

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089               |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           | <b>2009</b>                                   |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                    |
| <b>1a</b> Name of plan<br><u>RIVERSIDE RADIOLOGY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN</u>                                                                                                                                                                                              | <b>1b</b> Three-digit plan number (PN) ► <u>001</u><br><b>1c</b> Effective date of plan <u>04/01/1998</u>                                                                                         |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><u>RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC.</u><br><br><u>3525 OLENTANGY RIVER ROAD</u><br><u>SUITE 5360</u><br><u>COLUMBUS, OH 43214</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>31-0983140</u><br><b>2c</b> Sponsor's telephone number<br><u>614-340-7747</u><br><b>2d</b> Business code (see instructions)<br><u>621111</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.

|                  |                                                          |                   |                                                              |
|------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | <u>Filed with authorized/valid electronic signature.</u> | <u>10/13/2010</u> | <u>SHELLEY PETERSON</u>                                      |
|                  | Signature of plan administrator                          | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | Signature of employer/plan sponsor                       | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | 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

|                                                                                                                                                                                                                         |                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC.<br><br>3525 OLENTANGY RIVER ROAD<br>SUITE 5360<br>COLUMBUS, OH 43214 | <b>3b</b> Administrator's EIN<br>31-0983140<br><br><b>3c</b> Administrator's telephone number<br>614-340-7747 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                               | <b>5</b>                          | 179 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                |                                   |     |
| <b>a</b> Active participants.....                                                                                                                                                                                     | <b>6a</b>                         | 171 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                    | <b>6b</b>                         | 1   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                     | <b>6c</b>                         | 39  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                              | <b>6d</b>                         | 211 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                             | <b>6e</b>                         | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                               | <b>6f</b>                         | 211 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                        | <b>6g</b>                         | 211 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                            | <b>6h</b>                         | 2   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                  | <b>7</b>                          |     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
2A 2E 2F 2G 2J 2R 2T

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

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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) ☒ **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) ☒ 1 **A** (Insurance Information)  
(4) ☒ **C** (Service Provider Information)  
(5) ☐ **D** (DFE/Participating Plan Information)  
(6) ☐ **G** (Financial Transaction Schedules)

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                           |                                                             |     |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                                |                                                             |     |
| <b>A</b> Name of plan<br>RIVERSIDE RADIOLOGY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN                                  | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                                           |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500.<br>RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC. | <b>D</b> Employer Identification Number (EIN)<br>31-0983140 |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**1** Coverage Information:

**(a)** Name of insurance carrier  
JACKSON NATIONAL LIFE

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 38-1659835 | 65056         | 009229992A                            | 1                                                                           | 01/01/2009              | 12/31/2009 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
| 0                                           | 0                                    |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**4** Current value of plan's interest under this contract in the general account at year end ..... **4** 298020**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b** 233553**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**(2) Dividends and credits ..... **7c(2)**(3) Interest credited during the year ..... **7c(3)** 64467(4) Transferred from separate account ..... **7c(4)**(5) Other (specify below) ..... **7c(5)**(6) Total additions ..... **7c(6)** 64467**d** Total of balance and additions (add **b** and **c(6)**). .... **7d** 298020**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**(2) Administration charge made by carrier ..... **7e(2)**(3) Transferred to separate account ..... **7e(3)**(4) Other (specify below) ..... **7e(4)**(5) Total deductions ..... **7e(5)** 0**f** Balance at the end of the current year (subtract **e(5)** from **d**) ..... **7f** 298020

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |  |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |  |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) .....                                                 |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

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

|                                                                                                                          |                                                             |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                               |                                                             |
| <b>A</b> Name of plan<br>RIVERSIDE RADIOLOGY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN                                 | <b>B</b> Three-digit plan number (PN) ► 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC. | <b>D</b> Employer Identification Number (EIN)<br>31-0983140 |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                            |
| CHARLES SCHWAB                                                                                                    | 2400 E LINCOLN AVENUE<br>PHOENIX, AZ 85016 |

|                                                                                                                  |                                |
|------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |                                |
| TD AMERITRADE                                                                                                    | PO BOX 2226<br>OMAHA, NE 68103 |

|                                                                                                                   |                                                            |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                            |
| SCOTTRADE                                                                                                         | 2575 EAST CAMELBACK ROAD<br>SUITE 150<br>PHOENIX, AZ 85016 |

|                                                                                                                   |                                                                    |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                                    |
| MERRILL LYNCH                                                                                                     | 4 WORLD FINANCIAL CENTER<br>250 VESEY STREET<br>NEW YORK, NY 10080 |

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

MORGAN STANLEY SMITH BARNEY

26-4310632

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

PNC BANK

600 GRANT STREET  
MAIL STOP P6-PUSX-36-1  
PITTSBURGH, PA 15219

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

RAYMOND JAMES

SOUTH LIMESTONE STREET  
SPRINGFIELD, OH 45502

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

SECURIAN

400 ROBERT STREET NORTH  
ST PAUL, MN 55101

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

STIFEL NICOLAUS &amp; CO, INC.

501 NORTH BROADWAY  
ST LOUIS, MO 63102

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

LPL FINANCIAL

9785 TOWNE CENTER DRIVE  
SAN DIEGO, CA 92121

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

UBS FINANCIAL SERVICES

1285 AVENUE OF THE AMERICAS  
NEW YORK, NY 10019

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

WACHOVIA SECURITIES

3948 TOWNSFAIR WAY  
SUITE 205  
COLUMBUS, OH 43219

**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)

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

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

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

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2009</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                                                 |                                                                          |            |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------|
| For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>                        |                                                                          |            |
| <b>A</b> Name of plan<br><u>RIVERSIDE RADIOLOGY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN</u>                                 | <b>B</b> Three-digit plan number (PN) <span style="float:right">►</span> | <u>001</u> |
|                                                                                                                                 |                                                                          |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><br><u>31-0983140</u>   |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       | <u>399633</u>   |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | <u>220262</u>         | <u>520885</u>   |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | <u>88338</u>          | <u>83758</u>    |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       | <u>7956</u>     |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | <u>153586</u>         |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    | <u>270921</u>         | <u>285386</u>   |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       | <u>1237179</u>  |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       | <u>298020</u>   |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   | <u>10491419</u>       | <u>14737665</u> |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 11224526              | 17570482        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 11224526 | 17570482 |
|-----------------------------------------------------------|-----------|----------|----------|

**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: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 2191548    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1261102    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 487        |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 3453137   |

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

|                                                                                                      |                 |  |   |
|------------------------------------------------------------------------------------------------------|-----------------|--|---|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |  |   |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |  |   |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |  |   |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |  |   |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |  |   |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |  |   |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |  | 0 |

|                                                                                           |                 |      |      |
|-------------------------------------------------------------------------------------------|-----------------|------|------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |      |      |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |      |      |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 8054 |      |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |      | 8054 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> | 14465      |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 14465     |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | -1941     |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            | 2966296   |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 6440011   |

**Expenses**

|                                                                                            |              |       |       |
|--------------------------------------------------------------------------------------------|--------------|-------|-------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |       |       |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 93835 |       |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |       |       |
| (3) Other .....                                                                            | <b>2e(3)</b> |       |       |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |       | 93835 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |       |       |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |       |       |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |       |       |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |       |       |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> | 220   |       |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |       |       |
| (4) Other .....                                                                            | <b>2i(4)</b> |       |       |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |       | 220   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |       | 94055 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 6345956 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**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: **SS&G FINANCIAL SERVICES**

(2) EIN: **34-1945695**

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> 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>b</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  |        |
| <b>c</b> 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  |        |
| <b>d</b> 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  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> 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  |        |
| <b>h</b> 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  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> 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  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> 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)

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                                                 |                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>RIVERSIDE RADIOLOGY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN</u>                                 | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>31-0983140</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                                                                                                                     |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                               | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>65-1214236</u> <u>31-0983140</u><br><br><b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b> |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                     | <b>3</b> |          |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                               | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....                                                                                                                                                                                                                           | <b>6c</b>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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?.....                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

**RIVERSIDE RADIOLOGY  
ASSOCIATES, INC.  
401(k) PROFIT  
SHARING PLAN**

FINANCIAL  
STATEMENTS

FOR THE  
YEARS ENDED  
DECEMBER 31, 2009  
AND 2008

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**  
**401(k) PROFIT SHARING PLAN**

**TABLE OF CONTENTS**

---

|                                                                     | <u>Page</u> |
|---------------------------------------------------------------------|-------------|
| INDEPENDENT AUDITORS' REPORT .....                                  | 1           |
| FINANCIAL STATEMENTS:                                               |             |
| Statements of Net Assets Available for Benefits.....                | 2           |
| Statements of Changes in Net Assets Available for Benefits.....     | 3           |
| Notes to Financial Statements .....                                 | 4-12        |
| SUPPLEMENTAL SCHEDULE:                                              |             |
| Schedule H, Line 4i - Schedule of Assets (Held at End of Year)..... | 13          |

Independent Auditors' Report

**Columbus Office**

300 Spruce Street

Suite 250

Columbus, Ohio 43215

(614) 488-3126

fax (614) 488-0095

[www.SSandG.com](http://www.SSandG.com)

To the Plan Trustees  
Riverside Radiology Associates, Inc.  
401(k) Profit Sharing Plan

We have audited the accompanying statements of net assets available for benefits of the Riverside Radiology Associates, Inc. 401(k) Profit Sharing Plan (the 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 consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, 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 Riverside Radiology Associates, Inc. 401(k) Profit Sharing Plan as of December 31, 2009 and 2008, and the changes in its 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 accompanying supplemental schedule of assets held at end of year as of December 31, 2009 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. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in our audit 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.

*SS & G Financial Services, Inc.*

CERTIFIED PUBLIC ACCOUNTANTS  
Columbus, Ohio  
October 11, 2010

*Providing the  
services that  
bring solutions.*

member of:  
OSCPA, PCAOB, the AICPA's  
Center for Public Company  
Audit Firms, and The Leading  
Edge Alliance.

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**  
**401(k) PROFIT SHARING PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                     | DECEMBER 31,                |                             |
|-------------------------------------|-----------------------------|-----------------------------|
|                                     | 2009                        | 2008                        |
| <b>ASSETS</b>                       |                             |                             |
| INVESTMENTS (See Note D)            | \$ 16,533,727               | \$ 10,915,926               |
| CONTRIBUTION RECEIVABLES            |                             |                             |
| Employer - match                    | -                           | 182,530                     |
| Employer - safe harbor contribution | 29,361                      | -                           |
| Employer - discretionary            | 491,524                     | -                           |
| Employer - QNEC                     | -                           | 37,732                      |
| Participant                         | 83,758                      | 88,338                      |
|                                     | <u>604,643</u>              | <u>308,600</u>              |
| CASH AND CASH EQUIVALENTS           | <u>432,112</u>              | <u>-</u>                    |
| NET ASSETS AVAILABLE FOR BENEFITS   | <u><u>\$ 17,570,482</u></u> | <u><u>\$ 11,224,526</u></u> |

*See accompanying notes to financial statements.*

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**  
**401(k) PROFIT SHARING PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|                                               | DECEMBER 31,                |                             |
|-----------------------------------------------|-----------------------------|-----------------------------|
|                                               | 2009                        | 2008                        |
| ADDITIONS TO NET ASSETS ATTRIBUTED TO:        |                             |                             |
| Investment income:                            |                             |                             |
| Interest and dividends                        | \$ 379,076                  | \$ 372,287                  |
| Net appreciation in fair value of investments | 2,607,798                   | -                           |
|                                               | <u>2,986,874</u>            | <u>372,287</u>              |
| Contributions:                                |                             |                             |
| Employer                                      | 2,191,548                   | 2,004,284                   |
| Participant                                   | 1,261,102                   | 1,112,894                   |
| Rollover                                      | 487                         | -                           |
|                                               | <u>3,453,137</u>            | <u>3,117,178</u>            |
| Total additions                               | <b>6,440,011</b>            | 3,489,465                   |
| DEDUCTIONS FROM NET ASSETS                    |                             |                             |
| ATTRIBUTED TO:                                |                             |                             |
| Net depreciation in fair value of investments | -                           | 5,894,112                   |
| Benefits paid to participants                 | 93,835                      | 745,470                     |
| Administrative expenses                       | 220                         | 15,454                      |
| Total deductions                              | <u>94,055</u>               | <u>6,655,036</u>            |
| NET INCREASE (DECREASE)                       | <b>6,345,956</b>            | (3,165,571)                 |
| NET ASSETS AVAILABLE FOR BENEFITS:            |                             |                             |
| Beginning of year                             | <u>11,224,526</u>           | <u>14,390,097</u>           |
| End of year                                   | <u><b>\$ 17,570,482</b></u> | <u><b>\$ 11,224,526</b></u> |

*See accompanying notes to financial statements.*

# **RIVERSIDE RADIOLOGY ASSOCIATES, INC.**

## **401(k) PROFIT SHARING PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

---

#### **NOTE A - Description of plan**

The following description of the Riverside Radiology Associates, Inc. (the Company) 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for more complete information.

##### **General**

The Plan is a defined contribution plan covering all employees. Employees may now enter the plan at any time after attaining 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

##### **Contributions**

Each year, participants may elect to contribute up to 85% of their eligible earnings and 100% of any bonuses paid as defined by the Plan, not to exceed the limits imposed by the IRS. The employee can make a tax deferred contribution or a Roth contribution or a combination of both. These deferral contributions are fully vested and nonforfeitable. The Company matches a certain percentage of the participant's contribution as determined by the Company's Board of Directors. At its discretion, the Plan sponsor may also make additional discretionary contributions to the Plan each year. During 2009, the Plan sponsor made discretionary contributions of \$1,609,103 in addition to the employer match. During 2008, the Plan sponsor did not make any discretionary contributions in addition to the employer match.

