Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1998

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC.

3525 OLENTANGY RIVER ROAD
SUITE 5360
COLUMBUS, OH 43214

2b Employer Identification Number (EIN) 31-0983140

2c Sponsor's telephone number 614-340-7747

2d Business code (see instructions) 621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/31/2012	SHELLEY PETERSON - PREPARER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC.

3525 OLENTANGY RIVER ROAD
SUITE 5360
COLUMBUS, OH 43214

3b Administrator's EIN
31-0983140

3c Administrator's telephone number
614-340-7747

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**	206
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**	175
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	32
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	207
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	207
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	207
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
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:
2A 2E 2F 2G 2J 2R 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	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)	X	**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)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC.

D Employer Identification Number (EIN)
31-0983140

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JACKSON NATIONAL LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
38-1659835	65056	009229992A	1	01/01/2011	12/31/2011

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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	337717
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	353544
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	-21380		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	-21380
d	Total of balance and additions (add **b** and **c(6)**).			7d	332164
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	332164

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 organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CHARLES SCHWAB
2400 E LINCOLN AVENUE
PHOENIX, AZ 85016

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

TD AMERITRADE
PO BOX 2226
OMAHA, NE 68103

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

SCOTTRADE
2575 EAST CAMELBACK ROAD
SUITE 150
PHOENIX, AZ 85016

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

MERRILL LYNCH
4 WORLD FINANCIAL CENTER
250 VESEY STREET
NEW YORK, NY 10080

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

MORGAN STANLEY SMITH BARNEY

26-4310632

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

PNC BANK

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

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

RAYMOND JAMES

SOUTH LIMESTONE STREET
SPRINGFIELD, OH 45502

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

SECURIAN

400 ROBERT STREET NORTH
ST PAUL, MN 55101

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

STIFEL NICOLAUS & CO, INC.

501 NORTH BROADWAY
ST LOUIS, MO 63102

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

LPL FINANCIAL

9785 TOWNE CENTER DRIVE
SAN DIEGO, CA 92121

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

UBS FINANCIAL SERVICES

1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

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

WACHOVIA SECURITIES

3948 TOWNSFAIR WAY
SUITE 205
COLUMBUS, OH 43219

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

BOSTON FINANCIAL DATA SERVICES, INC

ATTN THE ALGER FUNDS
PO BOX 8480
BOSTON, MA 02260-8480

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

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

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

ARTISAN FUNDS

PO BOX 8412
BOSTON, MA 02266-8412

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

BLACKROCK FUNDS II

PO BOX 9819
PROVIDENCE, RI 02940-8019

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

THE CAMBIAR FUNDS

PO BOX 219009
KANSAS CITY, MO 64121

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

COLUMBIA MANAGEMENT

PO BOX 8081
BOSTON, MA 02266-8081

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

EATON VANCE FUNDS

PO BOX 9653
PROVIDENCE, RI 02940-9653

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

FEDERATED KAUFMANN FUNDS

4000 ERICSSON DRIVE
WARRENDALE, PA 15086-7561

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

IVY CLIENT SERVICES

6300 LAMAR AVENUE
SHAWNEE MISSION, KS 66202-4207

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

JANUS FUNDS

151 DETROIT STREET
DENVER, CO 80206-4805

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

JP MORGAN FUNDS SERVICES

PO BOX 8528
BOSTON, MA 02266-8528

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

LAZARD ASSET MANAGEMENT LLC

30 ROCKEFELLER PLAZA
NEW YORK, NY 10112-6300

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

THE LORD ABBETT FAMILY OF FUNDS

90 HUDSON STREET
JERSEY CITY, NJ 07302-3979

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

NYLIFE DISTRIBUTORS LLC

ATTN MAINSTAY MARKETING DEPARTMENT
169 LACKAWANNA AVENUE
PARSIPPANY, NJ 07054

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

PIMCO FUNDS

840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

ROYCE AND ASSOCIATES

745 FIFTH AVENUE
NEW YORK, NY 10151

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

TROWE PRICE ASSOCIATES, INC.

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

TEH VANGUARD GROUP

INVESTOR INFORMATION DEPARTMENT
PO BOX 2600
VALLEY FORGE, PA 19482-2600

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

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

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

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

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

RSM MCGLADREY

191 N WACKER DRIVE
SUITE 1400
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50 60 64 65	RECORDKEEPER	13755	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VERISIGHT, INC

27-2037969

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50 60 64 65	RECORDKEEPER	1560	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILMINGTON TRUST COMPANY

51-0099033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25 71	TRUSTEE	660	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC.

