

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010			
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 AND INTERVENTIONAL 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. 3525 OLENTANGY RIVER ROAD SUITE 5360 COLUMBUS, OH 43214	2b Employer Identification Number (EIN)	31-0983140	
	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.

SIGN HERE	Filed with authorized/valid electronic signature.	09/06/2011	SHELLEY PETERSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC. 3525 OLENTANGY RIVER ROAD SUITE 5360 COLUMBUS, OH 43214	3b Administrator's EIN 31-0983140 3c Administrator's telephone number 614-340-7747
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	215
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	171
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	31
d Subtotal. Add lines 6a , 6b , and 6c	6d	203
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	203
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	203
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	4

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2E 2F 2G 2J 2R 2T 3D

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
<div>A Name of plan</div> <div>RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div>	<div>001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500.</div> <div>RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>31-0983140</div>	

Part I	<div>Information Concerning Insurance Contract Coverage, Fees, and Commissions</div> <div>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.</div>
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1 Coverage Information:

<div>(a) Name of insurance carrier</div> <div>JACKSON NATIONAL LIFE</div>

(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	01/01/2010	12/31/2010

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.
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(a) Total amount of commissions paid	(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
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(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
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(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	

(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	

(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	

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** 353544**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** 298020**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 55524(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 55524**d** Total of balance and additions (add **b** and **c(6)**). **7d** 353544**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** 353544

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:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
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.	10b	
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. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010	
A Name of plan RIVERSIDE RADIOLOGY AND INTERVENTIONAL 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 RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC.	D Employer Identification Number (EIN) 31-0983140

Part I	Service Provider Information (see instructions)
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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

(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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan RIVERSIDE RADIOLOGY AND INTERVENTIONAL 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 RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC.	D Employer Identification Number (EIN) 31-0983140	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	399633	117534
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	520885	1104060
	(2) Participant contributions	1b(2)	83758	
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7956	80911
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)	285386	285585
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1237179	4065909
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	298020	353544
	(15) Other	1c(15)	14737665	17021887

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	17570482	23029430

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		200
i Acquisition indebtedness	1i		
j Other liabilities	1j		525
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	725

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	17570482	23028705
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2255864	
(B) Participants	2a(1)(B)	1286988	
(C) Others (including rollovers)	2a(1)(C)	702782	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4245634

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	33	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		33

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	75667	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		75667

(3) Rents	2b(3)		
-----------------	--------------	--	--

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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	199	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		199
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		410257
c Other income.....	2c		1814323
d Total income. Add all income amounts in column (b) and enter total.....	2d		6546113

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1084703	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1084703
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	2562	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	625	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3187
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1087890

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5458223
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: 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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>65-1214236</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

FINANCIAL
STATEMENTS

FOR THE
YEARS ENDED
DECEMBER 31, 2010
AND 2009

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

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Independent Auditors' Report

Columbus Office
300 Spruce Street
Suite 250
Columbus, OH 43215
614-488-3126
fax: 614-488-0095
www.SSandG.com

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

We have audited the accompanying statements of net assets available for benefits of the Riverside Radiology and Interventional Associates, Inc. 401(k) Profit Sharing Plan (the Plan) as of December 31, 2010 and 2009, 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 and Interventional Associates, Inc. 401(k) Profit Sharing Plan as of December 31, 2010 and 2009, 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, 2010 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
August 23, 2011

**Providing the
services that
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OSCPA, PCOAB, the AICPA's
Center for Audit Quality, and
The Leading Edge Alliance

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2010	2009
ASSETS		
INVESTMENTS (See Note D)	\$ 21,807,836	\$ 16,533,727
CONTRIBUTION RECEIVABLES		
Employer - safe harbor contribution	-	29,361
Employer - discretionary	1,104,060	491,524
Participant	-	83,758
	<u>1,104,060</u>	<u>604,643</u>
CASH AND CASH EQUIVALENTS	<u>117,534</u>	<u>432,112</u>
	23,029,430	17,570,482
LIABILITIES		
ACCOUNTS PAYABLE	<u>725</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 23,028,705</u></u>	<u><u>\$ 17,570,482</u></u>

See accompanying notes to financial statements.

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2010	2009
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Interest and dividends	\$ 398,697	\$ 379,076
Net appreciation in fair value of investments	1,901,782	2,607,798
	<u>2,300,479</u>	<u>2,986,874</u>
Contributions:		
Employer	2,255,864	2,191,548
Participant	1,286,988	1,261,102
Rollover	702,782	487
	<u>4,245,634</u>	<u>3,453,137</u>
Total additions	6,546,113	6,440,011
DEDUCTIONS FROM NET ASSETS		
ATTRIBUTED TO:		
Benefits paid to participants	1,084,703	93,835
Administrative expenses	3,187	220
Total deductions	<u>1,087,890</u>	<u>94,055</u>
NET INCREASE	5,458,223	6,345,956
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>17,570,482</u>	<u>11,224,526</u>
End of year	<u>\$ 23,028,705</u>	<u>\$ 17,570,482</u>

See accompanying notes to financial statements.

RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC.

401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - Description of plan

The following description of the Riverside Radiology and Interventional 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. Non-leased employees may 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).

Plan amendments

Effective January 1, 2010 the Plan was amended by changing the Plan name to Riverside Radiology and Interventional Associates, Inc. 401(k) Profit Sharing Plan, in lieu of Riverside Radiology Associates, Inc. 401(k) Profit Sharing Plan.

Effective September 27, 2010 the Plan was amended to allow in-service distributions prior to normal retirement age from all accounts except the transfer account but only for the purposes of in-plan Roth rollovers. During 2010, \$380,903 of in-plan Roth rollover conversions occurred, which are included in rollover contributions and benefits paid to participants on the statements of changes in net assets available for benefits.

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'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 totaling \$588,689 and \$582,445 during 2010 and 2009, respectively.