The Company's Board of Directors voted on December 30, 2008 to adopt a Section 401(k) safe harbor design for the Plan effective January 1, 2009, which means that the Plan automatically complies with the nondiscrimination requirements of Section 401 of the IRC. As such, the Company provided for a fully vested qualified, nonelective contribution of 3% of compensation for all eligible participants

In 2008, all contributing participants were eligible for employer match contributions. For the Plan year ended, December 31, 2008, the Plan sponsor elected to match 196.78% of the participant's contributions up to 13.26% of eligible compensation.

##### **Participant accounts**

Each participant's account is credited with the participants' contribution and allocations of (a) the Company's contribution and (b) plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

In June 2009, the Plan appointed Wilmington Trust Retirement and Institutional Services Company (Wilmington Trust), to act as a non-discretionary successor trustee of the trust with the goal of holding all assets of the Plan. Wilmington Trust offers a platform of investment funds to participants and will manage self-directed brokerage accounts. During 2008, all participant accounts were invested in self directed brokerage accounts not managed by Wilmington Trust.

##### **Financial hardship withdrawals**

Financial hardship withdrawals of a participant's deferral contributions are permitted in certain circumstances of immediate and heavy financial need.

# **RIVERSIDE RADIOLOGY ASSOCIATES, INC.**

## **401(k) PROFIT SHARING PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

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#### **NOTE A - Description of plan (continued)**

##### *Payment of benefits*

Benefits are recorded when paid. The participant's account becomes payable upon death, disability, or normal retirement. Normal retirement age is 62. Participants will receive account balances in a lump sum payment. However, former participants of the money-purchase pension plan have the option of either equal monthly installments in the form of an annuity or a lump sum payment. In service withdrawals are permitted for participants who have reached age 62. For termination of service due to other reasons, a participant will receive the value of the vested interest of his or her account as a lump sum payment. However, participants of the money-purchase pension plan also have the option of equal monthly installments in the form of an annuity.

##### *Forfeitures*

Forfeitures arising from balances of terminated participants with less than fully vested interests in the Plan are applied to reduce employer contributions. At December 31, 2009 and 2008, there were no forfeited non-vested accounts. During the Plan years ended December 31, 2009 and 2008, the Company did not use any forfeitures to reduce employer contributions.

##### *Vesting*

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Plan sponsor's matching and discretionary contributions plus actual earnings thereon was based on years of service. A participant was 100% vested after two years of credited service, as defined in the plan document. On May 1, 2008, the two year vesting requirement was eliminated and any participant who was actively employed by the Company on May 1, 2008 became fully vested on that date. Any participant who had a severance from employment prior to May 1, 2008 is subject to the two year vesting schedule.

##### *Administrative fees*

All administrative fees of the Plan are paid by the Company with the exception of the custodian maintenance fees which are charged to the individual participant's accounts.

#### **NOTE B - Summary of significant accounting policies**

##### *Basis of accounting*

The financial statements of the Plan are prepared on the accrual method of accounting.

##### *Recent accounting pronouncements*

In June 2009, the Financial Accounting Standards Board (FASB) issued the Accounting Standards Codification (ASC) and the Hierarchy of Generally Accepted Accounting Principles (the Codification) as the single source of authoritative accounting guidance. The Codification did not change generally accepted accounting principles but rather enhanced the way accounting principles are organized. The Codification was effective for any fiscal year ending after September 15, 2009. In the disclosures that follow, references in "italics" relate to Codification Topics and Subtopics, and their descriptive titles as appropriate.

# **RIVERSIDE RADIOLOGY ASSOCIATES, INC.**

## **401(k) PROFIT SHARING PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

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#### **NOTE B - Summary of significant accounting policies (continued)**

In April 2009, the FASB issued updated guidance related to disclosure requirements for fair value measurements to require plans to report and define its major equity and debt security types based on the nature and risks of the related investment. The additional fair value disclosures were effective for periods ending on or after June 15, 2009 and have been implemented in these financial statements. As disclosed in Note D, the guidance was applied prospectively for 2009. The adoption had no material effect upon the Plan's net assets available for benefits.

In September 2009, The FASB issued guidance which provides a practical expedient for measuring the fair values of Plan investments in a limited number of investments that calculate a net asset value per share (such as certain collective trusts, pooled separate accounts, hedge funds, private equity funds and funds of funds). This guidance also provides enhanced disclosure requirements, as disclosed in Note D, and became effective for Plan reporting periods ending after December 15, 2009. The adoption had no material effect upon the Plan's net assets available for benefits.

#### **Investment valuation and income recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note D for discussion of fair value measurements.

The Plan reports variable annuity contracts at fair market value. The variable annuity contract the Plan holds includes provisions that could cause an impairment of the asset value upon liquidation or other occurrence. The provisions include a surrender charge value of \$16,984 and \$20,263 as of December 31, 2009 and 2008, respectively. The provisions also include a recapture fee of \$7,409 as of both December 31, 2009 and 2008. Upon liquidation or other occurrence the aforementioned provisions would decrease the amount received as they would offset the contract value.

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

#### **General reclassifications**

Certain amounts in the prior periods presented have been reclassified to conform to the current period financial statement presentation. These reclassifications have no effect on previously reported changes in net assets available for benefits.

#### **Use of estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

#### **Events occurring after reporting date**

The Plan has evaluated events and transactions that occurred between January 1, 2010 and October 11, 2010 which is the date that the financial statements were available to be issued for possible recognition or disclosure in the financial statements.

# RIVERSIDE RADIOLOGY ASSOCIATES, INC.

## 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### NOTE C - Investments

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

|                                                | <u>2009</u> | <u>2008</u> |
|------------------------------------------------|-------------|-------------|
| Schwab Money Market Fund                       | \$ 892,075  | \$ <5%      |
| American Capital World Growth & Income Class A | < 5%        | 585,407     |

During 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$2,607,798 and depreciated in value by \$5,894,112, respectively.

|                                                                                                                                                 | <u>2009</u>         | <u>2008</u>          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|
| Mutual funds, exchange traded funds, index-linked notes,<br>fixed income bonds, large cap unit investment trusts,<br>common and preferred stock | \$ 2,542,401        | \$(5,786,260)        |
| Variable annuity                                                                                                                                | 64,468              | (173,280)            |
| Real estate investment trust                                                                                                                    | 4,465               | 29,931               |
| Limited partnership                                                                                                                             | (3,536)             | 35,497               |
|                                                                                                                                                 | <u>\$ 2,607,798</u> | <u>\$(5,894,112)</u> |

#### NOTE D - Fair value measurements

The Plan follows the provisions of ASC 820-10, Fair Value Measurements (formerly SFAS 157). ASC 820-10 defines fair value and provides guidance for measuring fair value and expands disclosures about fair value measurements in accordance with accounting principles generally accepted in the United States of America. ASC 820-10 does not require any new fair value measurements, but rather applies to all other accounting pronouncements that require or permit fair value measurements.

ASC 820-10 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 unobserved inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10 are described below:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;

# RIVERSIDE RADIOLOGY ASSOCIATES, INC.

## 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### NOTE D - Fair value measurements (continued)

- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified contractual term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

The asset'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 and 2008.

*Mutual funds, exchange traded funds, index-linked notes, fixed income bonds and large cap unit investment trusts:* Valued at the net asset value of shares or units held by the Plan at year-end.

*Common and preferred stocks:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Variable annuity:* Valued at the contract value, which approximates fair value.

*Real estate investment trust:* The Hines Real Estate Investment Trust (REIT) invests primarily in institutional-quality office properties located throughout the United States. The amount of dividends paid, if any, is uncertain. There currently is no public market for common shares of the REIT. Therefore, it may be difficult to sell shares of the REIT and if sold they could be at a discount. The REIT also has restrictions and limitations under a share redemption plan on the ability to have all or any portion of the shares redeemed. Under the share redemption plan shares may be redeemed, subject to a monthly limitation of 1/12<sup>th</sup> of 10% of the shares outstanding as of the prior calendar year-end. Unfunded commitments as of December 31, 2009 and 2008 was \$-0-. The REIT is valued at the offering price reported on the prospectus, which represents the selling price to the public at year end.

*Limited partnership:* Valued at the Class A share interest of the partnership's audited net asset value as of year end.

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.

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**  
**401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE D - Fair value measurements (continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

|                                                     | Fair Value Measurements at Reporting Date Using |          |          |                  |
|-----------------------------------------------------|-------------------------------------------------|----------|----------|------------------|
|                                                     | Level 1                                         | Level 2  | Level 3  | Total            |
| Mutual funds:                                       |                                                 |          |          |                  |
| Large blend funds                                   | \$ 2,616,501                                    | \$ -     | \$ -     | \$ 2,616,501     |
| Money market funds                                  | 2,177,281                                       | -        | -        | 2,177,281        |
| Fixed income funds                                  | 2,065,158                                       | -        | -        | 2,065,158        |
| Large value funds                                   | 1,721,920                                       | -        | -        | 1,721,920        |
| Large growth funds                                  | 1,695,363                                       | -        | -        | 1,695,363        |
| International funds                                 | 1,457,736                                       | -        | -        | 1,457,736        |
| Alternative funds                                   | 951,361                                         | -        | -        | 951,361          |
| Other funds                                         | <u>2,274,241</u>                                | <u>-</u> | <u>-</u> | <u>2,274,241</u> |
| Total mutual funds                                  | 14,959,561                                      | -        | -        | 14,959,561       |
| Common stock:                                       |                                                 |          |          |                  |
| Technology stocks                                   | 205,713                                         | -        | -        | 205,713          |
| Energy stocks                                       | 113,622                                         | -        | -        | 113,622          |
| Healthcare stocks                                   | 67,211                                          | -        | -        | 67,211           |
| Financial stocks                                    | 58,988                                          | -        | -        | 58,988           |
| Consumer goods stocks                               | 36,450                                          | -        | -        | 36,450           |
| Other stocks                                        | <u>107,214</u>                                  | <u>-</u> | <u>-</u> | <u>107,214</u>   |
| Total common stock                                  | 589,198                                         | -        | -        | 589,198          |
| Preferred stock:                                    |                                                 |          |          |                  |
| Financial stocks                                    | 21,726                                          | -        | -        | 21,726           |
| Exchange traded funds:                              |                                                 |          |          |                  |
| Large growth funds                                  | 96,940                                          | -        | -        | 96,940           |
| Alternative funds                                   | 47,444                                          | -        | -        | 47,444           |
| International funds                                 | 45,236                                          | -        | -        | 45,236           |
| Large value funds                                   | 44,264                                          | -        | -        | 44,264           |
| Small value funds                                   | 27,917                                          | -        | -        | 27,917           |
| Small blend funds                                   | 17,608                                          | -        | -        | 17,608           |
| Medium growth funds                                 | 17,418                                          | -        | -        | 17,418           |
| Other funds                                         | <u>26,364</u>                                   | <u>-</u> | <u>-</u> | <u>26,364</u>    |
| Total exchange traded funds                         | 323,191                                         | -        | -        | 323,191          |
| Index-linked notes:                                 |                                                 |          |          |                  |
| SP 500 index-linked notes                           | 25,800                                          | -        | -        | 25,800           |
| China, Brazil, and Russia equity index-linked notes | <u>22,580</u>                                   | <u>-</u> | <u>-</u> | <u>22,580</u>    |
| Total index-linked notes                            | 48,380                                          | -        | -        | 48,380           |

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**  
**401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE D - Fair value measurements (continued)**

|                                 | <b>Fair Value Measurements at Reporting Date Using (continued)</b> |                   |                   |                      |
|---------------------------------|--------------------------------------------------------------------|-------------------|-------------------|----------------------|
|                                 | <b>Level 1</b>                                                     | <b>Level 2</b>    | <b>Level 3</b>    | <b>Total</b>         |
| Fixed income bond               | 5,008                                                              | -                 | -                 | 5,008                |
| Large cap unit investment trust | 3,257                                                              | -                 | -                 | 3,257                |
| Variable annuity                | -                                                                  | 298,020           | -                 | 298,020              |
| Real estate investment trust    | -                                                                  | -                 | 285,386           | 285,386              |
| Balance at December 31, 2009    | <u>\$ 15,950,321</u>                                               | <u>\$ 298,020</u> | <u>\$ 285,386</u> | <u>\$ 16,533,727</u> |

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009:

|                                                                                    | <b>Fair Value Measurements Using Significant Unobservable Inputs (Level 3)</b> |                            |                   |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------|-------------------|
|                                                                                    | <b>Real Estate Investment Trust</b>                                            | <b>Limited Partnership</b> | <b>Total</b>      |
| Balance, beginning of year                                                         | \$ 270,921                                                                     | \$ 153,586                 | \$ 424,507        |
| Unrealized gains (losses) relating to instruments still held at the reporting date | 4,465                                                                          | -                          | 4,465             |
| Purchases, sales, issuances, settlements, net                                      | 10,000                                                                         | (150,050)                  | (140,050)         |
| Realized gains (losses)                                                            | -                                                                              | (3,536)                    | (3,536)           |
| Balance, end of year                                                               | <u>\$ 285,386</u>                                                              | <u>\$ -</u>                | <u>\$ 285,386</u> |

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2008:

|                                | <b>Fair Value Measurements at Reporting Date Using</b> |                   |                   |                      |
|--------------------------------|--------------------------------------------------------|-------------------|-------------------|----------------------|
|                                | <b>Level 1</b>                                         | <b>Level 2</b>    | <b>Level 3</b>    | <b>Total</b>         |
| Mutual funds and common stocks | \$ 10,257,867                                          | \$ -              | \$ -              | \$ 10,257,867        |
| Variable annuity               | -                                                      | 233,552           | -                 | 233,552              |
| Real estate investment trust   | -                                                      | -                 | 270,921           | 270,921              |
| Limited partnership            | -                                                      | -                 | 153,586           | 153,586              |
| Balance at December 31, 2008   | <u>\$ 10,257,867</u>                                   | <u>\$ 233,552</u> | <u>\$ 424,507</u> | <u>\$ 10,915,926</u> |

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**  
**401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**NOTE D - Fair value measurements (continued)**

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2008:

|                                                                                    | <b>Fair Value Measurements Using Significant Unobservable Inputs (Level 3)</b> |                            |                   |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------|-------------------|
|                                                                                    | <b>Real Estate Investment Trust</b>                                            | <b>Limited Partnership</b> | <b>Total</b>      |
| Balance, beginning of year                                                         | \$ 202,990                                                                     | \$ 118,089                 | \$ 321,079        |
| Unrealized gains (losses) relating to instruments still held at the reporting date | 29,931                                                                         | 35,497                     | 65,428            |
| Purchases, sales, issuances, settlements, net                                      | 38,000                                                                         | -                          | 38,000            |
| Balance, end of year                                                               | <u>\$ 270,921</u>                                                              | <u>\$ 153,586</u>          | <u>\$ 424,507</u> |

**NOTE E - Plan risks and uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rates, 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 the amounts reported in the statement of net assets available for benefits.