D Employer Identification Number (EIN)
31-0983140

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	117534	30
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1104060	1129975
(2) Participant contributions	1b(2)		94566
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	80911	252825
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	285585	246590
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4065909	4651444
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	353544	332164
(15) Other	1c(15)	17021887	18773781

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	23029430	25481375
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	200	30
i Acquisition indebtedness	1i		
j Other liabilities	1j	525	
k Total liabilities (add all amounts in lines 1g through1j)	1k	725	30
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	23028705	25481345

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2301265	
(B) Participants	2a(1)(B)	1354583	
(C) Others (including rollovers)	2a(1)(C)	179148	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3834996
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	71	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		71
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	80365	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		80365
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	-38995	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-38995
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-226014
c Other income	2c		-855806
d Total income. Add all **income** amounts in column (b) and enter total	2d		2794617
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	338457	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		338457
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	2860	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	660	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3520
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		341977
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2452640
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: SS&G, INC. **(2)** EIN: 34-1945695

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC.

D Employer Identification Number (EIN)
31-0983140

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 65-1214236

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

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

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SS&G
Certified Public Accountants and Advisers

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

Independent Auditors' Report

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

We were engaged to audit the accompanying statement of net assets available for benefits of the Riverside Radiology and Interventional Associates, Inc. 401(k) Profit Sharing Plan (the Plan) as of December 31, 2011, and the related statement of changes in net assets available for benefits and the supplemental schedule for the year then ended. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the 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 summarized in Note C, which was certified by Wilmington Trust, the custodian of the Plan, except for comparing the information with the related information included in the 2011 financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information in the Plan's 2011 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole as of or for the year ended December 31, 2011. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have audited the statement of net assets available for benefits of the Riverside Radiology and Interventional Associates, Inc. 401(k) Profit Sharing Plan as of December 31, 2010, and in our report dated August 23, 2011, we expressed our opinion that such financial statement presents fairly, in all material respects, the financial status of Riverside Radiology and Interventional Associates, Inc. 401(k) Profit Sharing Plan as of December 31, 2010, in conformity with accounting principles generally accepted in the United States of America.

SS&G, Inc.

August 29, 2012

Providing the services that bring solutions

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

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2011	2010
ASSETS		
INVESTMENTS, AT FAIR VALUE (See Notes C and D)	**$ 24,256,804**	$ 21,807,836
CONTRIBUTION RECEIVABLES		
Employer - safe harbor contribution	**11,641**	-
Employer - discretionary	**1,118,334**	1,104,060
Participant	**94,566**	-
	1,224,541	1,104,060
CASH AND CASH EQUIVALENTS	**30**	117,534
	25,481,375	23,029,430
LIABILITES		
ACCOUNTS PAYABLE	**30**	725
NET ASSETS AVAILABLE FOR BENEFITS	**$ 25,481,345**	$ 23,028,705

See accompanying notes to financial statements.

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	**2011**	2010
Investment income:		
Interest and dividends	**$ 425,408**	$ 398,697
Net appreciation in fair value of investments	**-**	1,901,782
	425,408	2,300,479
Contributions:		
Employer	**2,301,265**	2,255,864
Participant	**1,354,583**	1,286,988
Rollover	**179,148**	702,782
	3,834,996	4,245,634
Total additions	**4,260,404**	6,546,113
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Net depreciation in fair value of investments	**1,465,787**	-
Benefits paid to participants	**338,457**	1,084,703
Administrative expenses	**3,520**	3,187
Total deductions	**1,807,764**	1,087,890
NET INCREASE	**2,452,640**	5,458,223
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	**23,028,705**	17,570,482
End of year	**$ 25,481,345**	$ 23,028,705

See accompanying notes to financial statements.

NOTE A - Description of plan

The following description of the Riverside Radiology and Interventional Associates, Inc. (the Company) 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

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

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

Effective September 27, 2010 the Plan was amended to allow in-service distributions prior to normal retirement age from all accounts except the transfer account but only for the purposes of in-plan Roth rollovers. During 2011 and 2010, $124,295 and $380,903, respectively, of in-plan Roth rollover conversions occurred, which are included in rollover contributions and benefits paid to participants on the statements of changes in net assets available for benefits.