The Company may make two separate discretionary contributions, a discretionary matching contribution equal to a uniform percentage of participant deferrals and a discretionary profit sharing contribution equal to a uniform percentage of participant compensation. Participants share in the discretionary contributions regardless of the amount of service completed by participants during the Plan year. During both 2010 and 2009 the Company did not make discretionary matching contributions. During 2010 and 2009, respectively, the Company made discretionary profit sharing contributions of \$1,667,175 and \$1,609,103.

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.

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

NOTES TO FINANCIAL STATEMENTS

NOTE A - Description of plan (continued)

Participant accounts (continued)

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 manage self-directed brokerage accounts.

Financial hardship withdrawals

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

Payment of benefits

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 or those electing to make an in-plan Roth rollover. 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. As of December 31, 2010 and 2009, forfeited amounts available to reduce employer contributions totaled \$5,508 and \$-0-, respectively. For the plan years ended December 31, 2010 and 2009 none of the forfeited nonvested accounts was applied to reduce employer contributions.

Vesting

Participants are immediately vested in their deferral contributions, rollover contributions and safe harbor contributions plus actual earnings thereon. Vesting in the Plan sponsor's discretionary matching and profit sharing contributions plus actual earnings thereon is based on years of service. A participant is 100% vested in the discretionary contributions after three years of credited service, as defined in the plan document and 0% vested with less than three years of credited service.

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 January 2010, the FASB issued Accounting Standards Update 2010-06, Improving Disclosures about Fair Value Measurements (ASU 2010-06). ASU 2010-06 amended ASC 820 to clarify certain existing fair value disclosures and requires a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented.

RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC.

401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE B - Summary of significant accounting policies (continued)

Recent accounting pronouncements (continued)

ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2, and 3 of the fair value hierarchy and presented information regarding the purchases, sales, issuances, and settlements of Level 3 assets and liabilities on a gross basis. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011, the guidance in ASU 2010-06 becomes effective for reporting periods beginning after December 15, 2009. Adoption of ASU 2010-06 did not have a material effect on the Plan's net assets available for benefits or changes in 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 \$13,705 and \$16,984 as of December 31, 2010 and 2009, respectively. The provisions also include a recapture fee of \$3,873 and \$7,409 as of December 31, 2010 and 2009, respectively. 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.

Payment of benefits

Benefits are recorded when paid.

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.

Risks and uncertainties

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

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.

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

NOTES TO FINANCIAL STATEMENTS

NOTE B - Summary of significant accounting policies (continued)

Events occurring after reporting date

The Plan has evaluated events and transactions that occurred between January 1, 2011 and August 23, 2011 which is the date that the financial statements were available to be issued for possible recognition or disclosure in the 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>2010</u>	<u>2009</u>
Schwab Money Market Fund	\$ 1,268,535	\$ 892,075

During 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$1,901,782 and \$2,607,798, respectively.

	<u>2010</u>	<u>2009</u>
Mutual funds, exchange traded funds, index-linked notes, fixed income bonds, large cap unit investment trusts, common and preferred stock	\$ 1,846,059	\$ 2,542,401
Variable annuity	55,524	64,468
Real estate investment trust	199	4,465
Limited partnership	-	(3,536)
	<u>\$ 1,901,782</u>	<u>\$ 2,607,798</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.

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

NOTES TO FINANCIAL STATEMENTS

NOTE D - Fair value measurements (continued)

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- 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, 2010 and 2009.

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 1/12th of 10% of the shares outstanding as of the prior calendar year-end. Unfunded commitments as of December 31, 2010 and 2009 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.

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

NOTES TO FINANCIAL STATEMENTS

NOTE D - Fair value measurements (continued)

The methods described 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Fair Value Measurements at Reporting Date Using			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Money market funds	\$ 2,654,280	\$ -	\$ -	\$ 2,654,280
World allocation funds	1,436,383	-	-	1,436,383
Large growth funds	1,244,549	-	-	1,244,549
Other funds	<u>13,967,042</u>	<u>-</u>	<u>-</u>	<u>13,967,042</u>
Total mutual funds	19,302,254	-	-	19,302,254
Common stock:				
Technology stocks	222,856	-	-	222,856
Basic materials stocks	151,902	-	-	151,902
Financial stocks	149,612	-	-	149,612
Services stocks	146,935	-	-	146,935
Consumer goods stocks	130,016	-	-	130,016
Utilities stocks	113,767	-	-	113,767
Industrial goods stocks	71,941	-	-	71,941
Conglomerate stocks	65,817	-	-	65,817
Other stocks	<u>37,089</u>	<u>-</u>	<u>-</u>	<u>37,089</u>
Total common stock	1,089,935	-	-	1,089,935
Preferred stock:				
Financial stocks	33,528	-	-	33,528
Exchange traded funds:				
Large growth funds	167,927	-	-	167,927
Large value funds	154,173	-	-	154,173
Latin American stock funds	38,720	-	-	38,720
Other funds	<u>316,800</u>	<u>-</u>	<u>-</u>	<u>316,800</u>
Total exchange traded funds	677,620	-	-	677,620
Certificates of deposit	55,700	-	-	55,700
Large cap unit investment trust	9,670	-	-	9,670
Variable annuity	-	353,544	-	353,544
Real estate investment trust	<u>-</u>	<u>-</u>	<u>285,585</u>	<u>285,585</u>
Balance at December 31, 2010	<u>\$ 21,168,707</u>	<u>\$ 353,544</u>	<u>\$ 285,585</u>	<u>\$ 21,807,836</u>

RIVERSIDE RADIOLOGY AND INTERVENTIONAL 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, 2010:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)	
	<hr/>	
	Real Estate Investment Trust	
	<hr/>	
Balance, beginning of year	\$	285,386
Unrealized gains (losses) relating to instruments still held at the reporting date		199
Balance, end of year	\$	<hr/> 285,585 <hr/>

RIVERSIDE RADIOLOGY AND INTERVENTIONAL 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	2,274,241	-	-	2,274,241
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	107,214	-	-	107,214
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	26,364	-	-	26,364
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	22,580	-	-	22,580
Total index-linked notes	48,380	-	-	48,380

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

NOTES TO FINANCIAL STATEMENTS

NOTE D - Fair value measurements (continued)

	Fair Value Measurements at Reporting Date Using (continued)			
	Level 1	Level 2	Level 3	Total
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:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)		
	Real Estate Investment Trust	Limited Partnership	Total
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>

NOTE E - 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.