**NOTE F - Employer QNEC Receivable**

The Plan failed to pass the Actual Contribution Percentage (ACP) Test for the 2008 plan year. In order to correct the failure of the ACP Test, the Company opted to make a qualified non-elective contribution (QNEC) to certain non-highly compensated employees. The accompanying Statements of Net Assets Available for Benefits includes approximately \$38,000 in "Employer QNEC receivable" for this correction for the year ended December 31, 2008.

**NOTE G - Income tax status**

The Plan obtained its latest determination letter on March 31, 2008, 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. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel 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.

**NOTE H - Plan termination**

Although the plan administrator has not expressed any intent to do so, the plan administrator has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will be 100% vested in their accounts.

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**

**401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**NOTE I - Parties-in-interest**

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others. Professional fees for the administration and audit of the Plan are paid by the Company on behalf of the Plan.

Plan investments are managed by various investment brokers, including Wilmington Trust, who are the custodians and as defined by the Plan qualify as parties-in-interest.

**RIVERSIDE RADIOLOGY ASSOCIATES, INC. 401(k) PROFIT SHARING PLAN**

**EMPLOYER IDENTIFICATION NUMBER: 31-0983140 PLAN NUMBER 001**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2009**

| <u>(a)</u> | <u>(b) Identity of Issue,<br/>Borrower, Lessor, or Similar Party</u> | <u>(c) Description of investment, including maturity<br/>date, rate of interest, collateral, par or maturity value</u> | <u>(d) Cost</u> | <u>(e) Current<br/>Value</u> |
|------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------|
| *          | Various Brokers                                                      | Self Directed Brokerage Accounts                                                                                       | **              | \$ 15,950,321                |
| *          | Jackson National Life Insurance Company                              | Insurance Contract                                                                                                     | **              | 298,020                      |
| *          | Hines Real Estate Investment Trust, Inc.                             | Real Estate Investment Trust                                                                                           | **              | <u>285,386</u>               |
|            |                                                                      |                                                                                                                        |                 | <u>\$ 16,533,727</u>         |
| *          | Party in interest to the Plan                                        |                                                                                                                        |                 |                              |
| **         | Not required for participant directed investments                    |                                                                                                                        |                 |                              |

*See independent auditors' report.*

**RIVERSIDE RADIOLOGY  
ASSOCIATES, INC.  
401(k) PROFIT  
SHARING PLAN**

FINANCIAL  
STATEMENTS

FOR THE  
YEARS ENDED  
DECEMBER 31, 2009  
AND 2008

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**  
**401(k) PROFIT SHARING PLAN**

**TABLE OF CONTENTS**

---

|                                                                     | <u>Page</u> |
|---------------------------------------------------------------------|-------------|
| INDEPENDENT AUDITORS' REPORT .....                                  | 1           |
| FINANCIAL STATEMENTS:                                               |             |
| Statements of Net Assets Available for Benefits.....                | 2           |
| Statements of Changes in Net Assets Available for Benefits.....     | 3           |
| Notes to Financial Statements .....                                 | 4-12        |
| SUPPLEMENTAL SCHEDULE:                                              |             |
| Schedule H, Line 4i - Schedule of Assets (Held at End of Year)..... | 13          |

Independent Auditors' Report

**Columbus Office**

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Suite 250

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To the Plan Trustees  
Riverside Radiology Associates, Inc.  
401(k) Profit Sharing Plan

We have audited the accompanying statements of net assets available for benefits of the Riverside Radiology Associates, Inc. 401(k) Profit Sharing Plan (the 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 consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, 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 Riverside Radiology Associates, Inc. 401(k) Profit Sharing Plan as of December 31, 2009 and 2008, and the changes in its 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 accompanying supplemental schedule of assets held at end of year as of December 31, 2009 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. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in our audit 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.

*SS & G Financial Services, Inc.*

CERTIFIED PUBLIC ACCOUNTANTS  
Columbus, Ohio  
October 11, 2010

*Providing the  
services that  
bring solutions.*

member of:  
OSCPA, PCAOB, the AICPA's  
Center for Public Company  
Audit Firms, and The Leading  
Edge Alliance.

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**  
**401(k) PROFIT SHARING PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

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|                                     | DECEMBER 31,                |                             |
|-------------------------------------|-----------------------------|-----------------------------|
|                                     | 2009                        | 2008                        |
| <b>ASSETS</b>                       |                             |                             |
| INVESTMENTS (See Note D)            | \$ 16,533,727               | \$ 10,915,926               |
| CONTRIBUTION RECEIVABLES            |                             |                             |
| Employer - match                    | -                           | 182,530                     |
| Employer - safe harbor contribution | 29,361                      | -                           |
| Employer - discretionary            | 491,524                     | -                           |
| Employer - QNEC                     | -                           | 37,732                      |
| Participant                         | 83,758                      | 88,338                      |
|                                     | <u>604,643</u>              | <u>308,600</u>              |
| CASH AND CASH EQUIVALENTS           | <u>432,112</u>              | <u>-</u>                    |
| NET ASSETS AVAILABLE FOR BENEFITS   | <u><u>\$ 17,570,482</u></u> | <u><u>\$ 11,224,526</u></u> |

*See accompanying notes to financial statements.*

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**  
**401(k) PROFIT SHARING PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|                                               | DECEMBER 31,         |                      |
|-----------------------------------------------|----------------------|----------------------|
|                                               | 2009                 | 2008                 |
| ADDITIONS TO NET ASSETS ATTRIBUTED TO:        |                      |                      |
| Investment income:                            |                      |                      |
| Interest and dividends                        | \$ 379,076           | \$ 372,287           |
| Net appreciation in fair value of investments | 2,607,798            | -                    |
|                                               | <u>2,986,874</u>     | <u>372,287</u>       |
| Contributions:                                |                      |                      |
| Employer                                      | 2,191,548            | 2,004,284            |
| Participant                                   | 1,261,102            | 1,112,894            |
| Rollover                                      | 487                  | -                    |
|                                               | <u>3,453,137</u>     | <u>3,117,178</u>     |
| Total additions                               | 6,440,011            | 3,489,465            |
| DEDUCTIONS FROM NET ASSETS                    |                      |                      |
| ATTRIBUTED TO:                                |                      |                      |
| Net depreciation in fair value of investments | -                    | 5,894,112            |
| Benefits paid to participants                 | 93,835               | 745,470              |
| Administrative expenses                       | 220                  | 15,454               |
| Total deductions                              | <u>94,055</u>        | <u>6,655,036</u>     |
| NET INCREASE (DECREASE)                       | 6,345,956            | (3,165,571)          |
| NET ASSETS AVAILABLE FOR BENEFITS:            |                      |                      |
| Beginning of year                             | <u>11,224,526</u>    | <u>14,390,097</u>    |
| End of year                                   | <u>\$ 17,570,482</u> | <u>\$ 11,224,526</u> |

*See accompanying notes to financial statements.*

# **RIVERSIDE RADIOLOGY ASSOCIATES, INC.**

## **401(k) PROFIT SHARING PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

---

#### **NOTE A - Description of plan**

The following description of the Riverside Radiology Associates, Inc. (the Company) 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for more complete information.

##### General

The Plan is a defined contribution plan covering all employees. Employees may now enter the plan at any time after attaining 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

##### Contributions

Each year, participants may elect to contribute up to 85% of their eligible earnings and 100% of any bonuses paid as defined by the Plan, not to exceed the limits imposed by the IRS. The employee can make a tax deferred contribution or a Roth contribution or a combination of both. These deferral contributions are fully vested and nonforfeitable. The Company matches a certain percentage of the participant's contribution as determined by the Company's Board of Directors. At its discretion, the Plan sponsor may also make additional discretionary contributions to the Plan each year. During 2009, the Plan sponsor made discretionary contributions of \$1,609,103 in addition to the employer match. During 2008, the Plan sponsor did not make any discretionary contributions in addition to the employer match.

The Company's Board of Directors voted on December 30, 2008 to adopt a Section 401(k) safe harbor design for the Plan effective January 1, 2009, which means that the Plan automatically complies with the nondiscrimination requirements of Section 401 of the IRC. As such, the Company provided for a fully vested qualified, nonelective contribution of 3% of compensation for all eligible participants

In 2008, all contributing participants were eligible for employer match contributions. For the Plan year ended, December 31, 2008, the Plan sponsor elected to match 196.78% of the participant's contributions up to 13.26% of eligible compensation.

##### Participant accounts

Each participant's account is credited with the participants' contribution and allocations of (a) the Company's contribution and (b) plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

In June 2009, the Plan appointed Wilmington Trust Retirement and Institutional Services Company (Wilmington Trust), to act as a non-discretionary successor trustee of the trust with the goal of holding all assets of the Plan. Wilmington Trust offers a platform of investment funds to participants and will manage self-directed brokerage accounts. During 2008, all participant accounts were invested in self directed brokerage accounts not managed by Wilmington Trust.

##### Financial hardship withdrawals

Financial hardship withdrawals of a participant's deferral contributions are permitted in certain circumstances of immediate and heavy financial need.

# **RIVERSIDE RADIOLOGY ASSOCIATES, INC.**

## **401(k) PROFIT SHARING PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

---

#### **NOTE A - Description of plan (continued)**

##### *Payment of benefits*

Benefits are recorded when paid. The participant's account becomes payable upon death, disability, or normal retirement. Normal retirement age is 62. Participants will receive account balances in a lump sum payment. However, former participants of the money-purchase pension plan have the option of either equal monthly installments in the form of an annuity or a lump sum payment. In service withdrawals are permitted for participants who have reached age 62. For termination of service due to other reasons, a participant will receive the value of the vested interest of his or her account as a lump sum payment. However, participants of the money-purchase pension plan also have the option of equal monthly installments in the form of an annuity.

##### *Forfeitures*

Forfeitures arising from balances of terminated participants with less than fully vested interests in the Plan are applied to reduce employer contributions. At December 31, 2009 and 2008, there were no forfeited non-vested accounts. During the Plan years ended December 31, 2009 and 2008, the Company did not use any forfeitures to reduce employer contributions.

##### *Vesting*

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Plan sponsor's matching and discretionary contributions plus actual earnings thereon was based on years of service. A participant was 100% vested after two years of credited service, as defined in the plan document. On May 1, 2008, the two year vesting requirement was eliminated and any participant who was actively employed by the Company on May 1, 2008 became fully vested on that date. Any participant who had a severance from employment prior to May 1, 2008 is subject to the two year vesting schedule.

##### *Administrative fees*

All administrative fees of the Plan are paid by the Company with the exception of the custodian maintenance fees which are charged to the individual participant's accounts.

#### **NOTE B - Summary of significant accounting policies**

##### *Basis of accounting*

The financial statements of the Plan are prepared on the accrual method of accounting.

##### *Recent accounting pronouncements*

In June 2009, the Financial Accounting Standards Board (FASB) issued the Accounting Standards Codification (ASC) and the Hierarchy of Generally Accepted Accounting Principles (the Codification) as the single source of authoritative accounting guidance. The Codification did not change generally accepted accounting principles but rather enhanced the way accounting principles are organized. The Codification was effective for any fiscal year ending after September 15, 2009. In the disclosures that follow, references in "italics" relate to Codification Topics and Subtopics, and their descriptive titles as appropriate.

# RIVERSIDE RADIOLOGY ASSOCIATES, INC.

## 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### **NOTE B - Summary of significant accounting policies (continued)**

In April 2009, the FASB issued updated guidance related to disclosure requirements for fair value measurements to require plans to report and define its major equity and debt security types based on the nature and risks of the related investment. The additional fair value disclosures were effective for periods ending on or after June 15, 2009 and have been implemented in these financial statements. As disclosed in Note D, the guidance was applied prospectively for 2009. The adoption had no material effect upon the Plan's net assets available for benefits.

In September 2009, The FASB issued guidance which provides a practical expedient for measuring the fair values of Plan investments in a limited number of investments that calculate a net asset value per share (such as certain collective trusts, pooled separate accounts, hedge funds, private equity funds and funds of funds). This guidance also provides enhanced disclosure requirements, as disclosed in Note D, and became effective for Plan reporting periods ending after December 15, 2009. The adoption had no material effect upon the Plan's net assets available for benefits.

#### Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note D for discussion of fair value measurements.

The Plan reports variable annuity contracts at fair market value. The variable annuity contract the Plan holds includes provisions that could cause an impairment of the asset value upon liquidation or other occurrence. The provisions include a surrender charge value of \$16,984 and \$20,263 as of December 31, 2009 and 2008, respectively. The provisions also include a recapture fee of \$7,409 as of both December 31, 2009 and 2008. Upon liquidation or other occurrence the aforementioned provisions would decrease the amount received as they would offset the contract value.

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

#### General reclassifications

Certain amounts in the prior periods presented have been reclassified to conform to the current period financial statement presentation. These reclassifications have no effect on previously reported changes in net assets available for benefits.

#### Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

#### Events occurring after reporting date

The Plan has evaluated events and transactions that occurred between January 1, 2010 and October 11, 2010 which is the date that the financial statements were available to be issued for possible recognition or disclosure in the financial statements.