Contributions
Each year, participants may elect to contribute up to 85% of their eligible earnings and 100% of any bonuses paid as defined by the Plan, not to exceed the limits imposed by the IRS. The employee can make a tax deferred contribution or a Roth contribution or a combination of both. These deferral contributions are fully vested and nonforfeitable.

The Company's Board of Directors adopted a Section 401(k) safe harbor design for the Plan which means that the Plan automatically complies with the nondiscrimination requirements of Section 401 of the Internal Revenue Code. As such, the Company provided for a fully vested qualified, nonelective contribution of 3% of compensation for all eligible participants totaling $602,573 and $588,689 during 2011 and 2010, respectively.

The Company may make two separate discretionary contributions, a discretionary matching contribution equal to a uniform percentage of participant deferrals and a discretionary profit sharing contribution equal to a uniform percentage of participant compensation. Participants share in the discretionary contributions regardless of the amount of service completed by participants during the Plan year. During both 2011 and 2010 the Company did not make discretionary matching contributions. During 2011 and 2010, respectively, the Company made discretionary profit sharing contributions of $1,698,692 and $1,667,175.

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

NOTE A - Description of plan (continued)

Participant accounts (continued)
The Plan appointed Wilmington Trust Retirement and Institutional Services Company (Wilmington Trust), to act as a non-discretionary successor trustee of the trust with the goal of holding all assets of the Plan. Wilmington Trust offers a platform of investment funds to participants and manages self-directed brokerage accounts.

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

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

Forfeitures
Forfeitures arising from balances of terminated participants with less than fully vested interests in the Plan are applied to reduce employer contributions. As of December 31, 2011 and 2010, forfeited amounts available to reduce employer contributions totaled $3,843 and $5,594, respectively. For the plan years ended December 31, 2011 and 2010 $5,594 and $-0-, respectively, of the forfeited nonvested accounts was applied to reduce employer contributions.

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

NOTE B - Summary of significant accounting policies

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

Recent accounting pronouncements
In May 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standard Update (ASU) 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and International Financial Reporting Standards (Topic 820) – Fair Value Measurement* (ASU 2011-04), to provide a consistent definition of fair value and ensure that the fair value measurement and disclosure requirements are similar between U.S. GAAP and International Financial Reporting Standards.

NOTE B - Summary of significant accounting policies (continued)

Recent accounting pronouncements (continued)
ASU 2011-04 changes certain fair value measurement principles and enhances the disclosure requirements particularly for level 3 fair value measurements. ASU 2011-04 is effective for the Plan prospectively for the year ending December 31, 2012. The Plan is currently evaluating the impact of pending adoption of ASU 2011-04 on its financial statements.

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

The Plan reports variable annuity contracts at fair market value. The variable annuity contract the Plan holds includes provisions that could cause an impairment of the asset value upon liquidation or other occurrence. The provisions include a surrender charge value of $7,598 and $13,705 as of December 31, 2011 and 2010, respectively. The provisions also include a recapture fee of $3,705 and $3,873 as of December 31, 2011 and 2010, respectively. Upon liquidation or other occurrence the aforementioned provisions would decrease the amount received as they would offset the contract value.

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

Payment of benefits
Benefits are recorded when paid.

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

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

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

Events occurring after reporting date
The Plan has evaluated events and transactions that occurred between January 1, 2012 and August 29, 2012 which is the date that the financial statements were available to be issued for possible recognition or disclosure in the financial statements.

NOTE C - Investments

All information relating to the net assets available for benefits and changes thereto, (except contributions received and benefits paid to participants included in the financial statements and supplemental schedule of the Plan), was prepared and certified to be complete and accurate by the custodian, Wilmington Trust as of or for the year ended December 31, 2011.

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

	2011	2010
JP Morgan US Government Money Market Investor	**$ 2,400,611**	$ < 5%
Thornburg Limited Term US Government Fund	**1,551,983**	< 5%
Schwab Money Market Fund	**< 5%**	1,268,535

During 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) (depreciated)/appreciated in value by $(1,465,787) and $1,901,782, respectively.