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

NOTES TO FINANCIAL STATEMENTS

NOTE E - Income tax status (continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the tax authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The open audit periods are 2007 through 2009 plus the current 2010 tax year.

NOTE F - 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.

NOTE G - 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 AND INTERVENTIONAL 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, 2010

(a)	(b) Identity of Issue, <u>Borrower, Lessor, or Similar Party</u>	(c) Description of investment, including maturity <u>date, rate of interest, collateral, par or maturity value</u>	(d) Cost	(e) Current <u>Value</u>
*	Various Brokers	Self Directed Brokerage Accounts	**	\$21,168,707
*	Jackson National Life Insurance Company	Insurance Contract	**	353,544
*	Hines Real Estate Investment Trust, Inc.	Real Estate Investment Trust	**	<u>285,585</u>
				<u>\$21,807,836</u>
*	Party in interest to the Plan			
**	Not required for participant directed investments			

See independent auditors' report.

Form 5500Department 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 4085 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**2010****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

- 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 AND INTERVENTIONAL 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
COLUMBUS

OH 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.

SIGN
HERE

Signature of plan administrator

8/30/11

Date

Kell. Lieb

Enter name of individual signing as plan administrator

SIGN
HERE

Signature of employer/plan sponsor

Date

Enter name of individual signing as employer or plan sponsor

SIGN
HERE

Signature of DFE

Date

Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 215
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).	
a Active participants.....	6a 171
b Retired or separated participants receiving benefits.....	6b 1
c Other retired or separated participants entitled to future benefits.....	6c 31
d Subtotal. Add lines 6a , 6b , and 6c	6d 203
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 203
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 203
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> 2A 2E 2F 2G 2J 2R 2T 3D </div>	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	

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

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection</div>			
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010					
A Name of plan		B Three-digit plan number (PN) ► 001			
RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC. 401(K) PSP					
C Plan sponsor's name as shown on line 2a of Form 5500.		D Employer Identification Number (EIN)			
RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC		31-0983140			
Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions 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	01/01/2010	12/31/2010
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.					
(a) Total amount of commissions paid			(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				
	(c) Amount	(d) Purpose		(e) Organization code	
(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				
	(c) Amount	(d) Purpose		(e) Organization code	

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

Schedule A (Form 5500) 2010 v.092308.1

(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	

(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	

(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	

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	353,544
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..... Specify nature of costs ▶	6d	

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	298,020
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c Additions: (1) Contributions deposited during the year	7c(1)		55,524
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)..... ▶	7c(5)		

(6) Total additions	7c(6)	55,524
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d Total of balance and additions (add b and c(6))	7d	353,544
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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
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f Balance at the end of the current year (subtract e(5) from d)	7f	353,544
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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:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
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.....	10b	

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. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

A Name of plan	B Three-digit plan number (PN) ▶	001
RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC. 401(K) PSP		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC	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

(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

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

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

(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

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

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)

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

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

(b) Service Code(s)

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

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

(b) Service Code(s)

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

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

(b) Service Code(s)

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

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

(b) Service Code(s)

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

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

(b) Service Code(s)

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

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC. 401(K)		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC		D Employer Identification Number (EIN) 31-0983140

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	399,633	117,534
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	520,885	1,104,060
(2) Participant contributions	1b(2)	83,758	
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7,956	80,911
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	285,386	285,585
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1,237,179	4,065,909
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	298,020	353,544
(15) Other	1c(15)	14,737,665	17,021,887

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	17,570,482	23,029,430

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		200
i Acquisition indebtedness	1i		
j Other liabilities.....	1j		525
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	725

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	17,570,482	23,028,705
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	2,255,864	
(B) Participants	2a(1)(B)	1,286,988	
(C) Others (including rollovers).....	2a(1)(C)	702,782	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4,245,634
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	33	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		33
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	75,667	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		75,667
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	199	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		199
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		410, 257
c Other income.....	2c		1, 814, 323
d Total income. Add all income amounts in column (b) and enter total.....	2d		6, 546, 113

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1, 084, 703	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1, 084, 703
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	2, 562	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	625	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3, 187
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1, 087, 890

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5, 458, 223
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: 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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2010 This Form is Open to Public Inspection.			
	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010				
	<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:65%; vertical-align: top;">A Name of plan RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC. 401(K)</td><td style="width:35%; vertical-align: top;">B Three-digit plan number (PN) ▶ 001</td></tr><tr><td style="vertical-align: top;">C Plan sponsor's name as shown on line 2a of Form 5500 RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC</td><td style="vertical-align: top;">D Employer Identification Number (EIN) 31-0983140</td></tr></table>		A Name of plan RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC. 401(K)	B Three-digit plan number (PN) ▶ 001	C Plan sponsor's name as shown on line 2a of Form 5500 RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC
A Name of plan RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC. 401(K)	B Three-digit plan number (PN) ▶ 001				
C Plan sponsor's name as shown on line 2a of Form 5500 RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC	D Employer Identification Number (EIN) 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):
EIN(s): 65-1214236

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FINANCIAL
STATEMENTS

FOR THE
YEARS ENDED
DECEMBER 31, 2010
AND 2009

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

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Independent Auditors' Report

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Suite 250
Columbus, OH 43215
614-488-3126
fax: 614-488-0095
www.SSandG.com

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

We have audited the accompanying statements of net assets available for benefits of the Riverside Radiology and Interventional Associates, Inc. 401(k) Profit Sharing Plan (the Plan) as of December 31, 2010 and 2009, 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 and Interventional Associates, Inc. 401(k) Profit Sharing Plan as of December 31, 2010 and 2009, 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, 2010 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.



