

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                |                                                                                 |                                            |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I</b>                                                                              | <b>Annual Report Identification Information</b>                |                                                                                 |                                            |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 |                                                                |                                                                                 |                                            |
| <b>A</b> This return/report is for:                                                        | <input type="checkbox"/> a multiemployer plan;                 | <input type="checkbox"/> a multiple-employer plan; or                           |                                            |
|                                                                                            | <input checked="" type="checkbox"/> a single-employer plan;    | <input type="checkbox"/> a DFE (specify) ____                                   |                                            |
| <b>B</b> This return/report is:                                                            | <input type="checkbox"/> the first return/report;              | <input type="checkbox"/> the final return/report;                               |                                            |
|                                                                                            | <input type="checkbox"/> an amended return/report;             | <input type="checkbox"/> a short plan year return/report (less than 12 months). |                                            |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                 | <input type="checkbox"/>                                       |                                                                                 |                                            |
| <b>D</b> Check box if filing under:                                                        | <input checked="" type="checkbox"/> Form 5558;                 | <input type="checkbox"/> automatic extension;                                   | <input type="checkbox"/> the DFVC program; |
|                                                                                            | <input type="checkbox"/> special extension (enter description) |                                                                                 |                                            |

|                                                                                                                                                                                                                                            |                                                                |                                                      |                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                             | <b>Basic Plan Information</b> —enter all requested information |                                                      |                                                      |
| <b>1a</b> Name of plan<br>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A. EMPLOYEE PROFIT SHARING PLAN                                                                                                                                    | <b>1b</b> Three-digit plan number (PN) ►                       | 002                                                  |                                                      |
|                                                                                                                                                                                                                                            | <b>1c</b> Effective date of plan                               | 06/30/1972                                           |                                                      |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P. A.<br><br>3625 QUAKERBRIDGE ROAD<br>HAMILTON, NJ 08619 | <b>2b</b> Employer Identification Number (EIN)<br>22-1917247   | <b>2c</b> Sponsor's telephone number<br>609-689-1600 | <b>2d</b> Business code (see instructions)<br>621111 |
|                                                                                                                                                                                                                                            |                                                                |                                                      |                                                      |

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/31/2011 | KAREN EHRGOTT                                                |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P. A.

3625 QUAKERBRIDGE ROAD  
HAMILTON, NJ 08619**3b** Administrator's EIN

22-1917247

**3c** Administrator's telephone number

609-689-1600

**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**

141

**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**

112

**b** Retired or separated participants receiving benefits.....**6b**

0

**c** Other retired or separated participants entitled to future benefits.....**6c**

37

**d** Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

149

**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

**f** Total. Add lines **6d** and **6e**.....**6f**

149

**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

123

**h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

0

**7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 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

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☒**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☐**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b General Schedules**(1) ☒**H** (Financial Information)(2) ☐**I** (Financial Information – Small Plan)(3) ☒**A** (Insurance Information)(4) ☒**C** (Service Provider Information)(5) ☒**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                     |                                                             |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010                          |                                                             |
| <b>A</b> Name of plan<br>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A. EMPLOYEE PROFIT SHARING PLAN              | <b>B</b> Three-digit plan number (PN) ▶ 002                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500.<br>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P. A. | <b>D</b> Employer Identification Number (EIN)<br>22-1917247 |

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

**1** Coverage Information:

(a) Name of insurance carrier  
AVIVA LIFE & ANNUITY COMPANY

| (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     |
| 04-2235236 | 61689         | IL00576010, IL0                       | 0                                                                           | 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 |
| 26                                   |                               |

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

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

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

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

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....                                                 |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

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

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                     |                                                             |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010                          |                                                             |
| <b>A</b> Name of plan<br>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A. EMPLOYEE PROFIT SHARING PLAN              | <b>B</b> Three-digit plan number (PN) ▶ 002                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500.<br>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P. A. | <b>D</b> Employer Identification Number (EIN)<br>22-1917247 |

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

**1** Coverage Information:

**(a)** Name of insurance carrier  
INDEPENDENCE LIFE INSURANCE COMPANY

| (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     |
| 35-0413330 | 64645         | IL0055760                             | 0                                                                           | 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 |
|                                      |                               |

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

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

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

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

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....                                                 |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

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

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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

|                                                                                                                     |                                                             |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A. EMPLOYEE PROFIT SHARING PLAN              | <b>B</b> Three-digit plan number (PN) ▶ 002                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500.<br>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P. A. | <b>D</b> Employer Identification Number (EIN)<br>22-1917247 |

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

**1** Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK USA

| (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     |
| 01-0233346 | 65838         | 65551                                 | 0                                                                           | 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 |
|--------------------------------------|-------------------------------|
|                                      |                               |

**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

PRICOR FINANCIAL SERVICES CORP  
711 HIGH STREET  
DES MOINES, IA 50392

| (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

PLANNING CORP OF AMERICA, INC

| (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

CUSTOM K INC

125 E ELM STREET, SUITE 200  
CONSHOHOCKEN, PA 19428

| (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.

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

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....                                                 |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

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

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>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<br>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A. EMPLOYEE PROFIT SHARING PLAN              | B Three-digit plan number (PN) ▶                     | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500.<br>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P. A. | D Employer Identification Number (EIN)<br>22-1917247 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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  
NATIONWIDE LIFE INSURANCE

| (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     |
| 23-0990450 | 68225         | PT 856                                | 0                                                                           | 06/01/2010              | 05/31/2011 |

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 |
|                                      |                               |

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

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

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                                                                                                                                                          |              |      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end .....                                                                                                                                   | <b>4</b>     |      |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....                                                                                                                                     | <b>5</b>     |      |
| <b>6</b> Contracts With Allocated Funds:                                                                                                                                                                                                 |              |      |
| <b>a</b> State the basis of premium rates ▶                                                                                                                                                                                              |              |      |
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                                                  | <b>6b</b>    | 3140 |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                                            | <b>6c</b>    |      |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶                           | <b>6d</b>    |      |
| <b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶                                                        |              |      |
| <b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/>                                                                                                |              |      |
| <b>7</b> Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)                                                                                                                   |              |      |
| <b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ |              |      |
| <b>b</b> Balance at the end of the previous year .....                                                                                                                                                                                   | <b>7b</b>    |      |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                                                                                                                                                    | <b>7c(1)</b> |      |
| (2) Dividends and credits .....                                                                                                                                                                                                          | <b>7c(2)</b> |      |
| (3) Interest credited during the year .....                                                                                                                                                                                              | <b>7c(3)</b> |      |
| (4) Transferred from separate account .....                                                                                                                                                                                              | <b>7c(4)</b> |      |
| (5) Other (specify below) .....                                                                                                                                                                                                          | <b>7c(5)</b> |      |
|                                                                                                                                                                                                                                          |              |      |
| (6) Total additions .....                                                                                                                                                                                                                | <b>7c(6)</b> | 0    |
| <b>d</b> Total of balance and additions (add <b>b</b> and <b>c(6)</b> ). ....                                                                                                                                                            | <b>7d</b>    | 0    |
| <b>e</b> Deductions:                                                                                                                                                                                                                     |              |      |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                                                                                                                                                          | <b>7e(1)</b> |      |
| (2) Administration charge made by carrier .....                                                                                                                                                                                          | <b>7e(2)</b> |      |
| (3) Transferred to separate account .....                                                                                                                                                                                                | <b>7e(3)</b> |      |
| (4) Other (specify below) .....                                                                                                                                                                                                          | <b>7e(4)</b> |      |
|                                                                                                                                                                                                                                          |              |      |
| (5) Total deductions .....                                                                                                                                                                                                               | <b>7e(5)</b> | 0    |
| <b>f</b> Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) .....                                                                                                                                              | <b>7f</b>    | 0    |