# RIVERSIDE RADIOLOGY ASSOCIATES, INC.

## 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### NOTE C - Investments

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

|                                                | <u>2009</u> | <u>2008</u> |
|------------------------------------------------|-------------|-------------|
| Schwab Money Market Fund                       | \$ 892,075  | \$ <5%      |
| American Capital World Growth & Income Class A | < 5%        | 585,407     |

During 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$2,607,798 and depreciated in value by \$5,894,112, respectively.

|                                                                                                                                                 | <u>2009</u>         | <u>2008</u>          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|
| Mutual funds, exchange traded funds, index-linked notes,<br>fixed income bonds, large cap unit investment trusts,<br>common and preferred stock | \$ 2,542,401        | \$(5,786,260)        |
| Variable annuity                                                                                                                                | 64,468              | (173,280)            |
| Real estate investment trust                                                                                                                    | 4,465               | 29,931               |
| Limited partnership                                                                                                                             | (3,536)             | 35,497               |
|                                                                                                                                                 | <u>\$ 2,607,798</u> | <u>\$(5,894,112)</u> |

#### NOTE D - Fair value measurements

The Plan follows the provisions of ASC 820-10, Fair Value Measurements (formerly SFAS 157). ASC 820-10 defines fair value and provides guidance for measuring fair value and expands disclosures about fair value measurements in accordance with accounting principles generally accepted in the United States of America. ASC 820-10 does not require any new fair value measurements, but rather applies to all other accounting pronouncements that require or permit fair value measurements.

ASC 820-10 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 unobserved inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10 are described below:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;

# RIVERSIDE RADIOLOGY ASSOCIATES, INC.

## 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS

---

#### NOTE D - Fair value measurements (continued)

- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified contractual term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

The asset'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 and 2008.

*Mutual funds, exchange traded funds, index-linked notes, fixed income bonds and large cap unit investment trusts:* Valued at the net asset value of shares or units held by the Plan at year-end.

*Common and preferred stocks:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Variable annuity:* Valued at the contract value, which approximates fair value.

*Real estate investment trust:* The Hines Real Estate Investment Trust (REIT) invests primarily in institutional-quality office properties located throughout the United States. The amount of dividends paid, if any, is uncertain. There currently is no public market for common shares of the REIT. Therefore, it may be difficult to sell shares of the REIT and if sold they could be at a discount. The REIT also has restrictions and limitations under a share redemption plan on the ability to have all or any portion of the shares redeemed. Under the share redemption plan shares may be redeemed, subject to a monthly limitation of 1/12<sup>th</sup> of 10% of the shares outstanding as of the prior calendar year-end. Unfunded commitments as of December 31, 2009 and 2008 was \$-0-. The REIT is valued at the offering price reported on the prospectus, which represents the selling price to the public at year end.

*Limited partnership:* Valued at the Class A share interest of the partnership's audited net asset value as of year end.

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.

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**  
**401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE D - Fair value measurements (continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

|                                                     | Fair Value Measurements at Reporting Date Using |          |          |                  |
|-----------------------------------------------------|-------------------------------------------------|----------|----------|------------------|
|                                                     | Level 1                                         | Level 2  | Level 3  | Total            |
| Mutual funds:                                       |                                                 |          |          |                  |
| Large blend funds                                   | \$ 2,616,501                                    | \$ -     | \$ -     | \$ 2,616,501     |
| Money market funds                                  | 2,177,281                                       | -        | -        | 2,177,281        |
| Fixed income funds                                  | 2,065,158                                       | -        | -        | 2,065,158        |
| Large value funds                                   | 1,721,920                                       | -        | -        | 1,721,920        |
| Large growth funds                                  | 1,695,363                                       | -        | -        | 1,695,363        |
| International funds                                 | 1,457,736                                       | -        | -        | 1,457,736        |
| Alternative funds                                   | 951,361                                         | -        | -        | 951,361          |
| Other funds                                         | <u>2,274,241</u>                                | <u>-</u> | <u>-</u> | <u>2,274,241</u> |
| Total mutual funds                                  | 14,959,561                                      | -        | -        | 14,959,561       |
| Common stock:                                       |                                                 |          |          |                  |
| Technology stocks                                   | 205,713                                         | -        | -        | 205,713          |
| Energy stocks                                       | 113,622                                         | -        | -        | 113,622          |
| Healthcare stocks                                   | 67,211                                          | -        | -        | 67,211           |
| Financial stocks                                    | 58,988                                          | -        | -        | 58,988           |
| Consumer goods stocks                               | 36,450                                          | -        | -        | 36,450           |
| Other stocks                                        | <u>107,214</u>                                  | <u>-</u> | <u>-</u> | <u>107,214</u>   |
| Total common stock                                  | 589,198                                         | -        | -        | 589,198          |
| Preferred stock:                                    |                                                 |          |          |                  |
| Financial stocks                                    | 21,726                                          | -        | -        | 21,726           |
| Exchange traded funds:                              |                                                 |          |          |                  |
| Large growth funds                                  | 96,940                                          | -        | -        | 96,940           |
| Alternative funds                                   | 47,444                                          | -        | -        | 47,444           |
| International funds                                 | 45,236                                          | -        | -        | 45,236           |
| Large value funds                                   | 44,264                                          | -        | -        | 44,264           |
| Small value funds                                   | 27,917                                          | -        | -        | 27,917           |
| Small blend funds                                   | 17,608                                          | -        | -        | 17,608           |
| Medium growth funds                                 | 17,418                                          | -        | -        | 17,418           |
| Other funds                                         | <u>26,364</u>                                   | <u>-</u> | <u>-</u> | <u>26,364</u>    |
| Total exchange traded funds                         | 323,191                                         | -        | -        | 323,191          |
| Index-linked notes:                                 |                                                 |          |          |                  |
| SP 500 index-linked notes                           | 25,800                                          | -        | -        | 25,800           |
| China, Brazil, and Russia equity index-linked notes | <u>22,580</u>                                   | <u>-</u> | <u>-</u> | <u>22,580</u>    |
| Total index-linked notes                            | 48,380                                          | -        | -        | 48,380           |

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**  
**401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE D - Fair value measurements (continued)**

|                                 | <b>Fair Value Measurements at Reporting Date Using (continued)</b> |                   |                   |                      |
|---------------------------------|--------------------------------------------------------------------|-------------------|-------------------|----------------------|
|                                 | <b>Level 1</b>                                                     | <b>Level 2</b>    | <b>Level 3</b>    | <b>Total</b>         |
| Fixed income bond               | 5,008                                                              | -                 | -                 | 5,008                |
| Large cap unit investment trust | 3,257                                                              | -                 | -                 | 3,257                |
| Variable annuity                | -                                                                  | 298,020           | -                 | 298,020              |
| Real estate investment trust    | -                                                                  | -                 | 285,386           | 285,386              |
| Balance at December 31, 2009    | <u>\$ 15,950,321</u>                                               | <u>\$ 298,020</u> | <u>\$ 285,386</u> | <u>\$ 16,533,727</u> |

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009:

|                                                                                    | <b>Fair Value Measurements Using Significant Unobservable Inputs (Level 3)</b> |                            |                   |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------|-------------------|
|                                                                                    | <b>Real Estate Investment Trust</b>                                            | <b>Limited Partnership</b> | <b>Total</b>      |
| Balance, beginning of year                                                         | \$ 270,921                                                                     | \$ 153,586                 | \$ 424,507        |
| Unrealized gains (losses) relating to instruments still held at the reporting date | 4,465                                                                          | -                          | 4,465             |
| Purchases, sales, issuances, settlements, net                                      | 10,000                                                                         | (150,050)                  | (140,050)         |
| Realized gains (losses)                                                            | -                                                                              | (3,536)                    | (3,536)           |
| Balance, end of year                                                               | <u>\$ 285,386</u>                                                              | <u>\$ -</u>                | <u>\$ 285,386</u> |

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2008:

|                                | <b>Fair Value Measurements at Reporting Date Using</b> |                   |                   |                      |
|--------------------------------|--------------------------------------------------------|-------------------|-------------------|----------------------|
|                                | <b>Level 1</b>                                         | <b>Level 2</b>    | <b>Level 3</b>    | <b>Total</b>         |
| Mutual funds and common stocks | \$ 10,257,867                                          | \$ -              | \$ -              | \$ 10,257,867        |
| Variable annuity               | -                                                      | 233,552           | -                 | 233,552              |
| Real estate investment trust   | -                                                      | -                 | 270,921           | 270,921              |
| Limited partnership            | -                                                      | -                 | 153,586           | 153,586              |
| Balance at December 31, 2008   | <u>\$ 10,257,867</u>                                   | <u>\$ 233,552</u> | <u>\$ 424,507</u> | <u>\$ 10,915,926</u> |

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**  
**401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**NOTE D - Fair value measurements (continued)**

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2008:

|                                                                                       | <b>Fair Value Measurements Using Significant<br/>Unobservable Inputs (Level 3)</b> |                                |                   |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------|-------------------|
|                                                                                       | <b>Real Estate<br/>Investment<br/>Trust</b>                                        | <b>Limited<br/>Partnership</b> | <b>Total</b>      |
| Balance, beginning of year                                                            | \$ 202,990                                                                         | \$ 118,089                     | \$ 321,079        |
| Unrealized gains (losses) relating to<br>instruments still held at the reporting date | 29,931                                                                             | 35,497                         | 65,428            |
| Purchases, sales, issuances, settlements, net                                         | 38,000                                                                             | -                              | 38,000            |
| Balance, end of year                                                                  | <u>\$ 270,921</u>                                                                  | <u>\$ 153,586</u>              | <u>\$ 424,507</u> |

**NOTE E - Plan risks and uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rates, 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 the amounts reported in the statement of net assets available for benefits.

**NOTE F - Employer QNEC Receivable**

The Plan failed to pass the Actual Contribution Percentage (ACP) Test for the 2008 plan year. In order to correct the failure of the ACP Test, the Company opted to make a qualified non-elective contribution (QNEC) to certain non-highly compensated employees. The accompanying Statements of Net Assets Available for Benefits includes approximately \$38,000 in "Employer QNEC receivable" for this correction for the year ended December 31, 2008.

**NOTE G - Income tax status**

The Plan obtained its latest determination letter on March 31, 2008, 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. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel 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.

**NOTE H - Plan termination**

Although the plan administrator has not expressed any intent to do so, the plan administrator has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will be 100% vested in their accounts.

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**

**401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**NOTE I - Parties-in-interest**

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others. Professional fees for the administration and audit of the Plan are paid by the Company on behalf of the Plan.

Plan investments are managed by various investment brokers, including Wilmington Trust, who are the custodians and as defined by the Plan qualify as parties-in-interest.

**RIVERSIDE RADIOLOGY ASSOCIATES, INC. 401(k) PROFIT SHARING PLAN**

**EMPLOYER IDENTIFICATION NUMBER: 31-0983140 PLAN NUMBER 001**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2009**

| <u>(a)</u> | <u>(b) Identity of Issue,<br/>Borrower, Lessor, or Similar Party</u> | <u>(c) Description of investment, including maturity<br/>date, rate of interest, collateral, par or maturity value</u> | <u>(d) Cost</u> | <u>(e) Current<br/>Value</u> |
|------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------|
| *          | Various Brokers                                                      | Self Directed Brokerage Accounts                                                                                       | **              | \$ 15,950,321                |
| *          | Jackson National Life Insurance Company                              | Insurance Contract                                                                                                     | **              | 298,020                      |
| *          | Hines Real Estate Investment Trust, Inc.                             | Real Estate Investment Trust                                                                                           | **              | <u>285,386</u>               |
|            |                                                                      |                                                                                                                        |                 | <u>\$ 16,533,727</u>         |
| *          | Party in interest to the Plan                                        |                                                                                                                        |                 |                              |
| **         | Not required for participant directed investments                    |                                                                                                                        |                 |                              |

*See independent auditors' report.*

**RIVERSIDE RADIOLOGY  
ASSOCIATES, INC.  
401(k) PROFIT  
SHARING PLAN**

FINANCIAL  
STATEMENTS

FOR THE  
YEARS ENDED  
DECEMBER 31, 2009  
AND 2008

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**  
**401(k) PROFIT SHARING PLAN**

**TABLE OF CONTENTS**

---

|                                                                     | <u>Page</u> |
|---------------------------------------------------------------------|-------------|
| INDEPENDENT AUDITORS' REPORT .....                                  | 1           |
| FINANCIAL STATEMENTS:                                               |             |
| Statements of Net Assets Available for Benefits.....                | 2           |
| Statements of Changes in Net Assets Available for Benefits.....     | 3           |
| Notes to Financial Statements .....                                 | 4-12        |
| SUPPLEMENTAL SCHEDULE:                                              |             |
| Schedule H, Line 4i - Schedule of Assets (Held at End of Year)..... | 13          |

Independent Auditors' Report

**Columbus Office**

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Suite 250

Columbus, Ohio 43215

(614) 488-3126

fax (614) 488-0095

[www.SSandG.com](http://www.SSandG.com)

To the Plan Trustees  
Riverside Radiology Associates, Inc.  
401(k) Profit Sharing Plan

We have audited the accompanying statements of net assets available for benefits of the Riverside Radiology Associates, Inc. 401(k) Profit Sharing Plan (the 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 consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, 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 Riverside Radiology Associates, Inc. 401(k) Profit Sharing Plan as of December 31, 2009 and 2008, and the changes in its 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 accompanying supplemental schedule of assets held at end of year as of December 31, 2009 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. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in our audit 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.

*SS & G Financial Services, Inc.*

CERTIFIED PUBLIC ACCOUNTANTS  
Columbus, Ohio  
October 11, 2010

*Providing the  
services that  
bring solutions.*

member of:  
OSCPA, PCAOB, the AICPA's  
Center for Public Company  
Audit Firms, and The Leading  
Edge Alliance.