CERTIFIED PUBLIC ACCOUNTANTS
Columbus, Ohio
August 23, 2011

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Center for Audit Quality, and
The Leading Edge Alliance

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2010	2009
ASSETS		
INVESTMENTS (See Note D)	\$ 21,807,836	\$ 16,533,727
CONTRIBUTION RECEIVABLES		
Employer - safe harbor contribution	-	29,361
Employer - discretionary	1,104,060	491,524
Participant	-	83,758
	<u>1,104,060</u>	<u>604,643</u>
CASH AND CASH EQUIVALENTS	<u>117,534</u>	<u>432,112</u>
	23,029,430	17,570,482
LIABILITIES		
ACCOUNTS PAYABLE	<u>725</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 23,028,705</u></u>	<u><u>\$ 17,570,482</u></u>

See accompanying notes to financial statements.

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2010	2009
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Interest and dividends	\$ 398,697	\$ 379,076
Net appreciation in fair value of investments	1,901,782	2,607,798
	<u>2,300,479</u>	<u>2,986,874</u>
Contributions:		
Employer	2,255,864	2,191,548
Participant	1,286,988	1,261,102
Rollover	702,782	487
	<u>4,245,634</u>	<u>3,453,137</u>
Total additions	6,546,113	6,440,011
DEDUCTIONS FROM NET ASSETS		
ATTRIBUTED TO:		
Benefits paid to participants	1,084,703	93,835
Administrative expenses	3,187	220
Total deductions	<u>1,087,890</u>	<u>94,055</u>
NET INCREASE	5,458,223	6,345,956
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>17,570,482</u>	<u>11,224,526</u>
End of year	<u>\$ 23,028,705</u>	<u>\$ 17,570,482</u>

See accompanying notes to financial statements.

RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC.

401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - Description of plan

The following description of the Riverside Radiology and Interventional 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. Non-leased employees may 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).

Plan amendments

Effective January 1, 2010 the Plan was amended by changing the Plan name to Riverside Radiology and Interventional Associates, Inc. 401(k) Profit Sharing Plan, in lieu of Riverside Radiology Associates, Inc. 401(k) Profit Sharing Plan.

Effective September 27, 2010 the Plan was amended to allow in-service distributions prior to normal retirement age from all accounts except the transfer account but only for the purposes of in-plan Roth rollovers. During 2010, \$380,903 of in-plan Roth rollover conversions occurred, which are included in rollover contributions and benefits paid to participants on the statements of changes in net assets available for benefits.

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'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 totaling \$588,689 and \$582,445 during 2010 and 2009, respectively.

The Company may make two separate discretionary contributions, a discretionary matching contribution equal to a uniform percentage of participant deferrals and a discretionary profit sharing contribution equal to a uniform percentage of participant compensation. Participants share in the discretionary contributions regardless of the amount of service completed by participants during the Plan year. During both 2010 and 2009 the Company did not make discretionary matching contributions. During 2010 and 2009, respectively, the Company made discretionary profit sharing contributions of \$1,667,175 and \$1,609,103.

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.

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

NOTES TO FINANCIAL STATEMENTS

NOTE A - Description of plan (continued)

Participant accounts (continued)

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 manage self-directed brokerage accounts.

Financial hardship withdrawals

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

Payment of benefits

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 or those electing to make an in-plan Roth rollover. 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. As of December 31, 2010 and 2009, forfeited amounts available to reduce employer contributions totaled \$5,508 and \$-0-, respectively. For the plan years ended December 31, 2010 and 2009 none of the forfeited nonvested accounts was applied to reduce employer contributions.

Vesting

Participants are immediately vested in their deferral contributions, rollover contributions and safe harbor contributions plus actual earnings thereon. Vesting in the Plan sponsor's discretionary matching and profit sharing contributions plus actual earnings thereon is based on years of service. A participant is 100% vested in the discretionary contributions after three years of credited service, as defined in the plan document and 0% vested with less than three years of credited service.

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 January 2010, the FASB issued Accounting Standards Update 2010-06, Improving Disclosures about Fair Value Measurements (ASU 2010-06). ASU 2010-06 amended ASC 820 to clarify certain existing fair value disclosures and requires a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented.

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

NOTES TO FINANCIAL STATEMENTS

NOTE B - Summary of significant accounting policies (continued)

Recent accounting pronouncements (continued)

ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2, and 3 of the fair value hierarchy and presented information regarding the purchases, sales, issuances, and settlements of Level 3 assets and liabilities on a gross basis. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011, the guidance in ASU 2010-06 becomes effective for reporting periods beginning after December 15, 2009. Adoption of ASU 2010-06 did not have a material effect on the Plan's net assets available for benefits or changes in 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 \$13,705 and \$16,984 as of December 31, 2010 and 2009, respectively. The provisions also include a recapture fee of \$3,873 and \$7,409 as of December 31, 2010 and 2009, respectively. 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.

Payment of benefits

Benefits are recorded when paid.

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.

Risks and uncertainties

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

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.

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

NOTES TO FINANCIAL STATEMENTS

NOTE B - Summary of significant accounting policies (continued)

Events occurring after reporting date

The Plan has evaluated events and transactions that occurred between January 1, 2011 and August 23, 2011 which is the date that the financial statements were available to be issued for possible recognition or disclosure in the 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>2010</u>	<u>2009</u>
Schwab Money Market Fund	\$ 1,268,535	\$ 892,075

During 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$1,901,782 and \$2,607,798, respectively.

	<u>2010</u>	<u>2009</u>
Mutual funds, exchange traded funds, index-linked notes, fixed income bonds, large cap unit investment trusts, common and preferred stock	\$ 1,846,059	\$ 2,542,401
Variable annuity	55,524	64,468
Real estate investment trust	199	4,465
Limited partnership	-	(3,536)
	<u>\$ 1,901,782</u>	<u>\$ 2,607,798</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.

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

NOTES TO FINANCIAL STATEMENTS

NOTE D - Fair value measurements (continued)

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- 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, 2010 and 2009.

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 1/12th of 10% of the shares outstanding as of the prior calendar year-end. Unfunded commitments as of December 31, 2010 and 2009 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.