	2011	2010
Mutual funds, exchange traded funds, index-linked notes, fixed income bonds, large cap unit investment trusts, common and preferred stock	**$ (1,405,412)**	$ 1,846,059
Variable annuity	**(21,380)**	55,524
Real estate investment trust	**(38,995)**	199
	$ (1,465,787)	$ 1,901,782

NOTE D - Fair value measurements

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

ASC 820-10 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobserved inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10 are described below:

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

NOTE D - Fair value measurements (continued)

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

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

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

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

Real estate investment trust: The Hines Real Estate Investment Trust (REIT) invests primarily in institutional-quality office properties located throughout the United States. The amount of dividends paid, if any, is uncertain. There currently is no public market for common shares of the REIT. Therefore, it may be difficult to sell shares of the REIT and if sold they could be at a discount. The REIT also has restrictions and limitations under a share redemption plan on the ability to have all or any portion of the shares redeemed. Under the share redemption plan shares may be redeemed, subject to a monthly limitation of $1/12^{th}$ of 10% of the shares outstanding as of the prior calendar year-end. Unfunded commitments as of December 31, 2011 and 2010 was $-0-. The REIT is valued at the offering price reported on the prospectus, which represents the selling price to the public at year end.

The methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE D - Fair value measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Fair Value Measurements at Reporting Date Using			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Money market funds	$ 6,164,084	$ -	$ -	**$ 6,164,084**
Short government funds	1,551,983	-	-	**1,551,983**
World allocation funds	1,278,883	-	-	**1,278,883**
Other funds	12,507,523	-	-	**12,507,523**
Total mutual funds	21,502,473	-	-	**21,502,473**
Common stock:				
Technology stocks	309,169	-	-	**309,169**
Basic materials stocks	307,299	-	-	**307,299**
Utilities stocks	212,996	-	-	**212,996**
Consumer goods stocks	195,734	-	-	**195,734**
Financial stocks	99,908	-	-	**99,908**
Healthcare stocks	87,304	-	-	**87,304**
Industrial goods stocks	84,579	-	-	**84,579**
Service stocks	79,762	-	-	**79,762**
Total common stock	1,376,751	-	-	**1,376,751**
Preferred stock:				
Financial stocks	46,639	-	-	**46,639**
Exchange traded funds:				
Commodities precious metals funds	118,061	-	-	**118,061**
Large blend funds	72,458	-	-	**72,458**
High yield bond funds	60,476	-	-	**60,476**
Large growth funds	59,694	-	-	**59,694**
Large value funds	54,652	-	-	**54,652**
Diversified emerging markets funds	49,020	-	-	**49,020**
Intermediate-term bond funds	45,390	-	-	**45,390**
Other funds	226,225	-	-	**226,225**
Total exchange traded funds	685,976	-	-	**685,976**
Certificates of deposit	55,484	-	-	**55,484**
Large cap unit investment trust	10,727	-	-	**10,727**
Variable annuity	-	332,164	-	**332,164**
Real estate investment trust	-	-	246,590	**246,590**
Balance at December 31, 2011	$ 23,678,050	$ 332,164	$ 246,590	**$ 24,256,804**

NOTE D - Fair value measurements (continued)

During 2011 the Plan implemented Accounting Standards Update 2010-06, *Improving Disclosures about Fair Value Measurements* (ASU 2010-06). ASU 2010-06 amended ASC 820 to clarify certain existing fair value disclosures and requires a number of additional disclosures. ASU 2010-06 introduced new requirements to present information regarding the purchases, sales, issuances, and settlements of Level 3 assets and liabilities on a gross basis.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)
	Real Estate Investment Trust
Balance, beginning of year	**$ 285,585**
Unrealized gains (losses) relating to instruments still held at the reporting date	**(54,355)**
Investment income	**15,360**
Balance, end of year	**$ 246,590**

NOTE D - Fair value measurements (continued)

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

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

NOTE D - Fair value measurements (continued)

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

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

NOTE E - Income tax status

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the tax authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The open audit periods are 2008 through 2010 plus the current 2011 tax year.

NOTE F - Plan termination

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

NOTE G - Parties-in-interest

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

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

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

EMPLOYER IDENTIFICATION NUMBER: 31-0983140 PLAN NUMBER 001

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

DECEMBER 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Various Brokers	Self Directed Brokerage Accounts	**	$23,678,050
*	Jackson National Life Insurance Company	Insurance Contract	**	332,164
*	Hines Real Estate Investment Trust, Inc.	Real Estate Investment Trust	**	246,590
				$24,256,804

* Party in interest to the Plan

** Not required for participant directed investments

See independent auditors' report.