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.****401(k) PROFIT SHARING PLAN****STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

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|                                     | DECEMBER 31,                |                             |
|-------------------------------------|-----------------------------|-----------------------------|
|                                     | 2009                        | 2008                        |
| <b>ASSETS</b>                       |                             |                             |
| INVESTMENTS (See Note D)            | \$ 16,533,727               | \$ 10,915,926               |
| CONTRIBUTION RECEIVABLES            |                             |                             |
| Employer - match                    | -                           | 182,530                     |
| Employer - safe harbor contribution | 29,361                      | -                           |
| Employer - discretionary            | 491,524                     | -                           |
| Employer - QNEC                     | -                           | 37,732                      |
| Participant                         | 83,758                      | 88,338                      |
|                                     | <u>604,643</u>              | <u>308,600</u>              |
| CASH AND CASH EQUIVALENTS           | <u>432,112</u>              | <u>-</u>                    |
| NET ASSETS AVAILABLE FOR BENEFITS   | <u><u>\$ 17,570,482</u></u> | <u><u>\$ 11,224,526</u></u> |

*See accompanying notes to financial statements.*

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**  
**401(k) PROFIT SHARING PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|                                               | DECEMBER 31,                |                             |
|-----------------------------------------------|-----------------------------|-----------------------------|
|                                               | 2009                        | 2008                        |
| ADDITIONS TO NET ASSETS ATTRIBUTED TO:        |                             |                             |
| Investment income:                            |                             |                             |
| Interest and dividends                        | \$ 379,076                  | \$ 372,287                  |
| Net appreciation in fair value of investments | 2,607,798                   | -                           |
|                                               | <u>2,986,874</u>            | <u>372,287</u>              |
| Contributions:                                |                             |                             |
| Employer                                      | 2,191,548                   | 2,004,284                   |
| Participant                                   | 1,261,102                   | 1,112,894                   |
| Rollover                                      | 487                         | -                           |
|                                               | <u>3,453,137</u>            | <u>3,117,178</u>            |
| Total additions                               | <b>6,440,011</b>            | 3,489,465                   |
| DEDUCTIONS FROM NET ASSETS                    |                             |                             |
| ATTRIBUTED TO:                                |                             |                             |
| Net depreciation in fair value of investments | -                           | 5,894,112                   |
| Benefits paid to participants                 | 93,835                      | 745,470                     |
| Administrative expenses                       | 220                         | 15,454                      |
| Total deductions                              | <u>94,055</u>               | <u>6,655,036</u>            |
| NET INCREASE (DECREASE)                       | <b>6,345,956</b>            | (3,165,571)                 |
| NET ASSETS AVAILABLE FOR BENEFITS:            |                             |                             |
| Beginning of year                             | <u>11,224,526</u>           | <u>14,390,097</u>           |
| End of year                                   | <u><b>\$ 17,570,482</b></u> | <u><b>\$ 11,224,526</b></u> |

*See accompanying notes to financial statements.*

# **RIVERSIDE RADIOLOGY ASSOCIATES, INC.**

## **401(k) PROFIT SHARING PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

---

#### **NOTE A - Description of plan**

The following description of the Riverside Radiology Associates, Inc. (the Company) 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for more complete information.

##### **General**

The Plan is a defined contribution plan covering all employees. Employees may now enter the plan at any time after attaining 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

##### **Contributions**

Each year, participants may elect to contribute up to 85% of their eligible earnings and 100% of any bonuses paid as defined by the Plan, not to exceed the limits imposed by the IRS. The employee can make a tax deferred contribution or a Roth contribution or a combination of both. These deferral contributions are fully vested and nonforfeitable. The Company matches a certain percentage of the participant's contribution as determined by the Company's Board of Directors. At its discretion, the Plan sponsor may also make additional discretionary contributions to the Plan each year. During 2009, the Plan sponsor made discretionary contributions of \$1,609,103 in addition to the employer match. During 2008, the Plan sponsor did not make any discretionary contributions in addition to the employer match.

The Company's Board of Directors voted on December 30, 2008 to adopt a Section 401(k) safe harbor design for the Plan effective January 1, 2009, which means that the Plan automatically complies with the nondiscrimination requirements of Section 401 of the IRC. As such, the Company provided for a fully vested qualified, nonelective contribution of 3% of compensation for all eligible participants

In 2008, all contributing participants were eligible for employer match contributions. For the Plan year ended, December 31, 2008, the Plan sponsor elected to match 196.78% of the participant's contributions up to 13.26% of eligible compensation.

##### **Participant accounts**

Each participant's account is credited with the participants' contribution and allocations of (a) the Company's contribution and (b) plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

In June 2009, the Plan appointed Wilmington Trust Retirement and Institutional Services Company (Wilmington Trust), to act as a non-discretionary successor trustee of the trust with the goal of holding all assets of the Plan. Wilmington Trust offers a platform of investment funds to participants and will manage self-directed brokerage accounts. During 2008, all participant accounts were invested in self directed brokerage accounts not managed by Wilmington Trust.

##### **Financial hardship withdrawals**

Financial hardship withdrawals of a participant's deferral contributions are permitted in certain circumstances of immediate and heavy financial need.

# **RIVERSIDE RADIOLOGY ASSOCIATES, INC.**

## **401(k) PROFIT SHARING PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

---

#### **NOTE A - Description of plan (continued)**

##### *Payment of benefits*

Benefits are recorded when paid. The participant's account becomes payable upon death, disability, or normal retirement. Normal retirement age is 62. Participants will receive account balances in a lump sum payment. However, former participants of the money-purchase pension plan have the option of either equal monthly installments in the form of an annuity or a lump sum payment. In service withdrawals are permitted for participants who have reached age 62. For termination of service due to other reasons, a participant will receive the value of the vested interest of his or her account as a lump sum payment. However, participants of the money-purchase pension plan also have the option of equal monthly installments in the form of an annuity.

##### *Forfeitures*

Forfeitures arising from balances of terminated participants with less than fully vested interests in the Plan are applied to reduce employer contributions. At December 31, 2009 and 2008, there were no forfeited non-vested accounts. During the Plan years ended December 31, 2009 and 2008, the Company did not use any forfeitures to reduce employer contributions.

##### *Vesting*

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Plan sponsor's matching and discretionary contributions plus actual earnings thereon was based on years of service. A participant was 100% vested after two years of credited service, as defined in the plan document. On May 1, 2008, the two year vesting requirement was eliminated and any participant who was actively employed by the Company on May 1, 2008 became fully vested on that date. Any participant who had a severance from employment prior to May 1, 2008 is subject to the two year vesting schedule.

##### *Administrative fees*

All administrative fees of the Plan are paid by the Company with the exception of the custodian maintenance fees which are charged to the individual participant's accounts.

#### **NOTE B - Summary of significant accounting policies**

##### *Basis of accounting*

The financial statements of the Plan are prepared on the accrual method of accounting.

##### *Recent accounting pronouncements*

In June 2009, the Financial Accounting Standards Board (FASB) issued the Accounting Standards Codification (ASC) and the Hierarchy of Generally Accepted Accounting Principles (the Codification) as the single source of authoritative accounting guidance. The Codification did not change generally accepted accounting principles but rather enhanced the way accounting principles are organized. The Codification was effective for any fiscal year ending after September 15, 2009. In the disclosures that follow, references in "italics" relate to Codification Topics and Subtopics, and their descriptive titles as appropriate.

# **RIVERSIDE RADIOLOGY ASSOCIATES, INC.**

## **401(k) PROFIT SHARING PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

---

#### **NOTE B - Summary of significant accounting policies (continued)**

In April 2009, the FASB issued updated guidance related to disclosure requirements for fair value measurements to require plans to report and define its major equity and debt security types based on the nature and risks of the related investment. The additional fair value disclosures were effective for periods ending on or after June 15, 2009 and have been implemented in these financial statements. As disclosed in Note D, the guidance was applied prospectively for 2009. The adoption had no material effect upon the Plan's net assets available for benefits.

In September 2009, The FASB issued guidance which provides a practical expedient for measuring the fair values of Plan investments in a limited number of investments that calculate a net asset value per share (such as certain collective trusts, pooled separate accounts, hedge funds, private equity funds and funds of funds). This guidance also provides enhanced disclosure requirements, as disclosed in Note D, and became effective for Plan reporting periods ending after December 15, 2009. The adoption had no material effect upon the Plan's net assets available for benefits.

#### **Investment valuation and income recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note D for discussion of fair value measurements.

The Plan reports variable annuity contracts at fair market value. The variable annuity contract the Plan holds includes provisions that could cause an impairment of the asset value upon liquidation or other occurrence. The provisions include a surrender charge value of \$16,984 and \$20,263 as of December 31, 2009 and 2008, respectively. The provisions also include a recapture fee of \$7,409 as of both December 31, 2009 and 2008. Upon liquidation or other occurrence the aforementioned provisions would decrease the amount received as they would offset the contract value.

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

#### **General reclassifications**

Certain amounts in the prior periods presented have been reclassified to conform to the current period financial statement presentation. These reclassifications have no effect on previously reported changes in net assets available for benefits.

#### **Use of estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

#### **Events occurring after reporting date**

The Plan has evaluated events and transactions that occurred between January 1, 2010 and October 11, 2010 which is the date that the financial statements were available to be issued for possible recognition or disclosure in the financial statements.

# RIVERSIDE RADIOLOGY ASSOCIATES, INC.

## 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS

---

#### NOTE C - Investments

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

|                                                | <u>2009</u> | <u>2008</u> |
|------------------------------------------------|-------------|-------------|
| Schwab Money Market Fund                       | \$ 892,075  | \$ <5%      |
| American Capital World Growth & Income Class A | < 5%        | 585,407     |

During 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$2,607,798 and depreciated in value by \$5,894,112, respectively.

|                                                                                                                                                 | <u>2009</u>         | <u>2008</u>          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|
| Mutual funds, exchange traded funds, index-linked notes,<br>fixed income bonds, large cap unit investment trusts,<br>common and preferred stock | \$ 2,542,401        | \$(5,786,260)        |
| Variable annuity                                                                                                                                | 64,468              | (173,280)            |
| Real estate investment trust                                                                                                                    | 4,465               | 29,931               |
| Limited partnership                                                                                                                             | (3,536)             | 35,497               |
|                                                                                                                                                 | <u>\$ 2,607,798</u> | <u>\$(5,894,112)</u> |

#### NOTE D - Fair value measurements

The Plan follows the provisions of ASC 820-10, Fair Value Measurements (formerly SFAS 157). ASC 820-10 defines fair value and provides guidance for measuring fair value and expands disclosures about fair value measurements in accordance with accounting principles generally accepted in the United States of America. ASC 820-10 does not require any new fair value measurements, but rather applies to all other accounting pronouncements that require or permit fair value measurements.

ASC 820-10 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 unobserved inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10 are described below:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;

# RIVERSIDE RADIOLOGY ASSOCIATES, INC.

## 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS

---

#### NOTE D - Fair value measurements (continued)

- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified contractual term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

The asset'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 and 2008.

*Mutual funds, exchange traded funds, index-linked notes, fixed income bonds and large cap unit investment trusts:* Valued at the net asset value of shares or units held by the Plan at year-end.

*Common and preferred stocks:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Variable annuity:* Valued at the contract value, which approximates fair value.

*Real estate investment trust:* The Hines Real Estate Investment Trust (REIT) invests primarily in institutional-quality office properties located throughout the United States. The amount of dividends paid, if any, is uncertain. There currently is no public market for common shares of the REIT. Therefore, it may be difficult to sell shares of the REIT and if sold they could be at a discount. The REIT also has restrictions and limitations under a share redemption plan on the ability to have all or any portion of the shares redeemed. Under the share redemption plan shares may be redeemed, subject to a monthly limitation of 1/12<sup>th</sup> of 10% of the shares outstanding as of the prior calendar year-end. Unfunded commitments as of December 31, 2009 and 2008 was \$-0-. The REIT is valued at the offering price reported on the prospectus, which represents the selling price to the public at year end.

*Limited partnership:* Valued at the Class A share interest of the partnership's audited net asset value as of year end.

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.

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**  
**401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE D - Fair value measurements (continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

|                                                     | Fair Value Measurements at Reporting Date Using |          |          |                  |
|-----------------------------------------------------|-------------------------------------------------|----------|----------|------------------|
|                                                     | Level 1                                         | Level 2  | Level 3  | Total            |
| Mutual funds:                                       |                                                 |          |          |                  |
| Large blend funds                                   | \$ 2,616,501                                    | \$ -     | \$ -     | \$ 2,616,501     |
| Money market funds                                  | 2,177,281                                       | -        | -        | 2,177,281        |
| Fixed income funds                                  | 2,065,158                                       | -        | -        | 2,065,158        |
| Large value funds                                   | 1,721,920                                       | -        | -        | 1,721,920        |
| Large growth funds                                  | 1,695,363                                       | -        | -        | 1,695,363        |
| International funds                                 | 1,457,736                                       | -        | -        | 1,457,736        |
| Alternative funds                                   | 951,361                                         | -        | -        | 951,361          |
| Other funds                                         | <u>2,274,241</u>                                | <u>-</u> | <u>-</u> | <u>2,274,241</u> |
| Total mutual funds                                  | 14,959,561                                      | -        | -        | 14,959,561       |
| Common stock:                                       |                                                 |          |          |                  |
| Technology stocks                                   | 205,713                                         | -        | -        | 205,713          |
| Energy stocks                                       | 113,622                                         | -        | -        | 113,622          |
| Healthcare stocks                                   | 67,211                                          | -        | -        | 67,211           |
| Financial stocks                                    | 58,988                                          | -        | -        | 58,988           |
| Consumer goods stocks                               | 36,450                                          | -        | -        | 36,450           |
| Other stocks                                        | <u>107,214</u>                                  | <u>-</u> | <u>-</u> | <u>107,214</u>   |
| Total common stock                                  | 589,198                                         | -        | -        | 589,198          |
| Preferred stock:                                    |                                                 |          |          |                  |
| Financial stocks                                    | 21,726                                          | -        | -        | 21,726           |
| Exchange traded funds:                              |                                                 |          |          |                  |
| Large growth funds                                  | 96,940                                          | -        | -        | 96,940           |
| Alternative funds                                   | 47,444                                          | -        | -        | 47,444           |
| International funds                                 | 45,236                                          | -        | -        | 45,236           |
| Large value funds                                   | 44,264                                          | -        | -        | 44,264           |
| Small value funds                                   | 27,917                                          | -        | -        | 27,917           |
| Small blend funds                                   | 17,608                                          | -        | -        | 17,608           |
| Medium growth funds                                 | 17,418                                          | -        | -        | 17,418           |
| Other funds                                         | <u>26,364</u>                                   | <u>-</u> | <u>-</u> | <u>26,364</u>    |
| Total exchange traded funds                         | 323,191                                         | -        | -        | 323,191          |
| Index-linked notes:                                 |                                                 |          |          |                  |
| SP 500 index-linked notes                           | 25,800                                          | -        | -        | 25,800           |
| China, Brazil, and Russia equity index-linked notes | <u>22,580</u>                                   | <u>-</u> | <u>-</u> | <u>22,580</u>    |
| Total index-linked notes                            | 48,380                                          | -        | -        | 48,380           |