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

NOTES TO FINANCIAL STATEMENTS

NOTE D - Fair value measurements (continued)

The methods described 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Fair Value Measurements at Reporting Date Using			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Money market funds	\$ 2,654,280	\$ -	\$ -	\$ 2,654,280
World allocation funds	1,436,383	-	-	1,436,383
Large growth funds	1,244,549	-	-	1,244,549
Other funds	<u>13,967,042</u>	<u>-</u>	<u>-</u>	<u>13,967,042</u>
Total mutual funds	19,302,254	-	-	19,302,254
Common stock:				
Technology stocks	222,856	-	-	222,856
Basic materials stocks	151,902	-	-	151,902
Financial stocks	149,612	-	-	149,612
Services stocks	146,935	-	-	146,935
Consumer goods stocks	130,016	-	-	130,016
Utilities stocks	113,767	-	-	113,767
Industrial goods stocks	71,941	-	-	71,941
Conglomerate stocks	65,817	-	-	65,817
Other stocks	<u>37,089</u>	<u>-</u>	<u>-</u>	<u>37,089</u>
Total common stock	1,089,935	-	-	1,089,935
Preferred stock:				
Financial stocks	33,528	-	-	33,528
Exchange traded funds:				
Large growth funds	167,927	-	-	167,927
Large value funds	154,173	-	-	154,173
Latin American stock funds	38,720	-	-	38,720
Other funds	<u>316,800</u>	<u>-</u>	<u>-</u>	<u>316,800</u>
Total exchange traded funds	677,620	-	-	677,620
Certificates of deposit	55,700	-	-	55,700
Large cap unit investment trust	9,670	-	-	9,670
Variable annuity	-	353,544	-	353,544
Real estate investment trust	-	-	285,585	285,585
Balance at December 31, 2010	<u>\$ 21,168,707</u>	<u>\$ 353,544</u>	<u>\$ 285,585</u>	<u>\$ 21,807,836</u>

RIVERSIDE RADIOLOGY AND INTERVENTIONAL 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, 2010:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)	
	<hr/>	
	Real Estate Investment Trust	
	<hr/>	
Balance, beginning of year	\$	285,386
Unrealized gains (losses) relating to instruments still held at the reporting date		199
Balance, end of year	\$	<hr/> 285,585 <hr/>

RIVERSIDE RADIOLOGY AND INTERVENTIONAL 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	2,274,241	-	-	2,274,241
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	107,214	-	-	107,214
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	26,364	-	-	26,364
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	22,580	-	-	22,580
Total index-linked notes	48,380	-	-	48,380

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

NOTES TO FINANCIAL STATEMENTS

NOTE D - Fair value measurements (continued)

	Fair Value Measurements at Reporting Date Using (continued)			
	Level 1	Level 2	Level 3	Total
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:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)		
	Real Estate Investment Trust	Limited Partnership	Total
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>

NOTE E - 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.

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

NOTES TO FINANCIAL STATEMENTS

NOTE E - Income tax status (continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the tax authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The open audit periods are 2007 through 2009 plus the current 2010 tax year.

NOTE F - 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.

NOTE G - 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 AND INTERVENTIONAL 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, 2010

<u>(a)</u>	<u>(b) Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
*	Various Brokers	Self Directed Brokerage Accounts	**	\$21,168,707
*	Jackson National Life Insurance Company	Insurance Contract	**	353,544
*	Hines Real Estate Investment Trust, Inc.	Real Estate Investment Trust	**	<u>285,585</u>
				<u>\$21,807,836</u>
*	Party in interest to the Plan			
**	Not required for participant directed investments			

See independent auditors' report.

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

FINANCIAL
STATEMENTS

FOR THE
YEARS ENDED
DECEMBER 31, 2010
AND 2009

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

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Independent Auditors' Report**Columbus Office**

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

We have audited the accompanying statements of net assets available for benefits of the Riverside Radiology and Interventional Associates, Inc. 401(k) Profit Sharing Plan (the Plan) as of December 31, 2010 and 2009, 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 and Interventional Associates, Inc. 401(k) Profit Sharing Plan as of December 31, 2010 and 2009, 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, 2010 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.



CERTIFIED PUBLIC ACCOUNTANTS
Columbus, Ohio
August 23, 2011

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2010	2009
ASSETS		
INVESTMENTS (See Note D)	\$ 21,807,836	\$ 16,533,727
CONTRIBUTION RECEIVABLES		
Employer - safe harbor contribution	-	29,361
Employer - discretionary	1,104,060	491,524
Participant	-	83,758
	<u>1,104,060</u>	<u>604,643</u>
CASH AND CASH EQUIVALENTS	<u>117,534</u>	<u>432,112</u>
	23,029,430	17,570,482
LIABILITIES		
ACCOUNTS PAYABLE	<u>725</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 23,028,705</u></u>	<u><u>\$ 17,570,482</u></u>

See accompanying notes to financial statements.

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2010	2009
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Interest and dividends	\$ 398,697	\$ 379,076
Net appreciation in fair value of investments	1,901,782	2,607,798
	<u>2,300,479</u>	<u>2,986,874</u>
Contributions:		
Employer	2,255,864	2,191,548
Participant	1,286,988	1,261,102
Rollover	702,782	487
	<u>4,245,634</u>	<u>3,453,137</u>
Total additions	6,546,113	6,440,011
DEDUCTIONS FROM NET ASSETS		
ATTRIBUTED TO:		
Benefits paid to participants	1,084,703	93,835
Administrative expenses	3,187	220
Total deductions	<u>1,087,890</u>	<u>94,055</u>
NET INCREASE	5,458,223	6,345,956
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>17,570,482</u>	<u>11,224,526</u>
End of year	<u>\$ 23,028,705</u>	<u>\$ 17,570,482</u>

See accompanying notes to financial statements.

RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC.

401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - Description of plan

The following description of the Riverside Radiology and Interventional 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. Non-leased employees may 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).

Plan amendments

Effective January 1, 2010 the Plan was amended by changing the Plan name to Riverside Radiology and Interventional Associates, Inc. 401(k) Profit Sharing Plan, in lieu of Riverside Radiology Associates, Inc. 401(k) Profit Sharing Plan.

