

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
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
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 <u>GREENSBORO RADIOLOGY, P.A. 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/01/1970</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>02/01/1970</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>02/01/1970</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>GREENSBORO RADIOLOGY, P.A.</u> <u>1317 N. ELM ST., SUITE 1-B</u> <u>GREENSBORO, NC 27401</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>56-0942865</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>336-274-4285</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>321900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>56-0942865</u>	2c Sponsor's telephone number <u>336-274-4285</u>	2d Business code (see instructions) <u>321900</u>	
2b Employer Identification Number (EIN) <u>56-0942865</u>					
2c Sponsor's telephone number <u>336-274-4285</u>					
2d Business code (see instructions) <u>321900</u>					

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	MICHELLE JOHNSON
	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

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") GREENSBORO RADIOLOGY, P.A. 1317 N. ELM ST., SUITE 1-B GREENSBORO, NC 27401	3b Administrator's EIN 56-0942865 3c Administrator's telephone number 336-274-4285
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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
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5 Total number of participants at the beginning of the plan year	5	259
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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	219
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	38
d Subtotal. Add lines 6a , 6b , and 6c	6d	257
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	257
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	238
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	9

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2G 2J 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) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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

<div>A</div> <div>Name of plan</div> <div>GREENSBORO RADIOLOGY, P.A. 401(K) PROFIT SHARING PLAN</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>002</div>
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>GREENSBORO RADIOLOGY, P.A.</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>56-0942865</div>

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

(b)

Enter name and EIN or address of person who provided you disclosure 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)

LINDEN THOMAS & COMPANY

20-2650003

(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?
28		108157	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

MORGAN STANLEY SMITH BARNEY

(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?
28		23048	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

US TRUST

(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?
28		6740	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

NEXTSTEP

(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?
64		0	Yes ☐ No ☒	Yes ☐ No ☒	22562	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan GREENSBORO RADIOLOGY, P.A. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 GREENSBORO RADIOLOGY, P.A.	D Employer Identification Number (EIN) 56-0942865	

Part I	Asset and Liability Statement
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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)	459574	601081
(2) Participant contributions	1b(2)	23856	25385
(3) Other.....	1b(3)	1451	3555
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2450628	1793500
(2) U.S. Government securities.....	1c(2)	79503	701215
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	2435666	4061860
(B) All other.....	1c(3)(B)		219821
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7953806	8401861
(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)		
(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)	16675503	25452900
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	150518	150518

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	30230505	41411696

Liabilities

g Benefit claims payable	1g	994	
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	994	

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	30229511	41411696
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2077874	
(B) Participants	2a(1)(B)	1240480	
(C) Others (including rollovers)	2a(1)(C)	7909	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3326263

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9230	
(B) U.S. Government securities	2b(1)(B)	29484	
(C) Corporate debt instruments	2b(1)(C)	51050	
(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)		89764
(2) Dividends: (A) Preferred stock	2b(2)(A)	250572	
(B) Common stock	2b(2)(B)	158536	
(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)		409108
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	13538548	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	13750897	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-212349

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	2673831	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2673831
(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)		5386376
c Other income.....	2c		20055
d Total income. Add all income amounts in column (b) and enter total.....	2d		11693048

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	304959	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	3556	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		308515
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)	179786	
(4) Other	2i(4)	22562	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		202348
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		510863

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11182185
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name: LEEPER, KEAN & RUMLEY, LLP

(2) EIN: 56-1333355

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

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

Part IV Compliance Questions

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

During the plan year:

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

- 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 <u>GREENSBORO RADIOLOGY, P.A. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GREENSBORO RADIOLOGY, P.A.</u>	D Employer Identification Number (EIN) <u>56-0942865</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>56-1308966</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Greensboro Radiology, P.A.
401(k) Profit Sharing Plan**

**FINANCIAL STATEMENTS
and Independent Auditor's Report**

December 31, 2009 and 2008



Leeper, Kean & Rumley, L.L.P.
Certified Public Accountants and Consultants

INDEPENDENT AUDITOR'S REPORT

To the Trustees
Greensboro Radiology, P.A. 401(k) Profit Sharing Plan
Greensboro, North Carolina

We have audited the accompanying statements of net assets available for plan benefits of Greensboro Radiology, P.A. 401(k) Profit Sharing Plan ("Plan") as of December 31, 2009 and 2008 and the related statements of changes in net assets available for benefits for the years then ended. 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 auditing standards generally accepted in the United States of America. 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 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 accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of Assets (Held at End of Year) is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule 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 to the basic financial statements taken as a whole.