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....                                                 |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

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

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                                           |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2010</b>                                                 |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b>              |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010                                                                                                                                |                                                                                                                                                                                                                        |                                                             |
| <b>A</b> Name of plan<br>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A. EMPLOYEE PROFIT SHARING PLAN                                                                                                                    |                                                                                                                                                                                                                        | <b>B</b> Three-digit plan number (PN) ▶ 002                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P. A.                                                                                                        |                                                                                                                                                                                                                        | <b>D</b> Employer Identification Number (EIN)<br>22-1917247 |

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

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FIDELITY INVESTMENTS INST. OPS. CO.                                                                               |
| 04-2647786                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation  |
|                                                                                                                   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |
| <b>(b)</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

---

---

---

**(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

---

---

---

**(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

---

**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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 60                            | RECORDKEEPER                                                                                             | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

| <b>(a)</b> Enter service provider name as it appears on line 2 | <b>(b)</b> Service Codes<br>(see instructions) | <b>(c)</b> Enter amount of indirect compensation |
|----------------------------------------------------------------|------------------------------------------------|--------------------------------------------------|
|                                                                |                                                |                                                  |

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

| <b>(a)</b> Enter service provider name as it appears on line 2 | <b>(b)</b> Service Codes<br>(see instructions) | <b>(c)</b> Enter amount of indirect compensation |
|----------------------------------------------------------------|------------------------------------------------|--------------------------------------------------|
|                                                                |                                                |                                                  |

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

| <b>(a)</b> Enter service provider name as it appears on line 2 | <b>(b)</b> Service Codes<br>(see instructions) | <b>(c)</b> Enter amount of indirect compensation |
|----------------------------------------------------------------|------------------------------------------------|--------------------------------------------------|
|                                                                |                                                |                                                  |

| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> 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.

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                |                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan 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>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<br>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A. EMPLOYEE PROFIT SHARING PLAN                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                | B Three-digit plan number (PN) ► 002                                                            |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P. A.                                                                |  |                                                                                                                                                                                                                                   |                                                                                                | D Employer Identification Number (EIN)<br>22-1917247                                            |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)  |  |                                                                                                                                                                                                                                   |                                                                                                |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LIFECYCLE PORTFOLIOS                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA                                                                                                                       |  |                                                                                                                                                                                                                                   |                                                                                                |                                                                                                 |  |
| c EIN-PN 01-0233346-000                                                                                                                                                           |  | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE PORTFOLIOS                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA                                                                                                                       |  |                                                                                                                                                                                                                                   |                                                                                                |                                                                                                 |  |
| c EIN-PN 01-0233346-000                                                                                                                                                           |  | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2045                                                                                                                 |  |                                                                                                                                                                                                                                   |                                                                                                |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA                                                                                                                       |  |                                                                                                                                                                                                                                   |                                                                                                |                                                                                                 |  |
| c EIN-PN 01-0233346-000                                                                                                                                                           |  | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2040                                                                                                                 |  |                                                                                                                                                                                                                                   |                                                                                                |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA                                                                                                                       |  |                                                                                                                                                                                                                                   |                                                                                                |                                                                                                 |  |
| c EIN-PN 01-0233346-000                                                                                                                                                           |  | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2035                                                                                                                 |  |                                                                                                                                                                                                                                   |                                                                                                |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA                                                                                                                       |  |                                                                                                                                                                                                                                   |                                                                                                |                                                                                                 |  |
| c EIN-PN 01-0233346-000                                                                                                                                                           |  | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE AGGRESSIVE                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA                                                                                                                       |  |                                                                                                                                                                                                                                   |                                                                                                |                                                                                                 |  |
| c EIN-PN 01-0233346-000                                                                                                                                                           |  | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE                                                                                                                |  |                                                                                                                                                                                                                                   |                                                                                                |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA                                                                                                                       |  |                                                                                                                                                                                                                                   |                                                                                                |                                                                                                 |  |
| c EIN-PN 01-0233346-000                                                                                                                                                           |  | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |                                                                                                 |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [JOHN HANCOCK INTL GROWTH](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                     |   |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [SMALL CAP VALUE FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                     |   |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [ALL CAP VALUE FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                     |   |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [DAVIS NEW YORK VENYURE](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                     |   |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [PIMCO ALL ASSET](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                     |   |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [JOHN HANCOCK STRATEGIC INC](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                     |   |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [RETIREMENT LIVING AT 2030](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                     |   |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [LIFESTYLE GROWTH](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                     |   |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [DFA INTERNATIONAL VALUE](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                     |   |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [EUROPACIFIC GROWTH FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                     |   |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [BLUE CHIP GROWTH FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                     |   |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [MFS UTILITIES](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                     |   |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [T ROWE PRICE](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                     |   |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [MUTUAL GLOBAL DISCOVERY](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                     |   |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [PIMCO TOTAL RETURN](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                     |   |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [RETIREMENT LIVING AT 2025](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                     |   |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [LIFESTYLE BALANCED](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                     |   |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [INTERNATIONAL VALUE FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                     |   |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [FRANKLIN SMALL-MID GROWTH](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                     |   |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [OPPENHEIMER GLOBAL](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

|                                                |                                        |                                                                                                     |   |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a> | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------|---|

|                                                                    |                        |                                                                                                       |
|--------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON GROWTH     |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

  

|                                                                    |                        |                                                                                                       |
|--------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND      |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

  

|                                                                                |                        |                                                                                                       |
|--------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LM WESTERN ASSET GLB HIGH YIELD |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA             |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                                 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

  

|                                                                       |                        |                                                                                                       |
|-----------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET FUND |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA    |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

  

|                                                                          |                        |                                                                                                       |
|--------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2020 |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA       |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                           | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

  

|                                                                    |                        |                                                                                                       |
|--------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE MODERATE  |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

  

|                                                                      |                        |                                                                                                       |
|----------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFE US SMALL CAP FUND |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA   |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                       | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

  

|                                                                              |                        |                                                                                                       |
|------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LEGG MASON CLEARBR AGG GROWTH |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

  

|                                                                       |                        |                                                                                                       |
|-----------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: OPTIMIZED ALL CAP FUND |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA    |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