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

FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

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

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SS&G
Certified Public Accountants and Advisers

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Suite 250
Columbus, OH 43215
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fax: 614-488-0095
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Independent Auditors' Report

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

We were engaged to audit the accompanying statement of net assets available for benefits of the Riverside Radiology and Interventional Associates, Inc. 401(k) Profit Sharing Plan (the Plan) as of December 31, 2011, and the related statement of changes in net assets available for benefits and the supplemental schedule for the year then ended. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the 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 summarized in Note C, which was certified by Wilmington Trust, the custodian of the Plan, except for comparing the information with the related information included in the 2011 financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information in the Plan's 2011 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole as of or for the year ended December 31, 2011. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have audited the statement of net assets available for benefits of the Riverside Radiology and Interventional Associates, Inc. 401(k) Profit Sharing Plan as of December 31, 2010, and in our report dated August 23, 2011, we expressed our opinion that such financial statement presents fairly, in all material respects, the financial status of Riverside Radiology and Interventional Associates, Inc. 401(k) Profit Sharing Plan as of December 31, 2010, in conformity with accounting principles generally accepted in the United States of America.

SS&G, Inc.

August 29, 2012

Providing the services that bring solutions

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OSCPA, PCAOB, the AICPA's Center for Audit Quality, and The Leading Edge Alliance

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2011	2010
ASSETS		
INVESTMENTS, AT FAIR VALUE (See Notes C and D)	**$ 24,256,804**	$ 21,807,836
CONTRIBUTION RECEIVABLES		
Employer - safe harbor contribution	**11,641**	-
Employer - discretionary	**1,118,334**	1,104,060
Participant	**94,566**	-
	1,224,541	1,104,060
CASH AND CASH EQUIVALENTS	**30**	117,534
	25,481,375	23,029,430
LIABILITES		
ACCOUNTS PAYABLE	**30**	725
NET ASSETS AVAILABLE FOR BENEFITS	**$ 25,481,345**	$ 23,028,705

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

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Plan amendments
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NOTE A - Description of plan (continued)

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

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

Forfeitures
Forfeitures arising from balances of terminated participants with less than fully vested interests in the Plan are applied to reduce employer contributions. As of December 31, 2011 and 2010, forfeited amounts available to reduce employer contributions totaled $3,843 and $5,594, respectively. For the plan years ended December 31, 2011 and 2010 $5,594 and $-0-, respectively, of the forfeited nonvested accounts was applied to reduce employer contributions.

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

NOTE B - Summary of significant accounting policies

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

Recent accounting pronouncements
In May 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standard Update (ASU) 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and International Financial Reporting Standards (Topic 820) – Fair Value Measurement* (ASU 2011-04), to provide a consistent definition of fair value and ensure that the fair value measurement and disclosure requirements are similar between U.S. GAAP and International Financial Reporting Standards.

NOTE B - Summary of significant accounting policies (continued)

Recent accounting pronouncements (continued)
ASU 2011-04 changes certain fair value measurement principles and enhances the disclosure requirements particularly for level 3 fair value measurements. ASU 2011-04 is effective for the Plan prospectively for the year ending December 31, 2012. The Plan is currently evaluating the impact of pending adoption of ASU 2011-04 on its financial statements.

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

The Plan reports variable annuity contracts at fair market value. The variable annuity contract the Plan holds includes provisions that could cause an impairment of the asset value upon liquidation or other occurrence. The provisions include a surrender charge value of $7,598 and $13,705 as of December 31, 2011 and 2010, respectively. The provisions also include a recapture fee of $3,705 and $3,873 as of December 31, 2011 and 2010, respectively. Upon liquidation or other occurrence the aforementioned provisions would decrease the amount received as they would offset the contract value.

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

Payment of benefits
Benefits are recorded when paid.

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

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

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

Events occurring after reporting date
The Plan has evaluated events and transactions that occurred between January 1, 2012 and August 29, 2012 which is the date that the financial statements were available to be issued for possible recognition or disclosure in the financial statements.

NOTE C - Investments

All information relating to the net assets available for benefits and changes thereto, (except contributions received and benefits paid to participants included in the financial statements and supplemental schedule of the Plan), was prepared and certified to be complete and accurate by the custodian, Wilmington Trust as of or for the year ended December 31, 2011.

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

	2011	2010
JP Morgan US Government Money Market Investor	**$ 2,400,611**	$ < 5%
Thornburg Limited Term US Government Fund	**1,551,983**	< 5%
Schwab Money Market Fund	**< 5%**	1,268,535

During 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) (depreciated)/appreciated in value by $(1,465,787) and $1,901,782, respectively.