Leeper, Kean & Rumley, LLP

October 12, 2010

Greensboro Radiology, P.A. 401(k) Profit Sharing Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Investments, at fair value:		
Individual self-directed accounts	\$ 29,599,266	22,377,692
Mutual funds	<u>11,185,964</u>	<u>7,369,383</u>
Total investments	<u>40,785,230</u>	<u>29,747,075</u>
Employer contributions receivable	601,081	459,574
Participant contributions receivable	<u>25,385</u>	<u>23,856</u>
	<u>626,466</u>	<u>483,430</u>
Total Assets Available for Plan Benefits	41,411,696	30,230,505
Other liabilities	<u>-</u>	<u>(994)</u>
Net Assets Available For Plan Benefits	<u>\$ 41,411,696</u>	<u>30,229,511</u>

Greensboro Radiology, P.A. 401(k) Profit Sharing Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS For the Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Investment income:		
Dividend income	\$ 158,536	374,656
Interest income	340,336	403,122
Net investment gains (losses) in fair value	<u>7,847,859</u>	<u>(15,371,435)</u>
Total investment income (loss)	<u>8,346,731</u>	<u>(14,593,657)</u>
Contributions:		
Participants	1,240,480	1,173,135
Employer	2,077,874	1,845,905
Rollovers	<u>7,909</u>	<u>-</u>
Total contributions	<u>3,326,263</u>	<u>3,019,040</u>
Net contributions and investment activity	<u>11,672,994</u>	<u>(11,574,617)</u>
Deductions:		
Benefits paid to participants	308,515	500,674
Administrative fees	<u>182,294</u>	<u>332,505</u>
Total deductions	<u>490,809</u>	<u>833,179</u>
Net increase (decrease)	11,182,185	(12,407,796)
Net Assets Available For Plan Benefits:		
Beginning of year	<u>30,229,511</u>	<u>42,637,307</u>
End of year	<u>\$ 41,411,696</u>	<u>30,229,511</u>

Greensboro Radiology, P.A. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS December 31, 2009 and 2008

(1) Description of Plan

The following description of Greensboro Radiology, P.A. 401(k) Profit Sharing Plan ("Plan") is provided for general information purposes only. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

- (a) **General** - The Plan is a qualified defined contribution plan covering all employees of Greensboro Radiology, P.A. ("Company") and its affiliates who are at least 21 years of age with six months of eligible service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). All investments are participant directed.
- (b) **Contributions** - Participants may contribute, through payroll deduction, amounts up to 100% of their annual earnings, subject to certain limitations. Employees who have attained age 50 before the close of the Plan year are eligible to make catch-up contributions. The Company funds a safe harbor match amount equal to a maximum of 3% of the participants' compensation and 50% of the next 2% of compensation. The Company funds as a regular employer match the next 1% of compensation equally. Participants must complete one year of service to be eligible for employer contributions.

Each year the Company may make additional discretionary contributions to the Plan. Discretionary contributions of \$1,262,267 and \$1,092,772 were recorded for 2009 and 2008, respectively.

- (c) **Participant Accounts** - Each participant's account is credited with the participant's contribution and an allocation of the Company's contributions, Plan earnings and administrative fees. Allocations are based on participant earnings or account balances, as defined by the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.
- (d) **Vesting** - Participants are immediately vested with respect to their elective deferral contributions and safe harbor match contributions and actual earnings thereon. Vesting in regular employer match and discretionary contributions and actual earnings thereon is based on years of continuous service. A participant is 20% vested after two years and vests an additional 20% every year thereafter, until reaching 100% after six years of credited service.
- (e) **Forfeitures** - Forfeitures of employer matching contributions are used to reduce future employer contributions. As of December 31, 2009, forfeited nonvested accounts totaled \$13,547.
- (f) **Payment of Benefits** - In the event of termination of employment, disability, death or retirement (age 59 ½), a participant may elect to receive benefits either by a lump sum distribution or periodic installments over a period of time as described in the Plan Agreement. Distributions of vested account balances of \$5,000 or less will generally be made in a single sum payment. Hardship distributions of participant's contributions are permitted.
- (g) **Plan Termination** - The Company expects to continue the Plan indefinitely, but reserves the right to terminate the Plan in whole or in part at any time upon giving written notice to all parties concerned subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Greensboro Radiology, P.A. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

(2) Summary of Accounting Policies

- (a) **Basis of Accounting** - The financial statements are prepared using the accrual method of accounting.
- (b) **Management Estimates** - The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.
- (c) **Investment Valuation** - The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date.