  

|                                                                      |                        |                                                                                                       |
|----------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LARGE VALUE |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA   |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                       | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                                            |                                        |                                                                                                                       |
|--------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">WASHINGTON MUTUAL INVESTORS</a> |                                        |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>         |                                        |                                                                                                                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                             | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |

  

|                                                                                    |                                        |                                                                                                                       |
|------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PIMCO GLOBAL BOND</a>   |                                        |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a> |                                        |                                                                                                                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                     | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |

  

|                                                                                        |                                        |                                                                                                                       |
|----------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">JOHN HANCOCK STABLE VAL</a> |                                        |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>     |                                        |                                                                                                                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                         | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |

  

|                                                                                          |                                        |                                                                                                                       |
|------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">RETIREMENT LIVING AT 2015</a> |                                        |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>       |                                        |                                                                                                                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                           | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |

  

|                                                                                       |                                        |                                                                                                                       |
|---------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LIFESTYLE CONSERVATIVE</a> |                                        |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>    |                                        |                                                                                                                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |

  

|                                                                                       |                                        |                                                                                                                       |
|---------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">SMALL CAP GROWTH INDEX</a> |                                        |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>    |                                        |                                                                                                                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |

  

|                                                                                        |                                        |                                                                                                                       |
|----------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">T ROWE PRICE HEALTH SCI</a> |                                        |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>     |                                        |                                                                                                                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                         | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |

  

|                                                                                    |                                        |                                                                                                                       |
|------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">MID VALUE FUND</a>      |                                        |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a> |                                        |                                                                                                                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                     | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |

  

|                                                                                           |                                        |                                                                                                                       |
|-------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">THE GROWTH FUND OF AMERICA</a> |                                        |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>        |                                        |                                                                                                                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                            | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |

  

|                                                                                              |                                        |                                                                                                                       |
|----------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">INVESTMENT COMPANY OF AMERICA</a> |                                        |                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>           |                                        |                                                                                                                       |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                               | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">0</a> |

|                                                                                    |                                        |                                                                                                                                          |
|------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PIMCO REAL RETURN</a>   |                                        |                                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a> |                                        |                                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                     | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |

  

|                                                                                          |                                        |                                                                                                                                          |
|------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">RETIREMENT LIVING AT 2010</a> |                                        |                                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>       |                                        |                                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                           | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |

  

|                                                                                         |                                        |                                                                                                                                          |
|-----------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">REAL EST SECURITIES FUND</a> |                                        |                                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>      |                                        |                                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                          | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |

  

|                                                                                    |                                        |                                                                                                                                          |
|------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">DAVIS FINANCIAL</a>     |                                        |                                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a> |                                        |                                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                     | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |

  

|                                                                                             |                                        |                                                                                                                                          |
|---------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">SMALL CAP OPPORTUNITIES FUND</a> |                                        |                                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>          |                                        |                                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                              | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |

  

|                                                                                          |                                        |                                                                                                                                          |
|------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">CAPITAL APPRECIATION FUND</a> |                                        |                                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>       |                                        |                                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                           | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |

  

|                                                                                    |                                        |                                                                                                                                          |
|------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LARGE CAP FUND</a>      |                                        |                                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a> |                                        |                                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                     | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |

  

|                                                                                       |                                        |                                                                                                                                          |
|---------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">AMERICAN BALANCED FUND</a> |                                        |                                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>    |                                        |                                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |

  

|                                                                                      |                                        |                                                                                                                                          |
|--------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">T ROWE PRICE SPECTRUM</a> |                                        |                                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK USA</a>   |                                        |                                                                                                                                          |
| <b>c</b> EIN-PN <a href="#">01-0233346-000</a>                                       | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">0</span> |

  

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      | <b>2010</b>                                   |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      | <b>This Form is Open to Public Inspection</b> |

|                                                                                                                           |                                                                    |            |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2010 or fiscal plan year beginning <b>01/01/2010</b> and ending <b>12/31/2010</b>                  |                                                                    |            |
| <b>A</b> Name of plan<br><b>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A. EMPLOYEE PROFIT SHARING PLAN</b>             | <b>B</b> Three-digit plan number (PN) ►                            | <b>002</b> |
|                                                                                                                           |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P. A.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>22-1917247</b> |            |

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

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 127829                | 1129920         |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 0                     | 4583            |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 0                     | 21094781        |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 48047                 | 194071          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   | 19918611              | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 0                     | 40145           |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   | 8117726               | 9188092         |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 28212213              | 31651592        |

**Liabilities**

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

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 28212213 | 31651592 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1300168    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 809142     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 93446      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 2202756   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 167        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 6124       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 6291      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            |           |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            |           |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            | 1574459   |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            |           |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            | 1256272   |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 5039778   |

**Expenses**

|                                                                                            |              |         |         |
|--------------------------------------------------------------------------------------------|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 1549728 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> | 6503    |         |
| (3) Other .....                                                                            | <b>2e(3)</b> |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |         | 1556231 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         |         |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |         |         |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |         |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> | 40612   |         |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |         |         |
| (4) Other .....                                                                            | <b>2i(4)</b> | 3556    |         |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |         | 44168   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 1600399 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 3439379 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

(1) Name: EISNER AMPER, LLP

(2) EIN: 13-1639826

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                 | Yes                                 | No                                  | Amount  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 425     |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |         |

- 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)

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                                           |                                                                    |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A. EMPLOYEE PROFIT SHARING PLAN</u>             | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P. A.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>22-1917247</u> |

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

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>22-1917247</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

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

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

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

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

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

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

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

Schedule R (Form 5500) 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:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



**RADIOLOGY AFFILIATES OF  
CENTRAL NEW JERSEY, P.A.  
EMPLOYEE PROFIT  
SHARING PLAN**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2010 and 2009  
(with supplemental schedules)**

**RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A.  
EMPLOYEE PROFIT SHARING PLAN**

**Contents**

|                                                                                                   | <b><u>Page</u></b> |
|---------------------------------------------------------------------------------------------------|--------------------|
| <b>Financial Statements</b>                                                                       |                    |
| Independent Auditors' Report                                                                      | 1                  |
| Statements of Net Assets Available for Benefits as of December 31, 2010 and 2009                  | 2                  |
| Statement of Changes in Net Assets Available for Benefits for the Year Ended<br>December 31, 2010 | 3                  |
| Notes to Financial Statements                                                                     | 4 - 12             |
| <b>Supplemental Schedules</b>                                                                     |                    |
| Schedule of Assets (Held at End of Year) as of December 31, 2010                                  | 13 - 16            |
| Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2010             | 17                 |

## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants  
of the Radiology Affiliates of Central Jersey, P.A. Employee Profit Sharing Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Radiology Affiliates of Central Jersey, P.A. Employee Profit Sharing Plan (the "Plan") as of December 31, 2010 and 2009, the related statement of changes in net assets available for benefits for the year ended December 31, 2010, the supplemental schedule of assets held (at end of year) as of December 31, 2010 and the supplemental schedule of delinquent participant contributions for the year ended December 31, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information discussed in Note C, which was certified by John Hancock Life Insurance Company (U.S.A.), the insurance company, and Fidelity Management Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and the schedule of assets (held at end of year). We have been informed by the Plan administrator that Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2010 and for the period December 17, 2010 through December 31, 2010, and that John Hancock Life Insurance Company (U.S.A.) held the Plan's investment assets and executed investment transactions as of December 31, 2009 and for the period January 1, 2010 through December 16, 2010. The Plan administrator has obtained certifications from John Hancock Life Insurance Company (U.S.A.) and Fidelity Management Trust Company as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the Plan administrator is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by John Hancock Life Insurance Company (U.S.A.) and Fidelity Management Trust Company, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Bridgewater, New Jersey  
October 31, 2011

**RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A.  
EMPLOYEE PROFIT SHARING PLAN**

**Statements of Net Assets Available for Benefits**

|                                         | <b>December 31,</b>             |                                 |
|-----------------------------------------|---------------------------------|---------------------------------|
|                                         | <b>2010</b>                     | <b>2009</b>                     |
| <b>ASSETS</b>                           |                                 |                                 |
| Investments, at fair value:             |                                 |                                 |
| Pooled separate accounts                | \$ -                            | \$ 19,918,611                   |
| Money market mutual funds               | 21,094,781                      | -                               |
| Mutual funds                            | 40,145                          | -                               |
| Participant-directed brokerage accounts | 9,188,092                       | 8,117,726                       |
|                                         | <u>30,323,018</u>               | <u>28,036,337</u>               |
| <br>Notes receivable from participants  | <br>194,071                     | <br>48,047                      |
| <br>Contributions receivable:           |                                 |                                 |
| Participant                             | 4,583                           | -                               |
| Employer                                | 1,129,920                       | 127,829                         |
|                                         | <u>1,129,920</u>                | <u>127,829</u>                  |
| <br>Net assets available for benefits   | <br><u><u>\$ 31,651,592</u></u> | <br><u><u>\$ 28,212,213</u></u> |

**RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A.  
EMPLOYEE PROFIT SHARING PLAN**

**Statement of Changes in Net Assets Available for Benefits  
Year Ended December 31, 2010**

Additions:

Additions to net assets attributed to:

Investment income:

Net realized/unrealized appreciation/depreciation

in fair value of investments

\$ 2,697,400

Interest and dividends

139,622

2,837,022

Contributions:

Participant

809,142

Employer

1,300,168

Rollover

93,446

2,202,756

Total additions

5,039,778

Deductions:

Deductions from net assets attributed to:

Benefits paid to participants

1,556,231

Administrative expenses

44,168

Total deductions

1,600,399

Net increase

3,439,379

Net assets available for benefits – beginning of year

28,212,213

**Net assets available for benefits – end of year**

**\$ 31,651,592**

# **RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A. EMPLOYEE PROFIT SHARING PLAN**

**Notes to Financial Statements  
December 31, 2010 and 2009**

## **NOTE A - DESCRIPTION OF THE PLAN**

The following description of the Radiology Affiliates of Central New Jersey, P.A. Employee Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

### **[1] General:**

The Plan is a defined contribution plan covering all full-time employees of Radiology Affiliates of Central New Jersey, P.A. and Central Billing Services, P.A. (collectively, "the Company"), who have completed one year of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). During December 2010, substantially all the investments were transferred to a new custodian, Fidelity Management Trust Company. The remaining investments were transferred during the first quarter of 2011.

### **[2] Contributions:**

Participants may contribute up to 75% of pre-tax annual compensation, as defined by the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. In no event may participant pre-tax and after-tax contributions exceed any statutory limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The Company matches 50% of the participant pre-tax contributions, up to 4% of base compensation, as defined in the Plan. Additional discretionary profit-sharing contributions may be made at the option of the Company's board of directors. The discretionary profit-sharing contribution for the year ended December 31, 2010 was 8.05004% of eligible compensation, plus 5.7% of compensation exceeding the Social Security limit. The total discretionary profit-sharing contribution amount was \$1,097,751 at December 31, 2010. Participants must be employed on the last day of the Plan year. Participants direct the investment of participant and employer contributions.

### **[3] Participant accounts:**

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contributions and (b) Plan earnings, and charged with an allocation of administrative expenses. 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.

### **[4] Vesting:**

Participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts, plus actual earnings thereon, is as follows:

| <b><u>Years of Service</u></b> | <b><u>Vesting</u></b> |
|--------------------------------|-----------------------|
| 0-1 year                       | 0%                    |
| 2 years                        | 25%                   |
| 3 years                        | 50%                   |
| 4 years                        | 75%                   |
| 5 years                        | 100%                  |

## **RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A. EMPLOYEE PROFIT SHARING PLAN**

**Notes to Financial Statements  
December 31, 2010 and 2009**

### **NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)**

#### **[5] Notes receivable from participants:**

Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Note terms range from one to five years; however, terms may exceed five years for the purchase of a primary residence. The notes are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator, ranging on outstanding notes from 4.25% to 6.1%. Principal and interest are paid ratably through payroll deductions.

#### **[6] Payment of benefits:**

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, in the form of a lifetime annuity, or in substantially equal monthly, quarterly, semiannual or annual cash installments over a period that does not extend past the participant's life.

#### **[7] Forfeitures:**

Forfeited non-vested accounts are used to reduce future Company contributions and pay Plan expenses. During the year ended December 31, 2010, no forfeitures were used to reduce employer contributions and pay Plan expenses. Forfeited non-vested accounts available at December 31, 2010 and 2009 were approximately \$23,897 and \$1,400, respectively.

### **NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

#### **[1] Basis of accounting:**

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

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts included in the pooled separate accounts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The fair value of fully benefit-responsive investment contracts approximates the contract value.

#### **[2] Notes receivable from participants:**

In September 2010, the Financial Accounting Standards Board ("FASB") issued new guidance that requires participant loans be classified as notes receivable from participants in the financial statements of a defined contribution pension plan, measured at the unpaid principal balance plus accrued, but unpaid interest. The Plan adopted the new guidance, which is effective for fiscal years ending after December 15, 2010, and is applied retrospectively, by reclassifying participant loans on the statements of net assets available for benefits for all years presented. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

#### **[3] Subsequent events:**

The Plan has evaluated subsequent events through October 31, 2011, the date the financial statements were available to be issued.

## **RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A. EMPLOYEE PROFIT SHARING PLAN**

**Notes to Financial Statements  
December 31, 2010 and 2009**

### **NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

#### **[4] Investment valuation and income recognition:**

The Plan's 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 E for discussion of fair value measurements.

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

#### **[5] Payment of benefits:**

Benefits are recorded when paid.

#### **[6] Plan expenses:**

Administrative expenses to third-party recordkeepers are paid by the Plan. Plan expenses paid by the Plan for the year ended December 31, 2010 were \$44,168.