Effective September 27, 2010 the Plan was amended to allow in-service distributions prior to normal retirement age from all accounts except the transfer account but only for the purposes of in-plan Roth rollovers. During 2010, \$380,903 of in-plan Roth rollover conversions occurred, which are included in rollover contributions and benefits paid to participants on the statements of changes in net assets available for benefits.

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'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 totaling \$588,689 and \$582,445 during 2010 and 2009, respectively.

The Company may make two separate discretionary contributions, a discretionary matching contribution equal to a uniform percentage of participant deferrals and a discretionary profit sharing contribution equal to a uniform percentage of participant compensation. Participants share in the discretionary contributions regardless of the amount of service completed by participants during the Plan year. During both 2010 and 2009 the Company did not make discretionary matching contributions. During 2010 and 2009, respectively, the Company made discretionary profit sharing contributions of \$1,667,175 and \$1,609,103.

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.

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

NOTES TO FINANCIAL STATEMENTS

NOTE A - Description of plan (continued)

Participant accounts (continued)

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 manage self-directed brokerage accounts.

Financial hardship withdrawals

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

Payment of benefits

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 or those electing to make an in-plan Roth rollover. 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. As of December 31, 2010 and 2009, forfeited amounts available to reduce employer contributions totaled \$5,508 and \$-0-, respectively. For the plan years ended December 31, 2010 and 2009 none of the forfeited nonvested accounts was applied to reduce employer contributions.

Vesting

Participants are immediately vested in their deferral contributions, rollover contributions and safe harbor contributions plus actual earnings thereon. Vesting in the Plan sponsor's discretionary matching and profit sharing contributions plus actual earnings thereon is based on years of service. A participant is 100% vested in the discretionary contributions after three years of credited service, as defined in the plan document and 0% vested with less than three years of credited service.

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 January 2010, the FASB issued Accounting Standards Update 2010-06, Improving Disclosures about Fair Value Measurements (ASU 2010-06). ASU 2010-06 amended ASC 820 to clarify certain existing fair value disclosures and requires a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented.

RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC.

401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE B - Summary of significant accounting policies (continued)

Recent accounting pronouncements (continued)

ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2, and 3 of the fair value hierarchy and presented information regarding the purchases, sales, issuances, and settlements of Level 3 assets and liabilities on a gross basis. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011, the guidance in ASU 2010-06 becomes effective for reporting periods beginning after December 15, 2009. Adoption of ASU 2010-06 did not have a material effect on the Plan's net assets available for benefits or changes in 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 \$13,705 and \$16,984 as of December 31, 2010 and 2009, respectively. The provisions also include a recapture fee of \$3,873 and \$7,409 as of December 31, 2010 and 2009, respectively. 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.

Payment of benefits

Benefits are recorded when paid.

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.

Risks and uncertainties

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

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.

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

NOTES TO FINANCIAL STATEMENTS

NOTE B - Summary of significant accounting policies (continued)

Events occurring after reporting date

The Plan has evaluated events and transactions that occurred between January 1, 2011 and August 23, 2011 which is the date that the financial statements were available to be issued for possible recognition or disclosure in the 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>2010</u>	<u>2009</u>
Schwab Money Market Fund	\$ 1,268,535	\$ 892,075

During 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$1,901,782 and \$2,607,798, respectively.

	<u>2010</u>	<u>2009</u>
Mutual funds, exchange traded funds, index-linked notes, fixed income bonds, large cap unit investment trusts, common and preferred stock	\$ 1,846,059	\$ 2,542,401
Variable annuity	55,524	64,468
Real estate investment trust	199	4,465
Limited partnership	-	(3,536)
	<u>\$ 1,901,782</u>	<u>\$ 2,607,798</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.

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

NOTES TO FINANCIAL STATEMENTS

NOTE D - Fair value measurements (continued)

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- 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, 2010 and 2009.

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 1/12th of 10% of the shares outstanding as of the prior calendar year-end. Unfunded commitments as of December 31, 2010 and 2009 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.

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

NOTES TO FINANCIAL STATEMENTS

NOTE D - Fair value measurements (continued)

The methods described 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Fair Value Measurements at Reporting Date Using			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Money market funds	\$ 2,654,280	\$ -	\$ -	\$ 2,654,280
World allocation funds	1,436,383	-	-	1,436,383
Large growth funds	1,244,549	-	-	1,244,549
Other funds	<u>13,967,042</u>	<u>-</u>	<u>-</u>	<u>13,967,042</u>
Total mutual funds	19,302,254	-	-	19,302,254
Common stock:				
Technology stocks	222,856	-	-	222,856
Basic materials stocks	151,902	-	-	151,902
Financial stocks	149,612	-	-	149,612
Services stocks	146,935	-	-	146,935
Consumer goods stocks	130,016	-	-	130,016
Utilities stocks	113,767	-	-	113,767
Industrial goods stocks	71,941	-	-	71,941
Conglomerate stocks	65,817	-	-	65,817
Other stocks	<u>37,089</u>	<u>-</u>	<u>-</u>	<u>37,089</u>
Total common stock	1,089,935	-	-	1,089,935
Preferred stock:				
Financial stocks	33,528	-	-	33,528
Exchange traded funds:				
Large growth funds	167,927	-	-	167,927
Large value funds	154,173	-	-	154,173
Latin American stock funds	38,720	-	-	38,720
Other funds	<u>316,800</u>	<u>-</u>	<u>-</u>	<u>316,800</u>
Total exchange traded funds	677,620	-	-	677,620
Certificates of deposit	55,700	-	-	55,700
Large cap unit investment trust	9,670	-	-	9,670
Variable annuity	-	353,544	-	353,544
Real estate investment trust	-	-	285,585	285,585
Balance at December 31, 2010	<u>\$ 21,168,707</u>	<u>\$ 353,544</u>	<u>\$ 285,585</u>	<u>\$ 21,807,836</u>

RIVERSIDE RADIOLOGY AND INTERVENTIONAL 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, 2010:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)
	Real Estate Investment Trust
Balance, beginning of year	\$ 285,386
Unrealized gains (losses) relating to instruments still held at the reporting date	199
Balance, end of year	<u>\$ 285,585</u>

RIVERSIDE RADIOLOGY AND INTERVENTIONAL 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	2,274,241	-	-	2,274,241
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	107,214	-	-	107,214
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	26,364	-	-	26,364
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	22,580	-	-	22,580
Total index-linked notes	48,380	-	-	48,380

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

NOTES TO FINANCIAL STATEMENTS

NOTE D - Fair value measurements (continued)

	Fair Value Measurements at Reporting Date Using (continued)			
	Level 1	Level 2	Level 3	Total
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:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)		
	Real Estate Investment Trust	Limited Partnership	Total
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>

NOTE E - 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.