	2011	2010
Mutual funds, exchange traded funds, index-linked notes, fixed income bonds, large cap unit investment trusts, common and preferred stock	**$ (1,405,412)**	$ 1,846,059
Variable annuity	**(21,380)**	55,524
Real estate investment trust	**(38,995)**	199
	$ (1,465,787)	$ 1,901,782

NOTE D - Fair value measurements

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

ASC 820-10 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobserved inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10 are described below:

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

NOTE D - Fair value measurements (continued)

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

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

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

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

Real estate investment trust: The Hines Real Estate Investment Trust (REIT) invests primarily in institutional-quality office properties located throughout the United States. The amount of dividends paid, if any, is uncertain. There currently is no public market for common shares of the REIT. Therefore, it may be difficult to sell shares of the REIT and if sold they could be at a discount. The REIT also has restrictions and limitations under a share redemption plan on the ability to have all or any portion of the shares redeemed. Under the share redemption plan shares may be redeemed, subject to a monthly limitation of $1/12^{th}$ of 10% of the shares outstanding as of the prior calendar year-end. Unfunded commitments as of December 31, 2011 and 2010 was $-0-. The REIT is valued at the offering price reported on the prospectus, which represents the selling price to the public at year end.

The methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE D - Fair value measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Fair Value Measurements at Reporting Date Using			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Money market funds	$ 6,164,084	$ -	$ -	**$ 6,164,084**
Short government funds	1,551,983	-	-	**1,551,983**
World allocation funds	1,278,883	-	-	**1,278,883**
Other funds	12,507,523	-	-	**12,507,523**
Total mutual funds	21,502,473	-	-	**21,502,473**
Common stock:				
Technology stocks	309,169	-	-	**309,169**
Basic materials stocks	307,299	-	-	**307,299**
Utilities stocks	212,996	-	-	**212,996**
Consumer goods stocks	195,734	-	-	**195,734**
Financial stocks	99,908	-	-	**99,908**
Healthcare stocks	87,304	-	-	**87,304**
Industrial goods stocks	84,579	-	-	**84,579**
Service stocks	79,762	-	-	**79,762**
Total common stock	1,376,751	-	-	**1,376,751**
Preferred stock:				
Financial stocks	46,639	-	-	**46,639**
Exchange traded funds:				
Commodities precious metals funds	118,061	-	-	**118,061**
Large blend funds	72,458	-	-	**72,458**
High yield bond funds	60,476	-	-	**60,476**
Large growth funds	59,694	-	-	**59,694**
Large value funds	54,652	-	-	**54,652**
Diversified emerging markets funds	49,020	-	-	**49,020**
Intermediate-term bond funds	45,390	-	-	**45,390**
Other funds	226,225	-	-	**226,225**
Total exchange traded funds	685,976	-	-	**685,976**
Certificates of deposit	55,484	-	-	**55,484**
Large cap unit investment trust	10,727	-	-	**10,727**
Variable annuity	-	332,164	-	**332,164**
Real estate investment trust	-	-	246,590	**246,590**
Balance at December 31, 2011	$ 23,678,050	$ 332,164	$ 246,590	**$ 24,256,804**

NOTE D - Fair value measurements (continued)

During 2011 the Plan implemented Accounting Standards Update 2010-06, *Improving Disclosures about Fair Value Measurements* (ASU 2010-06). ASU 2010-06 amended ASC 820 to clarify certain existing fair value disclosures and requires a number of additional disclosures. ASU 2010-06 introduced new requirements to present information regarding the purchases, sales, issuances, and settlements of Level 3 assets and liabilities on a gross basis.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)
	Real Estate Investment Trust
Balance, beginning of year	**$ 285,585**
Unrealized gains (losses) relating to instruments still held at the reporting date	**(54,355)**
Investment income	**15,360**
Balance, end of year	**$ 246,590**

NOTE D - Fair value measurements (continued)

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

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

NOTE D - Fair value measurements (continued)

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

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

NOTE E - Income tax status

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the tax authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The open audit periods are 2008 through 2010 plus the current 2011 tax year.