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**  
**401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE D - Fair value measurements (continued)**

|                                 | <b>Fair Value Measurements at Reporting Date Using (continued)</b> |                   |                   |                      |
|---------------------------------|--------------------------------------------------------------------|-------------------|-------------------|----------------------|
|                                 | <b>Level 1</b>                                                     | <b>Level 2</b>    | <b>Level 3</b>    | <b>Total</b>         |
| Fixed income bond               | 5,008                                                              | -                 | -                 | 5,008                |
| Large cap unit investment trust | 3,257                                                              | -                 | -                 | 3,257                |
| Variable annuity                | -                                                                  | 298,020           | -                 | 298,020              |
| Real estate investment trust    | -                                                                  | -                 | 285,386           | 285,386              |
| Balance at December 31, 2009    | <u>\$ 15,950,321</u>                                               | <u>\$ 298,020</u> | <u>\$ 285,386</u> | <u>\$ 16,533,727</u> |

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009:

|                                                                                    | <b>Fair Value Measurements Using Significant Unobservable Inputs (Level 3)</b> |                            |                   |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------|-------------------|
|                                                                                    | <b>Real Estate Investment Trust</b>                                            | <b>Limited Partnership</b> | <b>Total</b>      |
| Balance, beginning of year                                                         | \$ 270,921                                                                     | \$ 153,586                 | \$ 424,507        |
| Unrealized gains (losses) relating to instruments still held at the reporting date | 4,465                                                                          | -                          | 4,465             |
| Purchases, sales, issuances, settlements, net                                      | 10,000                                                                         | (150,050)                  | (140,050)         |
| Realized gains (losses)                                                            | -                                                                              | (3,536)                    | (3,536)           |
| Balance, end of year                                                               | <u>\$ 285,386</u>                                                              | <u>\$ -</u>                | <u>\$ 285,386</u> |

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2008:

|                                | <b>Fair Value Measurements at Reporting Date Using</b> |                   |                   |                      |
|--------------------------------|--------------------------------------------------------|-------------------|-------------------|----------------------|
|                                | <b>Level 1</b>                                         | <b>Level 2</b>    | <b>Level 3</b>    | <b>Total</b>         |
| Mutual funds and common stocks | \$ 10,257,867                                          | \$ -              | \$ -              | \$ 10,257,867        |
| Variable annuity               | -                                                      | 233,552           | -                 | 233,552              |
| Real estate investment trust   | -                                                      | -                 | 270,921           | 270,921              |
| Limited partnership            | -                                                      | -                 | 153,586           | 153,586              |
| Balance at December 31, 2008   | <u>\$ 10,257,867</u>                                   | <u>\$ 233,552</u> | <u>\$ 424,507</u> | <u>\$ 10,915,926</u> |

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**  
**401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**NOTE D - Fair value measurements (continued)**

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2008:

|                                                                                       | <b>Fair Value Measurements Using Significant<br/>Unobservable Inputs (Level 3)</b> |                                |                   |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------|-------------------|
|                                                                                       | <b>Real Estate<br/>Investment<br/>Trust</b>                                        | <b>Limited<br/>Partnership</b> | <b>Total</b>      |
| Balance, beginning of year                                                            | \$ 202,990                                                                         | \$ 118,089                     | \$ 321,079        |
| Unrealized gains (losses) relating to<br>instruments still held at the reporting date | 29,931                                                                             | 35,497                         | 65,428            |
| Purchases, sales, issuances, settlements, net                                         | 38,000                                                                             | -                              | 38,000            |
| Balance, end of year                                                                  | <u>\$ 270,921</u>                                                                  | <u>\$ 153,586</u>              | <u>\$ 424,507</u> |

**NOTE E - Plan risks and uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rates, 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 the amounts reported in the statement of net assets available for benefits.

**NOTE F - Employer QNEC Receivable**

The Plan failed to pass the Actual Contribution Percentage (ACP) Test for the 2008 plan year. In order to correct the failure of the ACP Test, the Company opted to make a qualified non-elective contribution (QNEC) to certain non-highly compensated employees. The accompanying Statements of Net Assets Available for Benefits includes approximately \$38,000 in "Employer QNEC receivable" for this correction for the year ended December 31, 2008.

**NOTE G - Income tax status**

The Plan obtained its latest determination letter on March 31, 2008, 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. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel 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.

**NOTE H - Plan termination**

Although the plan administrator has not expressed any intent to do so, the plan administrator has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will be 100% vested in their accounts.

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**

**401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**NOTE I - Parties-in-interest**

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others. Professional fees for the administration and audit of the Plan are paid by the Company on behalf of the Plan.

Plan investments are managed by various investment brokers, including Wilmington Trust, who are the custodians and as defined by the Plan qualify as parties-in-interest.

**RIVERSIDE RADIOLOGY ASSOCIATES, INC. 401(k) PROFIT SHARING PLAN**

**EMPLOYER IDENTIFICATION NUMBER: 31-0983140 PLAN NUMBER 001**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2009**

| <u>(a)</u> | <u>(b) Identity of Issue,<br/>Borrower, Lessor, or Similar Party</u> | <u>(c) Description of investment, including maturity<br/>date, rate of interest, collateral, par or maturity value</u> | <u>(d) Cost</u> | <u>(e) Current<br/>Value</u> |
|------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------|
| *          | Various Brokers                                                      | Self Directed Brokerage Accounts                                                                                       | **              | \$ 15,950,321                |
| *          | Jackson National Life Insurance Company                              | Insurance Contract                                                                                                     | **              | 298,020                      |
| *          | Hines Real Estate Investment Trust, Inc.                             | Real Estate Investment Trust                                                                                           | **              | <u>285,386</u>               |
|            |                                                                      |                                                                                                                        |                 | <u>\$ 16,533,727</u>         |
| *          | Party in interest to the Plan                                        |                                                                                                                        |                 |                              |
| **         | Not required for participant directed investments                    |                                                                                                                        |                 |                              |

*See independent auditors' report.*

**RIVERSIDE RADIOLOGY  
ASSOCIATES, INC.  
401(k) PROFIT  
SHARING PLAN**

FINANCIAL  
STATEMENTS

FOR THE  
YEARS ENDED  
DECEMBER 31, 2009  
AND 2008

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**  
**401(k) PROFIT SHARING PLAN**

**TABLE OF CONTENTS**

---

|                                                                     | <u>Page</u> |
|---------------------------------------------------------------------|-------------|
| INDEPENDENT AUDITORS' REPORT .....                                  | 1           |
| FINANCIAL STATEMENTS:                                               |             |
| Statements of Net Assets Available for Benefits.....                | 2           |
| Statements of Changes in Net Assets Available for Benefits.....     | 3           |
| Notes to Financial Statements .....                                 | 4-12        |
| SUPPLEMENTAL SCHEDULE:                                              |             |
| Schedule H, Line 4i - Schedule of Assets (Held at End of Year)..... | 13          |

Independent Auditors' Report

**Columbus Office**

300 Spruce Street

Suite 250

Columbus, Ohio 43215

(614) 488-3126

fax (614) 488-0095

[www.SSandG.com](http://www.SSandG.com)

To the Plan Trustees  
Riverside Radiology Associates, Inc.  
401(k) Profit Sharing Plan

We have audited the accompanying statements of net assets available for benefits of the Riverside Radiology Associates, Inc. 401(k) Profit Sharing Plan (the 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 consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, 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 Riverside Radiology Associates, Inc. 401(k) Profit Sharing Plan as of December 31, 2009 and 2008, and the changes in its 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 accompanying supplemental schedule of assets held at end of year as of December 31, 2009 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. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in our audit 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.

*SS & G Financial Services, Inc.*

CERTIFIED PUBLIC ACCOUNTANTS  
Columbus, Ohio  
October 11, 2010

*Providing the  
services that  
bring solutions.*

member of:  
OSCPA, PCAOB, the AICPA's  
Center for Public Company  
Audit Firms, and The Leading  
Edge Alliance.

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.****401(k) PROFIT SHARING PLAN****STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

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|                                     | DECEMBER 31,                |                             |
|-------------------------------------|-----------------------------|-----------------------------|
|                                     | 2009                        | 2008                        |
| <b>ASSETS</b>                       |                             |                             |
| INVESTMENTS (See Note D)            | \$ 16,533,727               | \$ 10,915,926               |
| CONTRIBUTION RECEIVABLES            |                             |                             |
| Employer - match                    | -                           | 182,530                     |
| Employer - safe harbor contribution | 29,361                      | -                           |
| Employer - discretionary            | 491,524                     | -                           |
| Employer - QNEC                     | -                           | 37,732                      |
| Participant                         | 83,758                      | 88,338                      |
|                                     | <u>604,643</u>              | <u>308,600</u>              |
| CASH AND CASH EQUIVALENTS           | <u>432,112</u>              | <u>-</u>                    |
| NET ASSETS AVAILABLE FOR BENEFITS   | <u><u>\$ 17,570,482</u></u> | <u><u>\$ 11,224,526</u></u> |

*See accompanying notes to financial statements.*

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**  
**401(k) PROFIT SHARING PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|                                               | DECEMBER 31,                |                             |
|-----------------------------------------------|-----------------------------|-----------------------------|
|                                               | 2009                        | 2008                        |
| ADDITIONS TO NET ASSETS ATTRIBUTED TO:        |                             |                             |
| Investment income:                            |                             |                             |
| Interest and dividends                        | \$ 379,076                  | \$ 372,287                  |
| Net appreciation in fair value of investments | 2,607,798                   | -                           |
|                                               | <u>2,986,874</u>            | <u>372,287</u>              |
| Contributions:                                |                             |                             |
| Employer                                      | 2,191,548                   | 2,004,284                   |
| Participant                                   | 1,261,102                   | 1,112,894                   |
| Rollover                                      | 487                         | -                           |
|                                               | <u>3,453,137</u>            | <u>3,117,178</u>            |
| Total additions                               | <b>6,440,011</b>            | 3,489,465                   |
| DEDUCTIONS FROM NET ASSETS                    |                             |                             |
| ATTRIBUTED TO:                                |                             |                             |
| Net depreciation in fair value of investments | -                           | 5,894,112                   |
| Benefits paid to participants                 | 93,835                      | 745,470                     |
| Administrative expenses                       | 220                         | 15,454                      |
| Total deductions                              | <u>94,055</u>               | <u>6,655,036</u>            |
| NET INCREASE (DECREASE)                       | <b>6,345,956</b>            | (3,165,571)                 |
| NET ASSETS AVAILABLE FOR BENEFITS:            |                             |                             |
| Beginning of year                             | <u>11,224,526</u>           | <u>14,390,097</u>           |
| End of year                                   | <u><b>\$ 17,570,482</b></u> | <u><b>\$ 11,224,526</b></u> |

*See accompanying notes to financial statements.*

# **RIVERSIDE RADIOLOGY ASSOCIATES, INC.**

## **401(k) PROFIT SHARING PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

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#### **NOTE A - Description of plan**

The following description of the Riverside Radiology Associates, Inc. (the Company) 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for more complete information.

##### **General**

The Plan is a defined contribution plan covering all employees. Employees may now enter the plan at any time after attaining 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

##### **Contributions**

Each year, participants may elect to contribute up to 85% of their eligible earnings and 100% of any bonuses paid as defined by the Plan, not to exceed the limits imposed by the IRS. The employee can make a tax deferred contribution or a Roth contribution or a combination of both. These deferral contributions are fully vested and nonforfeitable. The Company matches a certain percentage of the participant's contribution as determined by the Company's Board of Directors. At its discretion, the Plan sponsor may also make additional discretionary contributions to the Plan each year. During 2009, the Plan sponsor made discretionary contributions of \$1,609,103 in addition to the employer match. During 2008, the Plan sponsor did not make any discretionary contributions in addition to the employer match.

The Company's Board of Directors voted on December 30, 2008 to adopt a Section 401(k) safe harbor design for the Plan effective January 1, 2009, which means that the Plan automatically complies with the nondiscrimination requirements of Section 401 of the IRC. As such, the Company provided for a fully vested qualified, nonelective contribution of 3% of compensation for all eligible participants

In 2008, all contributing participants were eligible for employer match contributions. For the Plan year ended, December 31, 2008, the Plan sponsor elected to match 196.78% of the participant's contributions up to 13.26% of eligible compensation.

##### **Participant accounts**

Each participant's account is credited with the participants' contribution and allocations of (a) the Company's contribution and (b) plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

In June 2009, the Plan appointed Wilmington Trust Retirement and Institutional Services Company (Wilmington Trust), to act as a non-discretionary successor trustee of the trust with the goal of holding all assets of the Plan. Wilmington Trust offers a platform of investment funds to participants and will manage self-directed brokerage accounts. During 2008, all participant accounts were invested in self directed brokerage accounts not managed by Wilmington Trust.

##### **Financial hardship withdrawals**

Financial hardship withdrawals of a participant's deferral contributions are permitted in certain circumstances of immediate and heavy financial need.

# **RIVERSIDE RADIOLOGY ASSOCIATES, INC.**

## **401(k) PROFIT SHARING PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

---

#### **NOTE A - Description of plan (continued)**

##### *Payment of benefits*

Benefits are recorded when paid. The participant's account becomes payable upon death, disability, or normal retirement. Normal retirement age is 62. Participants will receive account balances in a lump sum payment. However, former participants of the money-purchase pension plan have the option of either equal monthly installments in the form of an annuity or a lump sum payment. In service withdrawals are permitted for participants who have reached age 62. For termination of service due to other reasons, a participant will receive the value of the vested interest of his or her account as a lump sum payment. However, participants of the money-purchase pension plan also have the option of equal monthly installments in the form of an annuity.

