

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B This return/report is for:	☐ first return/report ☐ final return/report ☐ an amended return/report ☐ short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan PHYSICIANS IMAGING SOLUTIONS 401(K) PROFIT SHARING SAFE HARBOR PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 10/01/2003</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan 10/01/2003			
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2a Plan sponsor's name and address (employer, if for single-employer plan) PHYSICIANS IMAGING SOLUTIONS 6273 FRANK AVENUE NW NORTH CANTON, OH 44720-7227	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">2b Employer Identification Number (EIN) 11-3703444</td> <td style="width:40%;"></td> </tr> <tr> <td>2c Plan sponsor's telephone number 330-966-0500</td> <td></td> </tr> <tr> <td>2d Business code (see instructions) 811210</td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) 11-3703444		2c Plan sponsor's telephone number 330-966-0500		2d Business code (see instructions) 811210	
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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. Sponsor's name	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">4b EIN</td> <td style="width:40%;"></td> </tr> <tr> <td>4c PN</td> <td></td> </tr> </table>	4b EIN		4c PN			
4b EIN							
4c PN							
5a Total number of participants at the beginning of the plan year	5a 22						
b Total number of participants at the end of the plan year.....	5b 18						
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c 18						
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No						
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....	☒ Yes ☐ No						
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							

Part III	Financial Information																																										
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Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2J 3D

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

		Yes	No	Amount
10	During the plan year:			
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☐ Yes ☒ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** _____

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2011	DAVID KELLY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2011	DAVID KELLY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

5500-SF Electronic Filing Authorization

Plan Name: Physicians Imaging Solutions 401(k) Profit Sharing Safe Harbor Plan
EIN/PN: 11-3703444/001
Plan Year: 01/01/2010 - 12/31/2010

I hereby authorize Qualified Administrative Services, Inc. to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

X 
(sign)

7-12-11
(date)

Plan Sponsor

X 
(sign)

9-12-11
(date)

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I

Annual Report Identification Information

For the calendar plan year 2010 or fiscal plan year beginning

01/01/2010

and ending

12/31/2010

A

This return/report is for:

☒ single-employer plan

☐ multiple-employer plan (not multiemployer)

☐ one-participant plan

B

This return/report is for:

☐ first return/report

☐ final return/report

☐ an amended return/report

☐ short plan year return/report (less than 12 months)

C

Check box if filing under:

☒ Form 5558

☐ automatic extension

☐ DFVC program

☐ special extension (enter description)

Part II

Basic Plan Information --- enter all requested information.

1a

Name of plan

Physicians Imaging Solutions 401(k) Profit Sharing Safe Harbor Plan

1b

Three-digit plan number (PN) ►

001

1c

Effective date of plan

10/01/2003

2a

Plan sponsor's name and address (employer, if for single-employer plan)

Physicians Imaging Solutions

6273 Frank Avenue NW

US North Canton OH 44720-7227

2b

Employer Identification Number (EIN)

11-3703444

2c

Plan sponsor's telephone number (330)

966-0500

2d

Business code (see instructions)

811210

3a

Plan administrator's name and address (If same as plan employer, enter "Same")

Same

3b

Administrator's EIN

3c

Administrator's telephone number

4

If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report. Sponsor's Name:

4b

EIN

4c

PN

5a

Total number of participants at the beginning of the plan year

5a

22

b

Total number of participants at the end of the plan year

5b

18

c

Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)

5c

18

6a

Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

☒ Yes ☐ No

b

Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)

☒ Yes ☐ No

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III

Financial Information

7

Plan Assets and Liabilities

(a) Beginning of Year

(b) End of Year

a

Total plan assets

7a

420,469

438,334

b

Total plan liabilities

7b

0

0

c

Net plan assets (subtract line 7b from line 7a)

7c

420,469

438,334

8

Income, Expenses, and Transfers for this Plan Year

(a) Amount

(b) Total

a

Contributions received or receivable from:

(1) Employers

8a(1)

20,271

(2) Participants

8a(2)

38,726

(3) Others (including rollovers)

8a(3)

730

b

Other income (loss)

8b

36,634

c

Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)

8c

96,361

d

Benefits paid (including direct rollovers and insurance premiums to provide benefits)

8d

78,496

e

Certain deemed and/or corrective distributions (see instructions)

8e

0

f

Administrative service providers (salaries, fees, commissions)

8f

0

g

Other expenses

8g

0

h

Total expenses (add lines 8d, 8e, 8f, and 8g)

8h

78,496

i

Net income (loss) (subject line 8h from line 8c)

8i

17,865

j

Transfers to (from) the plan (see instructions)

8j

Part IV Plan Characteristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2J 3D
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribution within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c	Was the plan covered by a fidelity bond?	10c	X		50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	10i			

Part VI Pension Funding Compliance

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))	☐ Yes ☒ No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	☐ Yes ☒ No
a	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 letter ruling granting the waiver	Month Day Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		
b	Enter the minimum required contribution for this plan year	12b
c	Enter the amount contributed by the employer to the plan for this plan year	12c
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?	☐ Yes ☒ No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No
c	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.)	
13c(1)	Name of plan(s):	13c(2) EIN(s)
		13c(3) PN(s)

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	X		Date	9-12-11	David Kelly
		Signature of plan administrator			Enter name of individual signing as plan administrator
SIGN HERE	X		Date	9-12-11	David Kelly
		Signature of employer/plan sponsor			Enter name of individual signing as employer or plan sponsor

SUMMARY ANNUAL REPORT
for
Physicians Imaging Solutions 401(k) Profit Sharing Safe Harbor Plan

This is a summary of the annual report for Physicians Imaging Solutions 401(k) Profit Sharing Safe Harbor Plan, 11-3703444/001 for 01/01/2010 through 12/31/2010. The annual report has been filed with the Employee Benefits Security Administration, formerly known as the Pension and Welfare Benefits Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Plan expenses were \$78,496. These expenses included \$0 in administrative expenses, \$78,496 in benefits paid to participants and beneficiaries, and \$0 in other expenses. A total of 18 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan was \$438,334 as of 12/31/2010 compared to \$420,469 as of 01/01/2010. During the plan year the plan experienced an increase in its net assets of \$17,865. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$96,361, including employer contributions of \$20,271, employee contributions of \$39,456 and earnings from investments of \$36,634.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Physicians Imaging Solutions, who is Plan Administrator at 6273 Frank Avenue NW, North Canton, OH, 44720-7227, (330) 966-0500. The charge to cover copying cost will be \$10.00 for the full annual report, or \$1.00 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, if any, or a statement of income and expenses of the plan and accompanying notes, if any, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes, if any, will be included as part of that report. The charge to cover copying costs given above does not include a charge for copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan at 6273 Frank Avenue NW, North Canton, OH, 44720-7227 and at the US Department of Labor in Washington DC, or obtain a copy from the US Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, US Department of Labor, 200 Constitution Avenue, NW, Washington DC 20210.