1,881,261
Participant loans	-	-	27,369	27,369
	$ 1,881,261	$ -	$ 27,369	$ 1,908,630

	2008			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 1,230,093	$ -	$ -	$ 1,230,093
Participant loans	-	-	57,699	57,699
	$ 1,230,093	$ -	$ 57,699	$ 1,287,792

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31,:

	Participant Loans
Balance at January 1, 2008	$ 68,386
New loans, net of principal repayments	(10,687)
Balance at December 31, 2008	57,699
New loans, net of principal repayments	(30,330)
Balance at December 31, 2009	$ 27,369

NOTE D—MUTUAL FUND INVESTMENTS

The following table presents participant directed mutual fund investments at fair value at year-end. Mutual funds that represent 5% or more of the Plan's net assets are separately identified.

	2009	2008
Allianceber Large Cap Growth	$ 131,846	$ 96,354
Artisan International Investor Class	-	80,166
Blackrock Aurora Class A	187,425	64,087
Fidelity Diversified International	450,400	89,965
Federated Equity Income	110,088	95,319
Fidelity US Bond Index	148,564	153,150
Fidelity Value	-	69,697
Harbor International	270,407	-
MFS Total Return	-	72,509
Riversource Mid-cap Value	107,594	-
RS Large Cap Alpha Class A	65,091	96,526
Other (≤ 5%)	409,846	412,320
	$ 1,881,261	$ 1,230,093

NOTE E—TERMINATION OF THE PLAN

Although they have not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, all participants will become 100% vested in their account and the Plan's value will be determined at fair value.

NOTE F—INCOME TAX STATUS

The Plan obtained its latest determination letter on August 18, 2004, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

NOTE G—PARTY-IN-INTEREST TRANSACTIONS

The Company paid $39,467 and $28,862 in administrative expenses on behalf of the plan during 2009 and 2008, respectively. Certain administrative functions are performed by employees of the Company but the employees are not compensated by the Plan.

SUPPLEMENTAL INFORMATION

ADVOCATE RADIOLOGY BILLING & REIMBURSEMENT
SPECIALISTS, LLC 401(K) SAVINGS PLAN

EIN : 31-1569197 PLAN NUMBER: 001
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, collateral, par or maturity value	(d) Cost	(e) Current Value
	AIM Technology	Mutual Fund	-	$ 28,296
	Allianceber Large Cap Growth	Mutual Fund	-	131,846
	Blackrock Aurora Fund	Mutual Fund	-	81,881
	Blackrock US Opportunity	Mutual Fund	-	187,425
	Eaton Vance Large-cap Value	Mutual Fund	-	89,881
	Federated Equity Income	Mutual Fund	-	110,088
	Fidelity Cash Reserve	Money Market	-	26,233
	Fidelity Diversified International	Mutual Fund	-	45,040
	Fidelity Select Consumer Staples	Mutual Fund	-	84,033
	Fidelity Select Healthcare	Mutual Fund	-	37,747
	Fidelity US Bond Index	Mutual Fund	-	148,564
	Guinness Atkinson Global	Mutual Fund	-	79,589
	Harbor International	Mutual Fund	-	270,407
	Mainstay Large-cap Growth	Mutual Fund	-	35,099
	MFS Technology	Mutual Fund	-	22,198
	Northern Small Cap Value	Mutual Fund	-	9,882
	Pimco Total Return	Mutual Fund	-	33,732
	Putnam Global Consumer	Mutual Fund	-	39,453
	Putnam Health Science	Mutual Fund	-	47,452
	Riversource Mid-cap Value	Mutual Fund	-	107,594
	RS Large Cap Alpha	Mutual Fund	-	65,091
	Rydex Technology	Mutual Fund	-	75,366
	Rydex NASDAQ 100	Mutual Fund	-	6,682
	US Global Resources	Mutual Fund	-	29,093
	Van Kampen Small Cap Growth	Mutual Fund	-	2,307
	Victory Established Value	Mutual Fund	-	44,305
	Wells Fargo Govt Securities	Mutual Fund	-	68,210
*	Participant Loans	6.00% - 9.25%	0	27,369
	Total assets held for investment purposes			$ 1,934,863

Column (a) * Party-in-Interest

Column (d) "Cost" information has been omitted for participant-directed transactions under an individual account plan.

See accompanying notes and independent auditors' report.

ADVOCATE RADIOLOGY BILLING & REIMBURSEMENT
SPECIALISTS, LLC 401(k) SAVINGS PLAN
EIN: 31-1569197 PLAN NUMBER: 001
SCHDULE H, LINE 4J – SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2009

(a) Identity of party involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred	(g) Cost of Asset	(h) Current Value	(I) Net Gain or Loss
Artisan International	Mutual Fund	-	95,051	-	-	161,455	-	(66,404)
Blackrock US Opportunity	Mutual Fund	152,013	-	-	-	-	187,425	35,412
Fidelity Value	Mutual Fund	-	94,215	-	-	152,582	-	(58,367)
Eaton Vance Large Cap Value	Mutual Fund	74,857	-	-	-	-	89,881	15,023
Fidelity Select Consumer Staples	Mutual Fund	83,900	-	-	-	-	84,033	133
Harbor International	Mutual Fund	-	212,958	-	-	270,407	-	(57,449)
MFS Total Return	Mutual Fund	-	81,680	-	-	108,249	-	(26,569)
Riversource Mid Cap Value	Mutual Fund	83,880	-	-	-	-	107,594	23,714
Rydex Technology	Mutual Fund	75,365	-	-	-	-	75,365	4,624

See accompanying notes and independent auditors' report.

ADVOCATE RADIOLOGY BILLING & REIMBURSEMENT
SPECIALISTS, LLC 401(K) SAVINGS PLAN

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