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

NOTES TO FINANCIAL STATEMENTS

NOTE E - Income tax status (continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the tax authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The open audit periods are 2007 through 2009 plus the current 2010 tax year.

NOTE F - 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.

NOTE G - 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 AND INTERVENTIONAL 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, 2010

<u>(a)</u>	<u>(b) Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
*	Various Brokers	Self Directed Brokerage Accounts	**	\$21,168,707
*	Jackson National Life Insurance Company	Insurance Contract	**	353,544
*	Hines Real Estate Investment Trust, Inc.	Real Estate Investment Trust	**	<u>285,585</u>
				<u>\$21,807,836</u>
*	Party in interest to the Plan			
**	Not required for participant directed investments			

See independent auditors' report.

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

FINANCIAL
STATEMENTS

FOR THE
YEARS ENDED
DECEMBER 31, 2010
AND 2009

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

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Independent Auditors' Report

Columbus Office
300 Spruce Street
Suite 250
Columbus, OH 43215
614-488-3126
fax: 614-488-0095
www.SSandG.com

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

We have audited the accompanying statements of net assets available for benefits of the Riverside Radiology and Interventional Associates, Inc. 401(k) Profit Sharing Plan (the Plan) as of December 31, 2010 and 2009, 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 and Interventional Associates, Inc. 401(k) Profit Sharing Plan as of December 31, 2010 and 2009, 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, 2010 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
August 23, 2011

**Providing the
services that
bring solutions**

member of:
OSCPA, PCOAB, the AICPA's
Center for Audit Quality, and
The Leading Edge Alliance

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2010	2009
ASSETS		
INVESTMENTS (See Note D)	\$ 21,807,836	\$ 16,533,727
CONTRIBUTION RECEIVABLES		
Employer - safe harbor contribution	-	29,361
Employer - discretionary	1,104,060	491,524
Participant	-	83,758
	<u>1,104,060</u>	<u>604,643</u>
CASH AND CASH EQUIVALENTS	<u>117,534</u>	<u>432,112</u>
	23,029,430	17,570,482
LIABILITIES		
ACCOUNTS PAYABLE	<u>725</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 23,028,705</u></u>	<u><u>\$ 17,570,482</u></u>

See accompanying notes to financial statements.

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2010	2009
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Interest and dividends	\$ 398,697	\$ 379,076
Net appreciation in fair value of investments	1,901,782	2,607,798
	<u>2,300,479</u>	<u>2,986,874</u>
Contributions:		
Employer	2,255,864	2,191,548
Participant	1,286,988	1,261,102
Rollover	702,782	487
	<u>4,245,634</u>	<u>3,453,137</u>
Total additions	6,546,113	6,440,011
DEDUCTIONS FROM NET ASSETS		
ATTRIBUTED TO:		
Benefits paid to participants	1,084,703	93,835
Administrative expenses	3,187	220
Total deductions	<u>1,087,890</u>	<u>94,055</u>
NET INCREASE	5,458,223	6,345,956
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>17,570,482</u>	<u>11,224,526</u>
End of year	<u>\$ 23,028,705</u>	<u>\$ 17,570,482</u>

See accompanying notes to financial statements.

RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC.

401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - Description of plan

The following description of the Riverside Radiology and Interventional 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. Non-leased employees may 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).

Plan amendments

Effective January 1, 2010 the Plan was amended by changing the Plan name to Riverside Radiology and Interventional Associates, Inc. 401(k) Profit Sharing Plan, in lieu of Riverside Radiology Associates, Inc. 401(k) Profit Sharing Plan.

Effective September 27, 2010 the Plan was amended to allow in-service distributions prior to normal retirement age from all accounts except the transfer account but only for the purposes of in-plan Roth rollovers. During 2010, \$380,903 of in-plan Roth rollover conversions occurred, which are included in rollover contributions and benefits paid to participants on the statements of changes in net assets available for benefits.

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'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 totaling \$588,689 and \$582,445 during 2010 and 2009, respectively.

The Company may make two separate discretionary contributions, a discretionary matching contribution equal to a uniform percentage of participant deferrals and a discretionary profit sharing contribution equal to a uniform percentage of participant compensation. Participants share in the discretionary contributions regardless of the amount of service completed by participants during the Plan year. During both 2010 and 2009 the Company did not make discretionary matching contributions. During 2010 and 2009, respectively, the Company made discretionary profit sharing contributions of \$1,667,175 and \$1,609,103.

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.

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

NOTES TO FINANCIAL STATEMENTS

NOTE A - Description of plan (continued)

Participant accounts (continued)

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 manage self-directed brokerage accounts.

Financial hardship withdrawals

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

Payment of benefits

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 or those electing to make an in-plan Roth rollover. 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. As of December 31, 2010 and 2009, forfeited amounts available to reduce employer contributions totaled \$5,508 and \$-0-, respectively. For the plan years ended December 31, 2010 and 2009 none of the forfeited nonvested accounts was applied to reduce employer contributions.

Vesting

Participants are immediately vested in their deferral contributions, rollover contributions and safe harbor contributions plus actual earnings thereon. Vesting in the Plan sponsor's discretionary matching and profit sharing contributions plus actual earnings thereon is based on years of service. A participant is 100% vested in the discretionary contributions after three years of credited service, as defined in the plan document and 0% vested with less than three years of credited service.