#### **[7] Use of estimates:**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and when applicable, disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

### **NOTE C - INVESTMENT CERTIFICATION**

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, John Hancock Life Insurance Company (U.S.A.) has certified the completeness and accuracy of certain investments, investment related activity and notes receivable from participants from January 1, 2010 through December 16, 2010 and as of December 31, 2009, and Fidelity Management Trust Company has certified the completeness and accuracy of certain investments and investment related activity from December 17, 2010 through and as of December 31, 2010 in the accompanying statements of net assets available for benefits as of December 31, 2010 and 2009, the statement of changes in net assets available for benefits for the year ended December 31, 2010, and the accompanying supplemental schedule of assets (held at end of year) as of December 31, 2010. Participant self-directed brokerage accounts at December 31, 2010 and 2009 in the amount of \$7,061,359 and \$8,117,726 have not been certified.

# **RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A. EMPLOYEE PROFIT SHARING PLAN**

## **Notes to Financial Statements December 31, 2010 and 2009**

### **NOTE D - INVESTMENTS**

The following presents investments that represent 5% or more of the Plan's net assets at December 31:

|                                                                               | <u>2010</u>       | <u>2009</u>  |
|-------------------------------------------------------------------------------|-------------------|--------------|
| Lifestyle Growth Fund                                                         | \$ -              | \$ 2,665,171 |
| T. Rowe Price Spectrum Inc                                                    | -                 | 1,616,590    |
| PIMCO Total Return                                                            | -                 | 1,846,376    |
| John Hancock Stable Value                                                     | -                 | 6,551,755    |
| TD Ameritrade Money Market Portfolio (participant-directed brokerage account) | -                 | 1,676,271    |
| Fidelity Investments Prime Fund – Daily money class                           | <b>22,538,797</b> | -            |

The realized/unrealized appreciation/depreciation on investments bought and sold as well as held during the year is as follows for the year ended December 31, 2010:

|                                         |                            |
|-----------------------------------------|----------------------------|
| Pooled separate accounts                | \$ 1,574,459               |
| Participant-directed brokerage accounts | <u>1,122,941</u>           |
|                                         | <u><u>\$ 2,697,400</u></u> |

### **NOTE E - FAIR VALUE MEASUREMENTS**

The FASB's Accounting Standards Codification 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements), and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

*Level 1* – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

*Level 2* – Inputs to the valuation methodology include: (1) quoted prices for similar assets or liabilities in active markets; (2) quoted prices for identical or similar assets or liabilities in inactive markets; (3) inputs other than quoted prices that are observable for the asset or liability; or (4) 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 measurement.

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

## **RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A. EMPLOYEE PROFIT SHARING PLAN**

**Notes to Financial Statements  
December 31, 2010 and 2009**

### **NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)**

In January 2010, the FASB issued amended guidance on fair value measurements. The Plan has adopted the amended provisions that are effective for interim and annual reporting periods beginning after December 15, 2009 regarding disclosures of significant transfers in and out of Level 1 and Level 2 assets, and description of the reasons for the transfers. Additional disclosures that are effective for fiscal years beginning after December 15, 2010 regarding reporting purchases, sales, issuances, and settlements for Level 3 assets on a gross basis should not have a significant impact on the Plan's financial statements.

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.

*Money market mutual fund* – Valued using the amortized cost method as permitted by Rule 2A-7 under the Investment Company Act of 1940, which approximated fair value.

*Mutual funds* – Valued at the net asset value of shares held by the Plan at year end.

*Stocks* – Valued at the closing price reported on the active market on which the individual securities are traded.

Until December 16, 2010, the Plan had a Group Annuity Contract with John Hancock Life Insurance Company (U.S.A.). Under the terms of the contract, the investment options available were sub-accounts or separate accounts selected by the Plan. The underlying investments of the pooled separate accounts were comprised primarily of a wide variety of mutual funds and the John Hancock Stable Value Fund. If the underlying mutual fund manager, trustee of an underlying trust or the Company determined that a transfer of an investment disrupted or may have potentially disrupted the management of an investment option or increase investment option transaction costs, John Hancock reserved the right to restrict the number of transfers made during a defined period, restrict the dollar amount of transfers, restrict the method used to submit transfers and restrict transfers into and out of certain investment options. No such restrictions occurred.

*The pooled separate accounts/sub-accounts* – Valued at net asset value based on the market value of the underlying investments. The net asset value is not a publicly-quoted price in an active market. The John Hancock Stable Value Fund seeks to preserve principal and provide book value liquidity on a daily basis for plan-permitted, participant-directed withdrawals, while maintaining a competitive rate of interest. The fund invests primarily in diversified fixed income mutual funds and separately managed bond accounts.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

**RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A.  
EMPLOYEE PROFIT SHARING PLAN**

**Notes to Financial Statements  
December 31, 2010 and 2009**

**NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)**

The following tables set forth, by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

**Assets at Fair Value as of December 31, 2010**

|                                                       | <u>Level 1</u>              | <u>Level 2</u>     | <u>Level 3</u>     | <u>Total</u>                |
|-------------------------------------------------------|-----------------------------|--------------------|--------------------|-----------------------------|
| Investments:                                          |                             |                    |                    |                             |
| Money market mutual fund                              | <u>\$ 21,094,781</u>        | <u>\$ -</u>        | <u>\$ -</u>        | <u>\$ 21,094,781</u>        |
| Target date mutual funds                              | <u>40,145</u>               | <u>-</u>           | <u>-</u>           | <u>40,145</u>               |
| <b><u>Participant-Directed Brokerage Accounts</u></b> |                             |                    |                    |                             |
| Money market mutual fund                              | <u>1,444,016</u>            | <u>-</u>           | <u>-</u>           | <u>1,444,016</u>            |
| Mutual funds:                                         |                             |                    |                    |                             |
| Blend                                                 | <u>3,179,535</u>            | <u>-</u>           | <u>-</u>           | <u>3,179,535</u>            |
| Growth                                                | <u>1,078,565</u>            | <u>-</u>           | <u>-</u>           | <u>1,078,565</u>            |
| Fixed income                                          | <u>2,434,882</u>            | <u>-</u>           | <u>-</u>           | <u>2,434,882</u>            |
| Value                                                 | <u>310,208</u>              | <u>-</u>           | <u>-</u>           | <u>310,208</u>              |
| Target date                                           | <u>57,784</u>               | <u>-</u>           | <u>-</u>           | <u>57,784</u>               |
|                                                       | <u>7,060,974</u>            | <u>-</u>           | <u>-</u>           | <u>7,060,974</u>            |
| Common stocks:                                        |                             |                    |                    |                             |
| Index                                                 | <u>295,494</u>              | <u>-</u>           | <u>-</u>           | <u>295,494</u>              |
| Financial                                             | <u>129,690</u>              | <u>-</u>           | <u>-</u>           | <u>129,690</u>              |
| Consumer goods                                        | <u>61,597</u>               | <u>-</u>           | <u>-</u>           | <u>61,597</u>               |
| Technology                                            | <u>94,599</u>               | <u>-</u>           | <u>-</u>           | <u>94,599</u>               |
| Services                                              | <u>66,906</u>               | <u>-</u>           | <u>-</u>           | <u>66,906</u>               |
| Other                                                 | <u>34,816</u>               | <u>-</u>           | <u>-</u>           | <u>34,816</u>               |
|                                                       | <u>683,102</u>              | <u>-</u>           | <u>-</u>           | <u>683,102</u>              |
| Total participant-directed brokerage accounts         | <u>9,188,092</u>            | <u>-</u>           | <u>-</u>           | <u>9,188,092</u>            |
| <br>Total investments at fair value                   | <u><u>\$ 30,323,018</u></u> | <u><u>\$ -</u></u> | <u><u>\$ -</u></u> | <u><u>\$ 30,323,018</u></u> |

**RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A.  
EMPLOYEE PROFIT SHARING PLAN**

Notes to Financial Statements  
December 31, 2010 and 2009

**NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)**

**Assets at Fair Value as of December 31, 2009**

|                                                       | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>  |
|-------------------------------------------------------|----------------|----------------|----------------|---------------|
| Investments:                                          |                |                |                |               |
| <b><u>Group Annuity Contract</u></b>                  |                |                |                |               |
| Pooled separate accounts:                             |                |                |                |               |
| Balanced                                              | \$ -           | \$ 6,011,657   | \$ -           | \$ 6,011,657  |
| Aggressive growth                                     | -              | 1,090,121      | -              | 1,090,121     |
| Growth                                                | -              | 779,881        | -              | 779,881       |
| Growth & income                                       | -              | 952,324        | -              | 952,324       |
| Income                                                | -              | 4,341,317      | -              | 4,341,317     |
| Conservative                                          | -              | 191,556        | -              | 191,556       |
| Stable value                                          | -              | 6,551,755      | -              | 6,551,755     |
|                                                       | -              | 19,918,611     | -              | 19,918,611    |
| <b><u>Participant-Directed Brokerage Accounts</u></b> |                |                |                |               |
| Cash and cash equivalents                             | 1,676,271      | -              | -              | 1,676,271     |
| Mutual funds:                                         |                |                |                |               |
| Blend                                                 | 2,475,376      | -              | -              | 2,475,376     |
| Growth                                                | 958,089        | -              | -              | 958,089       |
| Fixed income                                          | 2,077,712      | -              | -              | 2,077,712     |
| Value                                                 | 221,380        | -              | -              | 221,380       |
|                                                       | 5,732,557      | -              | -              | 5,732,557     |
| Common stocks:                                        |                |                |                |               |
| Index                                                 | 364,001        | -              | -              | 364,001       |
| Bond                                                  | 243,129        | -              | -              | 243,129       |
| Commodity                                             | 49,566         | -              | -              | 49,566        |
| Industrial                                            | 28,980         | -              | -              | 28,980        |
| Other                                                 | 23,222         | -              | -              | 23,222        |
|                                                       | 708,898        | -              | -              | 708,898       |
| Total participant-directed brokerage accounts         | 8,117,726      | -              | -              | 8,117,726     |
| Total investments at fair value                       | \$ 8,117,726   | \$ 19,918,611  | \$ -           | \$ 28,036,337 |

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

Management evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2010, there were no significant transfers in or out of Levels 1, 2 or 3.

## **RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A. EMPLOYEE PROFIT SHARING PLAN**

### **Notes to Financial Statements December 31, 2010 and 2009**

#### **NOTE F - TAX STATUS**

The Internal Revenue Service has determined and informed the Company by a letter dated March 21, 2011, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the tax determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. 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 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 Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

#### **NOTE G - PARTY-IN-INTEREST TRANSACTIONS**

Certain pooled separate accounts' underlying investments are shares of mutual funds and stable value funds managed by John Hancock Company. John Hancock Life Insurance Company was the Plan's recordkeeper for the period January 1, 2009 through December 16, 2010 and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan were \$42,505 for the year ended December 31, 2010.

Certain investments are shares of mutual funds managed by Fidelity Investments. Fidelity Investments is the Plan's recordkeeper for the period December 17, 2010 through December 31, 2010 and, therefore, these transactions qualify as party-in-interest transactions.

#### **NOTE H - RISKS AND UNCERTAINTIES**

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

Users of these financial statements should be aware that the financial markets' volatility may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2010 may not necessarily be indicative of amounts that could be realized in a current market exchange.

**RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A.  
EMPLOYEE PROFIT SHARING PLAN**

**Notes to Financial Statements  
December 31, 2010 and 2009**

**NOTE I - MUTUAL FUND FEES**

Investments in mutual funds are subject to sales charges in the form of front-end loads, back-end loads or 12b-1 fees. 12b-1 fees, which are ongoing fees allowable under Section 12b-1 of the Investment Company Act of 1940, are annual fees deducted to pay for marketing and distribution costs of the funds. These fees are deducted prior to the allocation of the Plan's investment earnings activity, and thus not separately identifiable as an expense.

**NOTE J - PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their Company contributions.

**RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A.  
EMPLOYEE PROFIT SHARING PLAN**

Employer Identification No. 22-1917247, Plan No. 002  
Schedule H of Form 5500  
Schedule of Assets (Held at End of Year)  
December 31, 2010