##### *Forfeitures*

Forfeitures arising from balances of terminated participants with less than fully vested interests in the Plan are applied to reduce employer contributions. At December 31, 2009 and 2008, there were no forfeited non-vested accounts. During the Plan years ended December 31, 2009 and 2008, the Company did not use any forfeitures to reduce employer contributions.

##### *Vesting*

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Plan sponsor's matching and discretionary contributions plus actual earnings thereon was based on years of service. A participant was 100% vested after two years of credited service, as defined in the plan document. On May 1, 2008, the two year vesting requirement was eliminated and any participant who was actively employed by the Company on May 1, 2008 became fully vested on that date. Any participant who had a severance from employment prior to May 1, 2008 is subject to the two year vesting schedule.

##### *Administrative fees*

All administrative fees of the Plan are paid by the Company with the exception of the custodian maintenance fees which are charged to the individual participant's accounts.

#### **NOTE B - Summary of significant accounting policies**

##### *Basis of accounting*

The financial statements of the Plan are prepared on the accrual method of accounting.

##### *Recent accounting pronouncements*

In June 2009, the Financial Accounting Standards Board (FASB) issued the Accounting Standards Codification (ASC) and the Hierarchy of Generally Accepted Accounting Principles (the Codification) as the single source of authoritative accounting guidance. The Codification did not change generally accepted accounting principles but rather enhanced the way accounting principles are organized. The Codification was effective for any fiscal year ending after September 15, 2009. In the disclosures that follow, references in "italics" relate to Codification Topics and Subtopics, and their descriptive titles as appropriate.

# **RIVERSIDE RADIOLOGY ASSOCIATES, INC.**

## **401(k) PROFIT SHARING PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

---

#### **NOTE B - Summary of significant accounting policies (continued)**

In April 2009, the FASB issued updated guidance related to disclosure requirements for fair value measurements to require plans to report and define its major equity and debt security types based on the nature and risks of the related investment. The additional fair value disclosures were effective for periods ending on or after June 15, 2009 and have been implemented in these financial statements. As disclosed in Note D, the guidance was applied prospectively for 2009. The adoption had no material effect upon the Plan's net assets available for benefits.

In September 2009, The FASB issued guidance which provides a practical expedient for measuring the fair values of Plan investments in a limited number of investments that calculate a net asset value per share (such as certain collective trusts, pooled separate accounts, hedge funds, private equity funds and funds of funds). This guidance also provides enhanced disclosure requirements, as disclosed in Note D, and became effective for Plan reporting periods ending after December 15, 2009. The adoption had no material effect upon the Plan's net assets available for benefits.

#### **Investment valuation and income recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note D for discussion of fair value measurements.

The Plan reports variable annuity contracts at fair market value. The variable annuity contract the Plan holds includes provisions that could cause an impairment of the asset value upon liquidation or other occurrence. The provisions include a surrender charge value of \$16,984 and \$20,263 as of December 31, 2009 and 2008, respectively. The provisions also include a recapture fee of \$7,409 as of both December 31, 2009 and 2008. Upon liquidation or other occurrence the aforementioned provisions would decrease the amount received as they would offset the contract value.

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

#### **General reclassifications**

Certain amounts in the prior periods presented have been reclassified to conform to the current period financial statement presentation. These reclassifications have no effect on previously reported changes in net assets available for benefits.

#### **Use of estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

#### **Events occurring after reporting date**

The Plan has evaluated events and transactions that occurred between January 1, 2010 and October 11, 2010 which is the date that the financial statements were available to be issued for possible recognition or disclosure in the financial statements.

# RIVERSIDE RADIOLOGY ASSOCIATES, INC.

## 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### NOTE C - Investments

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

|                                                | <u>2009</u> | <u>2008</u> |
|------------------------------------------------|-------------|-------------|
| Schwab Money Market Fund                       | \$ 892,075  | \$ <5%      |
| American Capital World Growth & Income Class A | < 5%        | 585,407     |

During 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$2,607,798 and depreciated in value by \$5,894,112, respectively.

|                                                                                                                                                 | <u>2009</u>         | <u>2008</u>          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|
| Mutual funds, exchange traded funds, index-linked notes,<br>fixed income bonds, large cap unit investment trusts,<br>common and preferred stock | \$ 2,542,401        | \$(5,786,260)        |
| Variable annuity                                                                                                                                | 64,468              | (173,280)            |
| Real estate investment trust                                                                                                                    | 4,465               | 29,931               |
| Limited partnership                                                                                                                             | (3,536)             | 35,497               |
|                                                                                                                                                 | <u>\$ 2,607,798</u> | <u>\$(5,894,112)</u> |

#### NOTE D - Fair value measurements

The Plan follows the provisions of ASC 820-10, Fair Value Measurements (formerly SFAS 157). ASC 820-10 defines fair value and provides guidance for measuring fair value and expands disclosures about fair value measurements in accordance with accounting principles generally accepted in the United States of America. ASC 820-10 does not require any new fair value measurements, but rather applies to all other accounting pronouncements that require or permit fair value measurements.

ASC 820-10 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 unobserved inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10 are described below:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;

# RIVERSIDE RADIOLOGY ASSOCIATES, INC.

## 401(k) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### NOTE D - Fair value measurements (continued)

- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified contractual term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

The asset'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 and 2008.

*Mutual funds, exchange traded funds, index-linked notes, fixed income bonds and large cap unit investment trusts:* Valued at the net asset value of shares or units held by the Plan at year-end.

*Common and preferred stocks:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Variable annuity:* Valued at the contract value, which approximates fair value.

*Real estate investment trust:* The Hines Real Estate Investment Trust (REIT) invests primarily in institutional-quality office properties located throughout the United States. The amount of dividends paid, if any, is uncertain. There currently is no public market for common shares of the REIT. Therefore, it may be difficult to sell shares of the REIT and if sold they could be at a discount. The REIT also has restrictions and limitations under a share redemption plan on the ability to have all or any portion of the shares redeemed. Under the share redemption plan shares may be redeemed, subject to a monthly limitation of 1/12<sup>th</sup> of 10% of the shares outstanding as of the prior calendar year-end. Unfunded commitments as of December 31, 2009 and 2008 was \$-0-. The REIT is valued at the offering price reported on the prospectus, which represents the selling price to the public at year end.

*Limited partnership:* Valued at the Class A share interest of the partnership's audited net asset value as of year end.

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.

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**  
**401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE D - Fair value measurements (continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

|                                                     | Fair Value Measurements at Reporting Date Using |          |          |                  |
|-----------------------------------------------------|-------------------------------------------------|----------|----------|------------------|
|                                                     | Level 1                                         | Level 2  | Level 3  | Total            |
| Mutual funds:                                       |                                                 |          |          |                  |
| Large blend funds                                   | \$ 2,616,501                                    | \$ -     | \$ -     | \$ 2,616,501     |
| Money market funds                                  | 2,177,281                                       | -        | -        | 2,177,281        |
| Fixed income funds                                  | 2,065,158                                       | -        | -        | 2,065,158        |
| Large value funds                                   | 1,721,920                                       | -        | -        | 1,721,920        |
| Large growth funds                                  | 1,695,363                                       | -        | -        | 1,695,363        |
| International funds                                 | 1,457,736                                       | -        | -        | 1,457,736        |
| Alternative funds                                   | 951,361                                         | -        | -        | 951,361          |
| Other funds                                         | <u>2,274,241</u>                                | <u>-</u> | <u>-</u> | <u>2,274,241</u> |
| Total mutual funds                                  | 14,959,561                                      | -        | -        | 14,959,561       |
| Common stock:                                       |                                                 |          |          |                  |
| Technology stocks                                   | 205,713                                         | -        | -        | 205,713          |
| Energy stocks                                       | 113,622                                         | -        | -        | 113,622          |
| Healthcare stocks                                   | 67,211                                          | -        | -        | 67,211           |
| Financial stocks                                    | 58,988                                          | -        | -        | 58,988           |
| Consumer goods stocks                               | 36,450                                          | -        | -        | 36,450           |
| Other stocks                                        | <u>107,214</u>                                  | <u>-</u> | <u>-</u> | <u>107,214</u>   |
| Total common stock                                  | 589,198                                         | -        | -        | 589,198          |
| Preferred stock:                                    |                                                 |          |          |                  |
| Financial stocks                                    | 21,726                                          | -        | -        | 21,726           |
| Exchange traded funds:                              |                                                 |          |          |                  |
| Large growth funds                                  | 96,940                                          | -        | -        | 96,940           |
| Alternative funds                                   | 47,444                                          | -        | -        | 47,444           |
| International funds                                 | 45,236                                          | -        | -        | 45,236           |
| Large value funds                                   | 44,264                                          | -        | -        | 44,264           |
| Small value funds                                   | 27,917                                          | -        | -        | 27,917           |
| Small blend funds                                   | 17,608                                          | -        | -        | 17,608           |
| Medium growth funds                                 | 17,418                                          | -        | -        | 17,418           |
| Other funds                                         | <u>26,364</u>                                   | <u>-</u> | <u>-</u> | <u>26,364</u>    |
| Total exchange traded funds                         | 323,191                                         | -        | -        | 323,191          |
| Index-linked notes:                                 |                                                 |          |          |                  |
| SP 500 index-linked notes                           | 25,800                                          | -        | -        | 25,800           |
| China, Brazil, and Russia equity index-linked notes | <u>22,580</u>                                   | <u>-</u> | <u>-</u> | <u>22,580</u>    |
| Total index-linked notes                            | 48,380                                          | -        | -        | 48,380           |

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**  
**401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE D - Fair value measurements (continued)**

|                                 | <b>Fair Value Measurements at Reporting Date Using (continued)</b> |                   |                   |                      |
|---------------------------------|--------------------------------------------------------------------|-------------------|-------------------|----------------------|
|                                 | <b>Level 1</b>                                                     | <b>Level 2</b>    | <b>Level 3</b>    | <b>Total</b>         |
| Fixed income bond               | 5,008                                                              | -                 | -                 | 5,008                |
| Large cap unit investment trust | 3,257                                                              | -                 | -                 | 3,257                |
| Variable annuity                | -                                                                  | 298,020           | -                 | 298,020              |
| Real estate investment trust    | -                                                                  | -                 | 285,386           | 285,386              |
| Balance at December 31, 2009    | <u>\$ 15,950,321</u>                                               | <u>\$ 298,020</u> | <u>\$ 285,386</u> | <u>\$ 16,533,727</u> |

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009:

|                                                                                    | <b>Fair Value Measurements Using Significant Unobservable Inputs (Level 3)</b> |                            |                   |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------|-------------------|
|                                                                                    | <b>Real Estate Investment Trust</b>                                            | <b>Limited Partnership</b> | <b>Total</b>      |
| Balance, beginning of year                                                         | \$ 270,921                                                                     | \$ 153,586                 | \$ 424,507        |
| Unrealized gains (losses) relating to instruments still held at the reporting date | 4,465                                                                          | -                          | 4,465             |
| Purchases, sales, issuances, settlements, net                                      | 10,000                                                                         | (150,050)                  | (140,050)         |
| Realized gains (losses)                                                            | -                                                                              | (3,536)                    | (3,536)           |
| Balance, end of year                                                               | <u>\$ 285,386</u>                                                              | <u>\$ -</u>                | <u>\$ 285,386</u> |

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2008:

|                                | <b>Fair Value Measurements at Reporting Date Using</b> |                   |                   |                      |
|--------------------------------|--------------------------------------------------------|-------------------|-------------------|----------------------|
|                                | <b>Level 1</b>                                         | <b>Level 2</b>    | <b>Level 3</b>    | <b>Total</b>         |
| Mutual funds and common stocks | \$ 10,257,867                                          | \$ -              | \$ -              | \$ 10,257,867        |
| Variable annuity               | -                                                      | 233,552           | -                 | 233,552              |
| Real estate investment trust   | -                                                      | -                 | 270,921           | 270,921              |
| Limited partnership            | -                                                      | -                 | 153,586           | 153,586              |
| Balance at December 31, 2008   | <u>\$ 10,257,867</u>                                   | <u>\$ 233,552</u> | <u>\$ 424,507</u> | <u>\$ 10,915,926</u> |

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**  
**401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**NOTE D - Fair value measurements (continued)**

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2008:

|                                                                                    | <b>Fair Value Measurements Using Significant Unobservable Inputs (Level 3)</b> |                            |                   |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------|-------------------|
|                                                                                    | <b>Real Estate Investment Trust</b>                                            | <b>Limited Partnership</b> | <b>Total</b>      |
| Balance, beginning of year                                                         | \$ 202,990                                                                     | \$ 118,089                 | \$ 321,079        |
| Unrealized gains (losses) relating to instruments still held at the reporting date | 29,931                                                                         | 35,497                     | 65,428            |
| Purchases, sales, issuances, settlements, net                                      | 38,000                                                                         | -                          | 38,000            |
| Balance, end of year                                                               | <u>\$ 270,921</u>                                                              | <u>\$ 153,586</u>          | <u>\$ 424,507</u> |

**NOTE E - Plan risks and uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rates, 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 the amounts reported in the statement of net assets available for benefits.

**NOTE F - Employer QNEC Receivable**

The Plan failed to pass the Actual Contribution Percentage (ACP) Test for the 2008 plan year. In order to correct the failure of the ACP Test, the Company opted to make a qualified non-elective contribution (QNEC) to certain non-highly compensated employees. The accompanying Statements of Net Assets Available for Benefits includes approximately \$38,000 in "Employer QNEC receivable" for this correction for the year ended December 31, 2008.

**NOTE G - Income tax status**

The Plan obtained its latest determination letter on March 31, 2008, 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. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel 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.

**NOTE H - Plan termination**

Although the plan administrator has not expressed any intent to do so, the plan administrator has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will be 100% vested in their accounts.