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 January 2010, the FASB issued Accounting Standards Update 2010-06, Improving Disclosures about Fair Value Measurements (ASU 2010-06). ASU 2010-06 amended ASC 820 to clarify certain existing fair value disclosures and requires a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented.

RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC.

401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE B - Summary of significant accounting policies (continued)

Recent accounting pronouncements (continued)

ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2, and 3 of the fair value hierarchy and presented information regarding the purchases, sales, issuances, and settlements of Level 3 assets and liabilities on a gross basis. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011, the guidance in ASU 2010-06 becomes effective for reporting periods beginning after December 15, 2009. Adoption of ASU 2010-06 did not have a material effect on the Plan's net assets available for benefits or changes in 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 \$13,705 and \$16,984 as of December 31, 2010 and 2009, respectively. The provisions also include a recapture fee of \$3,873 and \$7,409 as of December 31, 2010 and 2009, respectively. 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.

Payment of benefits

Benefits are recorded when paid.

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.

Risks and uncertainties

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

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.

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

NOTES TO FINANCIAL STATEMENTS

NOTE B - Summary of significant accounting policies (continued)

Events occurring after reporting date

The Plan has evaluated events and transactions that occurred between January 1, 2011 and August 23, 2011 which is the date that the financial statements were available to be issued for possible recognition or disclosure in the 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>2010</u>	<u>2009</u>
Schwab Money Market Fund	\$ 1,268,535	\$ 892,075

During 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$1,901,782 and \$2,607,798, respectively.

	<u>2010</u>	<u>2009</u>
Mutual funds, exchange traded funds, index-linked notes, fixed income bonds, large cap unit investment trusts, common and preferred stock	\$ 1,846,059	\$ 2,542,401
Variable annuity	55,524	64,468
Real estate investment trust	199	4,465
Limited partnership	-	(3,536)
	<u>\$ 1,901,782</u>	<u>\$ 2,607,798</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.

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

NOTES TO FINANCIAL STATEMENTS

NOTE D - Fair value measurements (continued)

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- 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, 2010 and 2009.

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 1/12th of 10% of the shares outstanding as of the prior calendar year-end. Unfunded commitments as of December 31, 2010 and 2009 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.

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

NOTES TO FINANCIAL STATEMENTS

NOTE D - Fair value measurements (continued)

The methods described 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Fair Value Measurements at Reporting Date Using			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Money market funds	\$ 2,654,280	\$ -	\$ -	\$ 2,654,280
World allocation funds	1,436,383	-	-	1,436,383
Large growth funds	1,244,549	-	-	1,244,549
Other funds	<u>13,967,042</u>	<u>-</u>	<u>-</u>	<u>13,967,042</u>
Total mutual funds	19,302,254	-	-	19,302,254
Common stock:				
Technology stocks	222,856	-	-	222,856
Basic materials stocks	151,902	-	-	151,902
Financial stocks	149,612	-	-	149,612
Services stocks	146,935	-	-	146,935
Consumer goods stocks	130,016	-	-	130,016
Utilities stocks	113,767	-	-	113,767
Industrial goods stocks	71,941	-	-	71,941
Conglomerate stocks	65,817	-	-	65,817
Other stocks	<u>37,089</u>	<u>-</u>	<u>-</u>	<u>37,089</u>
Total common stock	1,089,935	-	-	1,089,935
Preferred stock:				
Financial stocks	33,528	-	-	33,528
Exchange traded funds:				
Large growth funds	167,927	-	-	167,927
Large value funds	154,173	-	-	154,173
Latin American stock funds	38,720	-	-	38,720
Other funds	<u>316,800</u>	<u>-</u>	<u>-</u>	<u>316,800</u>
Total exchange traded funds	677,620	-	-	677,620
Certificates of deposit	55,700	-	-	55,700
Large cap unit investment trust	9,670	-	-	9,670
Variable annuity	-	353,544	-	353,544
Real estate investment trust	<u>-</u>	<u>-</u>	<u>285,585</u>	<u>285,585</u>
Balance at December 31, 2010	<u>\$ 21,168,707</u>	<u>\$ 353,544</u>	<u>\$ 285,585</u>	<u>\$ 21,807,836</u>

RIVERSIDE RADIOLOGY AND INTERVENTIONAL 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, 2010:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)	
	<hr/>	
	Real Estate Investment Trust	
	<hr/>	
Balance, beginning of year	\$	285,386
Unrealized gains (losses) relating to instruments still held at the reporting date		199
Balance, end of year	\$	<hr/> 285,585 <hr/>

RIVERSIDE RADIOLOGY AND INTERVENTIONAL 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	2,274,241	-	-	2,274,241
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	107,214	-	-	107,214
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	26,364	-	-	26,364
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	22,580	-	-	22,580
Total index-linked notes	48,380	-	-	48,380

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

NOTES TO FINANCIAL STATEMENTS

NOTE D - Fair value measurements (continued)

	Fair Value Measurements at Reporting Date Using (continued)			
	Level 1	Level 2	Level 3	Total
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:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)		
	Real Estate Investment Trust	Limited Partnership	Total
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>

NOTE E - 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.

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

NOTES TO FINANCIAL STATEMENTS

NOTE E - Income tax status (continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the tax authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The open audit periods are 2007 through 2009 plus the current 2010 tax year.

NOTE F - 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.

NOTE G - 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 AND INTERVENTIONAL 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, 2010

(a)	(b) Identity of Issue, <u>Borrower, Lessor, or Similar Party</u>	(c) Description of investment, including maturity <u>date, rate of interest, collateral, par or maturity value</u>	(d) Cost	(e) Current <u>Value</u>
*	Various Brokers	Self Directed Brokerage Accounts	**	\$21,168,707
*	Jackson National Life Insurance Company	Insurance Contract	**	353,544
*	Hines Real Estate Investment Trust, Inc.	Real Estate Investment Trust	**	<u>285,585</u>
				<u>\$21,807,836</u>
*	Party in interest to the Plan			
**	Not required for participant directed investments			

See independent auditors' report.