(3) Investments

FASB ASC 820, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable and Level 3 inputs have the lowest priority and are unobservable inputs of market activity. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

<u>December 31, 2009</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Self-directed accounts:				
Mutual funds	\$ 14,103,401	-	-	14,103,401
Common and preferred stocks	11,502,189	-	-	11,502,189
Money market funds	1,797,055	-	-	1,797,055
Corporate bonds and debentures	-	1,181,353	-	1,181,353
U.S. government securities	701,215	-	-	701,215
Annuity and other investments	-	-	314,053	314,053
Mutual funds	<u>11,185,964</u>	<u>-</u>	<u>-</u>	<u>11,185,964</u>
Total	<u>\$ 39,289,824</u>	<u>1,181,353</u>	<u>314,053</u>	<u>40,785,230</u>

<u>December 31, 2008</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Self-directed accounts:				
Mutual funds	\$ 9,164,476	-	-	9,164,476
Common and preferred stocks	7,953,806	-	-	7,953,806
Money market funds	2,452,079	-	-	2,452,079
Corporate bonds and debentures	-	2,435,666	-	2,435,666
U.S. government securities	79,503	-	-	79,503
Annuity and other investments	-	-	292,162	292,162
Mutual funds	<u>7,369,383</u>	<u>-</u>	<u>-</u>	<u>7,369,383</u>
Total	<u>\$ 27,019,247</u>	<u>2,435,666</u>	<u>292,162</u>	<u>29,747,075</u>

- Continued -

Greensboro Radiology, P.A. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS December 31, 2009 and 2008

(3) Investments (continued)

Investments classified within Level 3 consist of certain annuities and private equity investments that are not actively traded and have unobservable inputs of market activity.

	<u>2009</u>	<u>2008</u>
Beginning balance	\$ 292,162	349,385
Total gains or losses (realized and unrealized)	33,771	(44,203)
Purchases, sales, issuances, settlements (net)	<u>(11,880)</u>	<u>(13,020)</u>
Ending balance	<u>\$ 314,053</u>	<u>292,162</u>

During 2009 and 2008, the Plan's investments (including investments bought, sold, as well as held during the year) appreciated (depreciated) in fair value as follows:

	<u>2009</u>	<u>2008</u>
Self-directed accounts	\$ 2,461,483	(10,353,382)
Mutual funds	<u>5,386,376</u>	<u>(5,018,053)</u>
Total	<u>\$ 7,847,859</u>	<u>(15,371,435)</u>

The individual self-directed accounts represent 5% or more of the Plan's net assets at December 31, 2009 and 2008.

(4) Administrative Expenses

In addition to the administrative fees reported in the accompanying statement of changes in net assets available for plan benefits, the Company paid administrative fees on behalf of the Plan totaling \$45,166 and \$19,769 in 2009 and 2008, respectively.

(5) Tax Status

The Plan is based on a WLR & Associates prototype defined contribution plan. WLR & Associates Administrators, Inc. obtained an opinion letter dated September 18, 2001 in which the Internal Revenue Service stated that the prototype plan is designed in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving this letter. However, the Plan trustees and administrator believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Greensboro Radiology, P.A. 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS December 31, 2009 and 2008

(6) Risks and Uncertainties

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

(7) Subsequent Events

Management has evaluated subsequent events through October 12, 2010, the date which the financial statements were available to be issued.

Greensboro Radiology, P.A. 401(k) Profit Sharing Plan

(EIN: 56-0942865) (PN: 002)

Schedule

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) December 31, 2009

(a)	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment Including Maturity Date</u> <u>Rate of Interest, Collateral, Par or Maturity Value</u>	(d) <u>Cost*</u>	(e) <u>Current Value</u>
	Individual self-directed accounts	Various units		\$ 29,599,266
	Allianz NFJ International Value Class D	44,856 mutual fund shares		854,068
	Aston/Optimum Mid Cap Class N	3,015 mutual fund shares		78,664
	Diamond Hill Large Cap Class A	230,731 mutual fund shares		1,838,540
	Columbia Value and Restructuring Fund Class	29,345 mutual fund shares		1,256,270
	Fidelity Retirement Money Market	209,068 mutual fund shares		209,068
	Hartford Capital Appreciation Fund Class R4	21,282 mutual fund shares		698,267
	Janus Adviser Mid Cap Value Fd Class A	11,774 mutual fund shares		233,127
	Keeley Small Cap Value Fd Class A	35,169 mutual fund shares		697,056
	Loomis Sayles Invst Grade Bond Class A	163,934 mutual fund shares		1,914,747
	Munder Mid Cap Core Growth Fund Class A	32,614 mutual fund shares		726,648
	Columbia Large Cap Index Class A	21,855 mutual fund shares		468,572
	Columbia Small Cap Index Class A	5,950 mutual fund shares		82,591
	T Rowe Price Retirement 2010 Fund Advisor	90 mutual fund shares		1,253
	T Rowe Price Retirement 2020 Fund Advisor	525 mutual fund shares		7,629
	T Rowe Price 2025 Retirement Fund	1,373 mutual fund shares		14,530
	T Rowe Price Retirement 2030 Fund Advisor	1,828 mutual fund shares		27,495
	T Rowe Price 2035 Retirement Fund	1,231 mutual fund shares		13,097
	Pimco Real Return D	46,865 mutual fund shares		505,668
	Royce Fund Value/Inv	18,686 mutual fund shares		189,286
	Fidelity Money Market Fund	235,532 mutual fund shares		235,532
	Hancock Large Cap Value A	9,653 mutual fund shares		222,316
	Thornburg International Value Fund Class	26,505 mutual fund shares		655,212
	Value Line Income	4,349 mutual fund shares		33,701
	Ivy Science & Technology A	7,730 mutual fund shares		222,627
		Total investments		<u>\$ 40,785,230</u>