NOTE F - Plan termination

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

NOTE G - Parties-in-interest

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

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

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

EMPLOYER IDENTIFICATION NUMBER: 31-0983140 PLAN NUMBER 001

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

DECEMBER 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Various Brokers	Self Directed Brokerage Accounts	**	$23,678,050
*	Jackson National Life Insurance Company	Insurance Contract	**	332,164
*	Hines Real Estate Investment Trust, Inc.	Real Estate Investment Trust	**	246,590
				$24,256,804

* Party in interest to the Plan

** Not required for participant directed investments

See independent auditors' report.

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

FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

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

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SS&G
Certified Public Accountants and Advisers

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Independent Auditors' Report

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

We were engaged to audit the accompanying statement of net assets available for benefits of the Riverside Radiology and Interventional Associates, Inc. 401(k) Profit Sharing Plan (the Plan) as of December 31, 2011, and the related statement of changes in net assets available for benefits and the supplemental schedule for the year then ended. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the 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 summarized in Note C, which was certified by Wilmington Trust, the custodian of the Plan, except for comparing the information with the related information included in the 2011 financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information in the Plan's 2011 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole as of or for the year ended December 31, 2011. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have audited the statement of net assets available for benefits of the Riverside Radiology and Interventional Associates, Inc. 401(k) Profit Sharing Plan as of December 31, 2010, and in our report dated August 23, 2011, we expressed our opinion that such financial statement presents fairly, in all material respects, the financial status of Riverside Radiology and Interventional Associates, Inc. 401(k) Profit Sharing Plan as of December 31, 2010, in conformity with accounting principles generally accepted in the United States of America.

SS&G, Inc.

August 29, 2012

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OSCPA, PCAOB, the AICPA's Center for Audit Quality, and The Leading Edge Alliance

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2011	2010
ASSETS		
INVESTMENTS, AT FAIR VALUE (See Notes C and D)	**$ 24,256,804**	$ 21,807,836
CONTRIBUTION RECEIVABLES		
Employer - safe harbor contribution	**11,641**	-
Employer - discretionary	**1,118,334**	1,104,060
Participant	**94,566**	-
	1,224,541	1,104,060
CASH AND CASH EQUIVALENTS	**30**	117,534
	25,481,375	23,029,430
LIABILITES		
ACCOUNTS PAYABLE	**30**	725
NET ASSETS AVAILABLE FOR BENEFITS	**$ 25,481,345**	$ 23,028,705

See accompanying notes to financial statements.

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	**2011**	2010
Investment income:		
Interest and dividends	**$ 425,408**	$ 398,697
Net appreciation in fair value of investments	**-**	1,901,782
	425,408	2,300,479
Contributions:		
Employer	**2,301,265**	2,255,864
Participant	**1,354,583**	1,286,988
Rollover	**179,148**	702,782
	3,834,996	4,245,634
Total additions	**4,260,404**	6,546,113
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Net depreciation in fair value of investments	**1,465,787**	-
Benefits paid to participants	**338,457**	1,084,703
Administrative expenses	**3,520**	3,187
Total deductions	**1,807,764**	1,087,890
NET INCREASE	**2,452,640**	5,458,223
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	**23,028,705**	17,570,482
End of year	**$ 25,481,345**	$ 23,028,705

See accompanying notes to financial statements.

NOTE A - Description of plan

The following description of the Riverside Radiology and Interventional Associates, Inc. (the Company) 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

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

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

Effective September 27, 2010 the Plan was amended to allow in-service distributions prior to normal retirement age from all accounts except the transfer account but only for the purposes of in-plan Roth rollovers. During 2011 and 2010, $124,295 and $380,903, respectively, of in-plan Roth rollover conversions occurred, which are included in rollover contributions and benefits paid to participants on the statements of changes in net assets available for benefits.

Contributions
Each year, participants may elect to contribute up to 85% of their eligible earnings and 100% of any bonuses paid as defined by the Plan, not to exceed the limits imposed by the IRS. The employee can make a tax deferred contribution or a Roth contribution or a combination of both. These deferral contributions are fully vested and nonforfeitable.

The Company's Board of Directors adopted a Section 401(k) safe harbor design for the Plan which means that the Plan automatically complies with the nondiscrimination requirements of Section 401 of the Internal Revenue Code. As such, the Company provided for a fully vested qualified, nonelective contribution of 3% of compensation for all eligible participants totaling $602,573 and $588,689 during 2011 and 2010, respectively.