| (a)                                                    | (b)                                                      | (c)                                                                                                               | (e)                  |
|--------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------|
|                                                        | Identity of Issuer, Borrower,<br>Lessor or Similar Party | Description of Investment,<br>Including, Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | Current<br>Value     |
| *                                                      | Fidelity Investments Prime Fund - Daily money class      | Money market mutual fund                                                                                          | <u>\$ 21,094,781</u> |
| *                                                      | Fidelity FA Freedom 2010 A                               | Mutual funds                                                                                                      | 845                  |
| *                                                      | Fidelity FA Freedom 2020 A                               | Mutual funds                                                                                                      | 17,627               |
| *                                                      | Fidelity FA Freedom 2030 A                               | Mutual funds                                                                                                      | 1,530                |
| *                                                      | Fidelity FA Freedom 2040 A                               | Mutual funds                                                                                                      | 4,882                |
| *                                                      | Fidelity FA Freedom 2005 A                               | Mutual funds                                                                                                      | 66                   |
| *                                                      | Fidelity FA Freedom 2015 A                               | Mutual funds                                                                                                      | 4,717                |
| *                                                      | Fidelity FA Freedom 2025 A                               | Mutual funds                                                                                                      | 8,315                |
| *                                                      | Fidelity FA Freedom 2035 A                               | Mutual funds                                                                                                      | 875                  |
| *                                                      | Fidelity FA Freedom 2045 A                               | Mutual funds                                                                                                      | 495                  |
| *                                                      | Fidelity FA Freedom 2050 A                               | Mutual funds                                                                                                      | 793                  |
|                                                        |                                                          |                                                                                                                   | <u>40,145</u>        |
| <b><u>Participant-Directed Brokerage Accounts:</u></b> |                                                          |                                                                                                                   |                      |
|                                                        | Acme Packet Inc.                                         | Common stocks                                                                                                     | 5,848                |
|                                                        | Amazon.com Inc                                           | Common stocks                                                                                                     | 18,000               |
|                                                        | Antares Pharma                                           | Common stocks                                                                                                     | 1,870                |
|                                                        | A123 Systems Com                                         | Common stocks                                                                                                     | 10,256               |
|                                                        | Apple Computer Inc.                                      | Common stocks                                                                                                     | 29,030               |
|                                                        | Bank of America Corp                                     | Common stocks                                                                                                     | 9,338                |
|                                                        | Berkshire Hathaway Inc                                   | Common stocks                                                                                                     | 24,033               |
|                                                        | Charles RIV Laboratories International                   | Common stocks                                                                                                     | 2,488                |
|                                                        | Chesapeake Energy Corporation                            | Common stocks                                                                                                     | 9,069                |
|                                                        | China Unicom Ltd.                                        | Common stocks                                                                                                     | 4,275                |
|                                                        | Cisco Systems Inc.                                       | Common stocks                                                                                                     | 22,860               |
|                                                        | Citigroup Inc.                                           | Common stocks                                                                                                     | 48,719               |
|                                                        | Crocs Inc.                                               | Common stocks                                                                                                     | 23,968               |
|                                                        | Curis Inc.                                               | Common stocks                                                                                                     | 198                  |
|                                                        | Ford Motor Company                                       | Common stocks                                                                                                     | 16,790               |
|                                                        | GSI Technology Inc.                                      | Common stocks                                                                                                     | 810                  |
|                                                        | General Electric                                         | Common stocks                                                                                                     | 7,316                |
|                                                        | Goldman Sachs Group, Inc.                                | Common stocks                                                                                                     | 36,995               |
|                                                        | Home Depot, Inc.                                         | Common stocks                                                                                                     | 12,271               |
|                                                        | Intel Corp, Inc                                          | Common stocks                                                                                                     | 2,103                |
|                                                        | Interdigital Inc.                                        | Common stocks                                                                                                     | 2,082                |
|                                                        | Iridium Communications Inc.                              | Common stocks                                                                                                     | 1,650                |
|                                                        | Ishares FTSE Xinhau                                      | Common stocks                                                                                                     | 4,110                |
|                                                        | Ishares Russell 2000 Index Fund                          | Common stocks                                                                                                     | 15,719               |
|                                                        | JP Morgan Chase and Co                                   | Common stocks                                                                                                     | 10,605               |
|                                                        | LSI Logis Corp                                           | Common stocks                                                                                                     | 36                   |

**RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A.  
EMPLOYEE PROFIT SHARING PLAN**

**Employer Identification No. 22-1917247, Plan No. 002  
Schedule H of Form 5500  
Schedule of Assets (Held at End of Year) (continued)  
December 31, 2010**

| (a) | (b)                                                         | (c)                                                                                                               | (e)              |
|-----|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------|
|     | Identity of Issuer, Borrower,<br>Lessor or Similar Party    | Description of Investment,<br>Including, Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | Current<br>Value |
|     | Microsoft Corp                                              | Common stocks                                                                                                     | 8,373            |
|     | Oracle Corporation                                          | Common stocks                                                                                                     | 6,260            |
|     | State Street Global Advisors - SPDR Banking ETF             | Common stocks                                                                                                     | 11,903           |
|     | State Street Global Advisors - SPDR S&P<br>Homebuilders ETF | Common stocks                                                                                                     | 9,130            |
|     | State Street Global Advisors - SPDR Financial Index         | Common stocks                                                                                                     | 64,025           |
|     | Shire Pharmaceutical                                        | Common stocks                                                                                                     | 3,619            |
|     | Sirius XM Radio                                             | Common stocks                                                                                                     | 26,080           |
|     | Teradata Corp                                               | Common stocks                                                                                                     | 4,116            |
|     | Under Armour Inc.                                           | Common stocks                                                                                                     | 20,839           |
|     | Vanguard Index - Total Stock                                | Common stocks                                                                                                     | 190,607          |
|     | Verizon Communications                                      | Common stocks                                                                                                     | 7,156            |
|     | Visa Inc.                                                   | Common stocks                                                                                                     | 10,555           |
|     |                                                             |                                                                                                                   | <u>683,102</u>   |
|     | American Century Equity Income Fund                         | Mutual funds                                                                                                      | 41,318           |
|     | American Century Inflation Adjusted Bond Fund               | Mutual funds                                                                                                      | 52,300           |
|     | American Funds Fundamental Investors                        | Mutual funds                                                                                                      | 14,977           |
|     | American Funds Growth Fund of America                       | Mutual funds                                                                                                      | 42,867           |
|     | Artio International Equity Fund                             | Mutual funds                                                                                                      | 49,229           |
|     | Artisan Midcap Value Fund                                   | Mutual funds                                                                                                      | 41,722           |
|     | Dodge and Cox Income Fund                                   | Mutual funds                                                                                                      | 183,296          |
|     | Dodge and Cox International Stock Fund                      | Mutual funds                                                                                                      | 296,566          |
|     | Dodge and Cox Stock Fund                                    | Mutual funds                                                                                                      | 29,949           |
|     | Fairholme Fund                                              | Mutual funds                                                                                                      | 196,768          |
| *   | Fidelity Advisor Leveraged Company Stock Fund               | Mutual funds                                                                                                      | 22,473           |
| *   | Fidelity Contrafund                                         | Mutual funds                                                                                                      | 29,739           |
| *   | Fidelity Diversified International Fund                     | Mutual funds                                                                                                      | 49,955           |
| *   | Fidelity Spartan Total Market Index                         | Mutual funds                                                                                                      | 25,383           |
|     | Fiduciary Management Inc. Large Cap Fund                    | Mutual funds                                                                                                      | 88,160           |
|     | First Eagle US Value Fund                                   | Mutual funds                                                                                                      | 11,122           |
|     | Franklin High Income Fund                                   | Mutual funds                                                                                                      | 16,243           |
|     | Harbor Fund Bond Fund                                       | Mutual funds                                                                                                      | 331,800          |
|     | Harbor Fund Commodity Strategy I                            | Mutual funds                                                                                                      | 18,641           |
|     | Harris Associates L.P. Oakmark Global Fund                  | Mutual funds                                                                                                      | 58,688           |
|     | Janus Growth and Income Fund                                | Mutual funds                                                                                                      | 53,348           |
|     | Jensen Portfolio Fund                                       | Mutual funds                                                                                                      | 125,715          |
|     | Lazard Funds Emerging Markets Portfolio                     | Mutual funds                                                                                                      | 19,648           |
|     | Loomis Sayles Bond Fund                                     | Mutual funds                                                                                                      | 211,116          |
|     | Loomis Sayles Investor Global Bond Fund                     | Mutual funds                                                                                                      | 59,162           |
|     | Mainstay Icap Select Equity Fund                            | Mutual funds                                                                                                      | 20,057           |

**RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A.  
EMPLOYEE PROFIT SHARING PLAN**

**Employer Identification No. 22-1917247, Plan No. 002  
Schedule H of Form 5500  
Schedule of Assets (Held at End of Year) (continued)  
December 31, 2010**

| (a)                                                      | (b) | (c)                                                                                                               | (e)              |
|----------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------|------------------|
| Identity of Issuer, Borrower,<br>Lessor or Similar Party |     | Description of Investment,<br>Including, Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | Current<br>Value |
| Manning and Napier World Opportunities Fund              |     | Mutual funds                                                                                                      | 56,608           |
| Metropolitan Total Return Bond Fund                      |     | Mutual funds                                                                                                      | 76,071           |
| Oakmark Equity and Income Fund                           |     | Mutual funds                                                                                                      | 11,035           |
| Primecap Odyssey Aggressive Growth Fund                  |     | Mutual funds                                                                                                      | 44,722           |
| Royce Special Equity Fund                                |     | Mutual funds                                                                                                      | 26,600           |
| Scout International Fund                                 |     | Mutual funds                                                                                                      | 69,205           |
| Sentinel Group Small Company Fund                        |     | Mutual funds                                                                                                      | 14,701           |
| Sequoia Fund                                             |     | Mutual funds                                                                                                      | 81,495           |
| Sound Shore Fund                                         |     | Mutual funds                                                                                                      | 130,311          |
| T Rowe Price Growth Stock Fund                           |     | Mutual funds                                                                                                      | 22,833           |
| T Rowe Price New America Growth Fund                     |     | Mutual funds                                                                                                      | 53,395           |
| T Rowe Price Real Estate Fund                            |     | Mutual funds                                                                                                      | 16,007           |
| T Rowe Price Retirement 2025 Fund                        |     | Mutual funds                                                                                                      | 57,784           |
| T Rowe Price Small Cap Value Fund                        |     | Mutual funds                                                                                                      | 27,692           |
| TCW Total Return Bond Fund                               |     | Mutual funds                                                                                                      | 52,297           |
| Thornburg International Value Fund                       |     | Mutual funds                                                                                                      | 30,550           |
| Tweedy Browne Worldwide High Dividend Value Fund         |     | Mutual funds                                                                                                      | 7,798            |
| Vanguard Dividend Appreciation Index Fund                |     | Mutual funds                                                                                                      | 99,227           |
| Vanguard Emerging Markets Stock Index Fund               |     | Mutual funds                                                                                                      | 55,989           |
| Vanguard Energy Fund Investor                            |     | Mutual funds                                                                                                      | 31,550           |
| Vanguard Extended Market Index Fund                      |     | Mutual funds                                                                                                      | 152,142          |
| Vanguard GNMA Fund Investor                              |     | Mutual funds                                                                                                      | 247,466          |
| Vanguard Growth and Income Fund                          |     | Mutual funds                                                                                                      | 101,034          |
| Vanguard Growth Index Fund                               |     | Mutual funds                                                                                                      | 12,625           |
| Vanguard High Yield Corporate Fund                       |     | Mutual funds                                                                                                      | 91,236           |
| Vanguard Inflation Protected Securities Fund             |     | Mutual funds                                                                                                      | 380,674          |
| Vanguard Intermediate-Term Bond Index Fund               |     | Mutual funds                                                                                                      | 218,509          |
| Vanguard International Growth Fund                       |     | Mutual funds                                                                                                      | 74,242           |
| Vanguard Long-term Treasury Fund                         |     | Mutual funds                                                                                                      | 49,069           |
| Vanguard Primecap Core Investor                          |     | Mutual funds                                                                                                      | 66,577           |
| Vanguard Reit Index Fund                                 |     | Mutual funds                                                                                                      | 986,531          |
| Vanguard Short-term Bond Index Fund                      |     | Mutual funds                                                                                                      | 131,426          |
| Vanguard Short-term Federal Fund                         |     | Mutual funds                                                                                                      | 142,142          |
| Vanguard Short-term Investment                           |     | Mutual funds                                                                                                      | 192,075          |
| Vanguard Total International Stock                       |     | Mutual funds                                                                                                      | 490,669          |
| Vanguard Total Stock Market Index                        |     | Mutual funds                                                                                                      | 92,237           |
| Vanguard US Growth Fund                                  |     | Mutual funds                                                                                                      | 43,351           |

**RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A.  
EMPLOYEE PROFIT SHARING PLAN**

Employer Identification No. 22-1917247, Plan No. 002  
Schedule H of Form 5500  
Schedule of Assets (Held at End of Year) (continued)  
December 31, 2010

| (a)                                                      | (b) | (c)                                                                                                               | (e)                                |
|----------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Identity of Issuer, Borrower,<br>Lessor or Similar Party |     | Description of Investment,<br>Including, Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | Current<br>Value                   |
| Vanguard Wellington Fund                                 |     | Mutual funds                                                                                                      | 151,411                            |
| Vanguard Windsor II Fund                                 |     | Mutual funds                                                                                                      | 89,059                             |
| Vanguard 500 Index Fund                                  |     | Mutual funds                                                                                                      | 178,931                            |
| Vanguard Dividend Growth Fund                            |     | Mutual funds                                                                                                      | 25,771                             |
| Wasatch Small Cap Growth Fund                            |     | Mutual funds                                                                                                      | 29,233                             |
| William Blair International Growth Fund                  |     | Mutual funds                                                                                                      | 58,452                             |
|                                                          |     |                                                                                                                   | <u>7,060,974</u>                   |
| Fidelity Investments Prime Fund – Daily money class      |     | Money market mutual fund                                                                                          | <u>1,444,016</u>                   |
| <b>Total participant-directed brokerage accounts</b>     |     |                                                                                                                   | <u><b>9,188,092</b></u>            |
| * Notes receivable from participants                     |     | 4.25 - 6.10%                                                                                                      | <u>194,071</u>                     |
|                                                          |     |                                                                                                                   | <u><u><b>\$ 30,517,089</b></u></u> |

\* Party-in-interest

**RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.A.  
EMPLOYEE PROFIT SHARING PLAN**

Employer Identification No. 22-1917247, Plan No. 002

Schedule H of Form 5500

Schedule of Delinquent Participant Contributions

Year Ended December 31, 2010

| Participant<br>Contributions<br>Transferred Late to<br>Plan | Totals that Constitute Nonexempt Prohibited<br>Transactions |                                            |                                                   | Totally Fully<br>Corrected Under<br>VFCP and PTE<br>2002-51 |
|-------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------------------------------------------------|
|                                                             | Contributions<br>Not<br>Corrected                           | Contributions<br>Corrected<br>Outside VFCP | Contributions<br>Pending<br>Correction<br>in VFCP |                                                             |
| \$425                                                       |                                                             | \$425                                      |                                                   |                                                             |