* Cost information omitted for participant-directed investments

Lynne Bruce

From: Eric Bland [ebland@lkrcpa.com]
Sent: Thursday, October 14, 2010 1:21 PM
To: Sandra Duggins
Cc: Debbie Robinson; Lynne Bruce
Subject: GR401(K) audited financial statements
Attachments: 1133 FS Client Electronic 2009.pdf

Sandra,

Please see attached for the 2009 audited financial statements for Greensboro Radiology, PA 401(k) Profit Sharing Plan.

The password to open the file is the last 4 digits of GR's EIN.

Thanks again for all the assistance with the audit!

Sincerely,
Eric

Eric Bland, CPA
ebland@lkrcpa.com
(tel) 336.389.5318 | (fax) 336.389.5319

Leeper, Kean & Rumley, LLP
3625 North Elm Street, Suite 100-A
Greensboro, NC 27455
<http://www.lkrcpa.com>

CIRCULAR 230 DISCLOSURE

To ensure compliance with requirements imposed by the IRS, unless specifically indicated otherwise, any tax advice contained in this communication (including any attachments) was not intended or written to be used, and cannot be used, for the purpose of avoiding tax related penalties or promoting, marketing or recommending to another party any tax related matter addressed herein.

CONFIDENTIALITY STATEMENT

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Greensboro Radiology, P.A. 401(k) Profit Sharing Plan

(EIN: 56-0942865) (PN: 002)

Schedule

**SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009**

(a)	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment Including Maturity Date</u> <u>Rate of Interest, Collateral, Par or Maturity Value</u>	(d) <u>Cost*</u>	(e) <u>Current Value</u>
	Individual self-directed accounts	Various units		\$ 29,599,266
	Allianz NFJ International Value Class D	44,856 mutual fund shares		854,068
	Aston/Optimum Mid Cap Class N	3,015 mutual fund shares		78,664
	Diamond Hill Large Cap Class A	230,731 mutual fund shares		1,838,540
	Columbia Value and Restructuring Fund Class	29,345 mutual fund shares		1,256,270
	Fidelity Retirement Money Market	209,068 mutual fund shares		209,068
	Hartford Capital Appreciation Fund Class R4	21,282 mutual fund shares		698,267
	Janus Adviser Mid Cap Value Fd Class A	11,774 mutual fund shares		233,127
	Keeley Small Cap Value Fd Class A	35,169 mutual fund shares		697,056
	Loomis Sayles Invst Grade Bond Class A	163,934 mutual fund shares		1,914,747
	Munder Mid Cap Core Growth Fund Class A	32,614 mutual fund shares		726,648
	Columbia Large Cap Index Class A	21,855 mutual fund shares		468,572
	Columbia Small Cap Index Class A	5,950 mutual fund shares		82,591
	T Rowe Price Retirement 2010 Fund Advisor	90 mutual fund shares		1,253
	T Rowe Price Retirement 2020 Fund Advisor	525 mutual fund shares		7,629
	T Rowe Price 2025 Retirement Fund	1,373 mutual fund shares		14,530
	T Rowe Price Retirement 2030 Fund Advisor	1,828 mutual fund shares		27,495
	T Rowe Price 2035 Retirement Fund	1,231 mutual fund shares		13,097
	Pimco Real Return D	46,865 mutual fund shares		505,668
	Royce Fund Value/Inv	18,686 mutual fund shares		189,286
	Fidelity Money Market Fund	235,532 mutual fund shares		235,532
	Hancock Large Cap Value A	9,653 mutual fund shares		222,316
	Thornburg International Value Fund Class	26,505 mutual fund shares		655,212
	Value Line Income	4,349 mutual fund shares		33,701
	Ivy Science & Technology A	7,730 mutual fund shares		<u>222,627</u>
		Total investments		<u>\$ 40,785,230</u>

* Cost information omitted for participant-directed investments