**RIVERSIDE RADIOLOGY ASSOCIATES, INC.**

**401(k) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**NOTE I - Parties-in-interest**

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others. Professional fees for the administration and audit of the Plan are paid by the Company on behalf of the Plan.

Plan investments are managed by various investment brokers, including Wilmington Trust, who are the custodians and as defined by the Plan qualify as parties-in-interest.

**RIVERSIDE RADIOLOGY ASSOCIATES, INC. 401(k) PROFIT SHARING PLAN**

**EMPLOYER IDENTIFICATION NUMBER: 31-0983140 PLAN NUMBER 001**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2009**

| <u>(a)</u> | <u>(b) Identity of Issue,<br/>Borrower, Lessor, or Similar Party</u> | <u>(c) Description of investment, including maturity<br/>date, rate of interest, collateral, par or maturity value</u> | <u>(d) Cost</u> | <u>(e) Current<br/>Value</u> |
|------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------|
| *          | Various Brokers                                                      | Self Directed Brokerage Accounts                                                                                       | **              | \$ 15,950,321                |
| *          | Jackson National Life Insurance Company                              | Insurance Contract                                                                                                     | **              | 298,020                      |
| *          | Hines Real Estate Investment Trust, Inc.                             | Real Estate Investment Trust                                                                                           | **              | <u>285,386</u>               |
|            |                                                                      |                                                                                                                        |                 | <u>\$ 16,533,727</u>         |
| *          | Party in interest to the Plan                                        |                                                                                                                        |                 |                              |
| **         | Not required for participant directed investments                    |                                                                                                                        |                 |                              |

*See independent auditors' report.*

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment 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  
☒ 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 RIVERSIDE RADIOLOGY ASSOCIATES, INC.  
401(K) PROFIT SHARING PLAN**1b** Three-digit plan number (PN) ▶ 001**1c** Effective date of plan 04/01/1998**2a** Plan sponsor's name and address (employer, if for a single-employer plan)  
(Address should include room or suite no.)  
RIVERSIDE RADIOLOGY AND  
INTERVENTIONAL ASSOCIATES, INC.**2b** Employer Identification Number (EIN)  
31-09831403525 OLENTANGY RIVER ROAD  
SUITE 5360  
COLUMBUSOH 43214**2c** Sponsor's telephone number  
(614) 340-7747**2d** Business code (see instructions)  
621111**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.

|                  |                                                                                     |                 |                                                              |
|------------------|-------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |  | <u>10/13/10</u> | <u>Kelli Lieb</u>                                            |
|                  | Signature of plan administrator                                                     | Date            | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                                                     |                 |                                                              |
|                  | Signature of employer/plan sponsor                                                  | Date            | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                                                     |                 |                                                              |
|                  | Signature of DFE                                                                    | Date            | Enter name of individual signing as DFE                      |

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Form 5500 (2009)  
v.092307.1

|                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>SAME                                                                                                                                                                                                                                                                         | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 30px; width: 100%;"></div> |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                       | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                 | <b>5</b> 179                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                  |                                                                                                                                                                  |
| <b>a</b> Active participants.....                                                                                                                                                                                                                                                                                                                                       | <b>6a</b> 171                                                                                                                                                    |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                      | <b>6b</b> 1                                                                                                                                                      |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                       | <b>6c</b> 39                                                                                                                                                     |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                | <b>6d</b> 211                                                                                                                                                    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                                                                                                                               | <b>6e</b> 0                                                                                                                                                      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                 | <b>6f</b> 211                                                                                                                                                    |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                          | <b>6g</b> 211                                                                                                                                                    |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                              | <b>6h</b> 2                                                                                                                                                      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                     | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:<br><br><div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>2A</span> <span>2E</span> <span>2F</span> <span>2G</span> <span>2J</span> <span>2R</span> <span>2T</span> </div> |                                                                                                                                                                  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:                                                                                                                                                                                                              |                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                           | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                              |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                              |                                                                 |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                                   |                                                                 |
| <b>A</b> Name of plan<br><br>RIVERSIDE RADIOLOGY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN                                 | <b>B</b> Three-digit plan number (PN) ▶ 001                     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500.<br><br>RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC | <b>D</b> Employer Identification Number (EIN)<br><br>31-0983140 |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                   |
|-------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br><br>JACKSON NATIONAL LIFE |
|-------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 38-1659835 | 65056         | 009229992A                            | 1                                                                           | 01/01/2009              | 12/31/2009 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
| 0                                           | 0                                    |

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 298,020 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 0       |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                               |           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                       | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                 | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

|                                                        |           |         |
|--------------------------------------------------------|-----------|---------|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 233,553 |
|--------------------------------------------------------|-----------|---------|

|                                                                       |              |  |        |
|-----------------------------------------------------------------------|--------------|--|--------|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |  | 64,467 |
| (2) Dividends and credits .....                                       | <b>7c(2)</b> |  |        |
| (3) Interest credited during the year .....                           | <b>7c(3)</b> |  |        |
| (4) Transferred from separate account .....                           | <b>7c(4)</b> |  |        |
| (5) Other (specify below).....<br>▶                                   | <b>7c(5)</b> |  |        |

|                           |              |        |
|---------------------------|--------------|--------|
| (6) Total additions ..... | <b>7c(6)</b> | 64,467 |
|---------------------------|--------------|--------|

|                                                                                |           |         |
|--------------------------------------------------------------------------------|-----------|---------|
| <b>d</b> Total of balance and additions (add <b>b</b> and <b>c(6)</b> ). ..... | <b>7d</b> | 298,020 |
|--------------------------------------------------------------------------------|-----------|---------|

**e** Deductions:

|                                                                                 |              |  |  |
|---------------------------------------------------------------------------------|--------------|--|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> |  |  |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> |  |  |
| (3) Transferred to separate account .....                                       | <b>7e(3)</b> |  |  |
| (4) Other (specify below).....<br>▶                                             | <b>7e(4)</b> |  |  |

|                            |              |   |
|----------------------------|--------------|---|
| (5) Total deductions ..... | <b>7e(5)</b> | 0 |
|----------------------------|--------------|---|

|                                                                                             |           |         |
|---------------------------------------------------------------------------------------------|-----------|---------|
| <b>f</b> Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) ..... | <b>7f</b> | 298,020 |
|---------------------------------------------------------------------------------------------|-----------|---------|

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☐ Dental     
**c** ☐ Vision     
**d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
**f** ☐ Long-term disability     
**g** ☐ Supplemental unemployment     
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
**j** ☐ HMO contract     
**k** ☐ PPO contract     
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |  |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....                                                 |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. .... | <b>10b</b> |  |
| Specify nature of costs ▶                                                                                                                                                                                                       |            |  |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

|                                                                                                                             |                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>RIVERSIDE RADIOLOGY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN                                | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span><br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto; text-align: center;">001</div> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><br>RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC | <b>D</b> Employer Identification Number (EIN)<br><br>31-0983140                                                                                                                                 |

**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 |          |
| CHARLES SCHWAB                                                                                             |          |
| 2400 E LINCOLN AVENUE                                                                                      |          |
| PHOENIX                                                                                                    | AZ 85016 |

|                                                                                                           |          |
|-----------------------------------------------------------------------------------------------------------|----------|
| (b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |          |
| TD AMERITRADE                                                                                             |          |
| PO BOX 2226                                                                                               |          |
| OMAHA                                                                                                     | NE 68103 |

|                                                                                                            |          |
|------------------------------------------------------------------------------------------------------------|----------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |          |
| SCOTTRADE                                                                                                  |          |
| 2575 EAST CAMELBACK ROAD                                                                                   |          |
| SUITE 150                                                                                                  |          |
| PHOENIX                                                                                                    | AZ 85016 |

|                                                                                                            |          |
|------------------------------------------------------------------------------------------------------------|----------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |          |
| MERRILL LYNCH                                                                                              |          |
| 4 WORLD FINANCIAL CENTER                                                                                   |          |
| 250 VESEY STREET                                                                                           |          |
| NEW YORK                                                                                                   | NY 10080 |

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Schedule C (Form 5500) 2009  
v.092308.1

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MORGAN STANLEY SMITH BARNEY  
26-4310632

---

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PNC BANK

600 GRANT STREET  
MAIL STOP P6-PUSX-36-1  
PITTSBURGH

PA 15219

---

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

RAYMOND JAMES

SOUTH LIMESTONE STREET

SPRINGFIELD

OH 45502

---

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

SECURIAN

400 ROBERT STREET NORTH

ST PAUL

MN 55101

---

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

STIFEL NICOLAUS & CO, INC.

501 NORTH BROADWAY

ST LOUIS

MO 63102

---

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

LPL FINANCIAL

9785 TOWNE CENTER DRIVE

SAN DIEGO

CA 92121

---

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

UBS FINANCIAL SERVICES

1285 AVENUE OF THE AMERICAS

NEW YORK

NY 10019

---

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

WACHOVIA SECURITIES

3948 TOWNSFAIR WAY  
SUITE 205  
COLUMBUS

OH 43219

---

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

**(b)** Service Code(s)

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

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

**(b)** Service Code(s)

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

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

**(b)** Service Code(s)

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

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

(b) Service Code(s)

| (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

(b) Service Code(s)

| (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

(b) Service Code(s)

| (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect<br>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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect<br>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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect<br>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. |                                              |
|                                                                     |                                                                                                                                                                    |                                              |

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2009 or fiscal plan year beginning <b>01/01/2009</b> and ending <b>12/31/2009</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><br>RIVERSIDE RADIOLOGY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN                                                                                                                                                                             | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>001</b>                                                                                                                                                                                                                    |                                                                                           |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><br>RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><br>31-0983140                                                                                                                                                                                                              |                                                                                           |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       | 399,633         |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| (1) Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1b(1)</b>    | 220,262               | 520,885         |
| (2) Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1b(2)</b>    | 88,338                | 83,758          |
| (3) Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(1)</b>    |                       | 7,956           |
| (2) U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(2)</b>    |                       |                 |
| (3) Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                       |                 |
| (A) Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(3)(A)</b> |                       |                 |
| (B) All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(3)(B)</b> |                       |                 |
| (4) Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                       |                 |
| (A) Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(4)(A)</b> |                       |                 |
| (B) Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(4)(B)</b> |                       |                 |
| (5) Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(5)</b>    | 153,586               |                 |
| (6) Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(6)</b>    | 270,921               | 285,386         |
| (7) Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(7)</b>    |                       |                 |
| (8) Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(8)</b>    |                       |                 |
| (9) Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(9)</b>    |                       |                 |
| (10) Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1c(10)</b>   |                       |                 |
| (11) Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(11)</b>   |                       |                 |
| (12) Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(12)</b>   |                       |                 |
| (13) Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(13)</b>   |                       | 1,237,179       |
| (14) Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(14)</b>   |                       | 298,020         |
| (15) Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(15)</b>   | 10,491,419            | 14,737,665      |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....    | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 11, 224, 526          | 17, 570, 482    |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                          |           |              |              |
|----------------------------------------------------------|-----------|--------------|--------------|
| <b>l</b> Net assets (subtract line 1k from line 1f)..... | <b>1l</b> | 11, 224, 526 | 17, 570, 482 |
|----------------------------------------------------------|-----------|--------------|--------------|

**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   |
|------------------------------------------------------------------------------------------------------------|-----------------|-------------|-------------|
| <b>a</b> <b>Contributions:</b>                                                                             |                 |             |             |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....                                         | <b>2a(1)(A)</b> | 2, 191, 548 |             |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1, 261, 102 |             |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 487         |             |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |             |             |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |             | 3, 453, 137 |
| <b>b</b> <b>Earnings on investments:</b>                                                                   |                 |             |             |
| (1) Interest:                                                                                              |                 |             |             |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |             |             |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |             |             |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |             |             |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |             |             |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |             |             |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |             |             |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |             | 0           |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |             |             |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |             |             |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 8, 054      |             |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |             | 8, 054      |
| (3) Rents.....                                                                                             | <b>2b(3)</b>    |             |             |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |             |             |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |             |             |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |             | 0           |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> | 14,465     |           |
| (B) Other.....                                                                                    | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 14,465    |
| (6) Net investment gain (loss) from common/collective trusts.....                                 | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                                 | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                         | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                               | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | (1,941)   |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            | 2,966,296 |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 6,440,011 |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b> | 93,835 |        |
| (2) To insurance carriers for the provision of benefits.....                               | <b>2e(2)</b> |        |        |
| (3) Other.....                                                                             | <b>2e(3)</b> |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |        | 93,835 |
| <b>f</b> Corrective distributions (see instructions).....                                  | <b>2f</b>    |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        |        |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        |        |
| <b>i</b> Administrative expenses: (1) Professional fees.....                               | <b>2i(1)</b> |        |        |
| (2) Contract administrator fees.....                                                       | <b>2i(2)</b> | 220    |        |
| (3) Investment advisory and management fees.....                                           | <b>2i(3)</b> |        |        |
| (4) Other.....                                                                             | <b>2i(4)</b> |        |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 220    |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 94,055 |

**Net Income and Reconciliation**

|                                                                               |              |  |           |
|-------------------------------------------------------------------------------|--------------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 6,345,956 |
| <b>l</b> Transfers of assets:                                                 |              |  |           |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |           |
| (2) From this plan.....                                                       | <b>2l(2)</b> |  |           |

**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: SS&G FINANCIAL SERVICES

(2) EIN: 34-1945695

**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  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> 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>b</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  |         |
| <b>c</b> 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  |         |
| <b>d</b> 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  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                        | X   |    | 500,000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |         |
| <b>g</b> 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  |         |
| <b>h</b> 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  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |         |
| <b>j</b> 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  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                             |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |         |
| <b>n</b> 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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

|                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                       | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| A Name of plan<br>RIVERSIDE RADIOLOGY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                 | B Three-digit plan number (PN) ► 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 | D Employer Identification Number (EIN)<br>31-0983140                                            |
| 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):<br>EIN(s): 65-1214236 31-0983140<br>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)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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:

|                                                                         |            |  |
|-------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                         | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                           | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