The Company may make two separate discretionary contributions, a discretionary matching contribution equal to a uniform percentage of participant deferrals and a discretionary profit sharing contribution equal to a uniform percentage of participant compensation. Participants share in the discretionary contributions regardless of the amount of service completed by participants during the Plan year. During both 2011 and 2010 the Company did not make discretionary matching contributions. During 2011 and 2010, respectively, the Company made discretionary profit sharing contributions of $1,698,692 and $1,667,175.

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

NOTE A - Description of plan (continued)

Participant accounts (continued)
The Plan appointed Wilmington Trust Retirement and Institutional Services Company (Wilmington Trust), to act as a non-discretionary successor trustee of the trust with the goal of holding all assets of the Plan. Wilmington Trust offers a platform of investment funds to participants and manages self-directed brokerage accounts.

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

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

Forfeitures
Forfeitures arising from balances of terminated participants with less than fully vested interests in the Plan are applied to reduce employer contributions. As of December 31, 2011 and 2010, forfeited amounts available to reduce employer contributions totaled $3,843 and $5,594, respectively. For the plan years ended December 31, 2011 and 2010 $5,594 and $-0-, respectively, of the forfeited nonvested accounts was applied to reduce employer contributions.

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

NOTE B - Summary of significant accounting policies

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

Recent accounting pronouncements
In May 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standard Update (ASU) 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and International Financial Reporting Standards (Topic 820) – Fair Value Measurement* (ASU 2011-04), to provide a consistent definition of fair value and ensure that the fair value measurement and disclosure requirements are similar between U.S. GAAP and International Financial Reporting Standards.

NOTE B - Summary of significant accounting policies (continued)

Recent accounting pronouncements (continued)
ASU 2011-04 changes certain fair value measurement principles and enhances the disclosure requirements particularly for level 3 fair value measurements. ASU 2011-04 is effective for the Plan prospectively for the year ending December 31, 2012. The Plan is currently evaluating the impact of pending adoption of ASU 2011-04 on its financial statements.

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

The Plan reports variable annuity contracts at fair market value. The variable annuity contract the Plan holds includes provisions that could cause an impairment of the asset value upon liquidation or other occurrence. The provisions include a surrender charge value of $7,598 and $13,705 as of December 31, 2011 and 2010, respectively. The provisions also include a recapture fee of $3,705 and $3,873 as of December 31, 2011 and 2010, respectively. Upon liquidation or other occurrence the aforementioned provisions would decrease the amount received as they would offset the contract value.

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

Payment of benefits
Benefits are recorded when paid.

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

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

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

Events occurring after reporting date
The Plan has evaluated events and transactions that occurred between January 1, 2012 and August 29, 2012 which is the date that the financial statements were available to be issued for possible recognition or disclosure in the financial statements.

NOTE C - Investments

All information relating to the net assets available for benefits and changes thereto, (except contributions received and benefits paid to participants included in the financial statements and supplemental schedule of the Plan), was prepared and certified to be complete and accurate by the custodian, Wilmington Trust as of or for the year ended December 31, 2011.

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

	2011	2010
JP Morgan US Government Money Market Investor	**$ 2,400,611**	$ < 5%
Thornburg Limited Term US Government Fund	**1,551,983**	< 5%
Schwab Money Market Fund	**< 5%**	1,268,535

During 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) (depreciated)/appreciated in value by $(1,465,787) and $1,901,782, respectively.

	2011	2010
Mutual funds, exchange traded funds, index-linked notes, fixed income bonds, large cap unit investment trusts, common and preferred stock	**$ (1,405,412)**	$ 1,846,059
Variable annuity	**(21,380)**	55,524
Real estate investment trust	**(38,995)**	199
	$ (1,465,787)	$ 1,901,782

NOTE D - Fair value measurements

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

ASC 820-10 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobserved inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10 are described below:

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

NOTE D - Fair value measurements (continued)

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

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

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

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

Real estate investment trust: The Hines Real Estate Investment Trust (REIT) invests primarily in institutional-quality office properties located throughout the United States. The amount of dividends paid, if any, is uncertain. There currently is no public market for common shares of the REIT. Therefore, it may be difficult to sell shares of the REIT and if sold they could be at a discount. The REIT also has restrictions and limitations under a share redemption plan on the ability to have all or any portion of the shares redeemed. Under the share redemption plan shares may be redeemed, subject to a monthly limitation of $1/12^{th}$ of 10% of the shares outstanding as of the prior calendar year-end. Unfunded commitments as of December 31, 2011 and 2010 was $-0-. The REIT is valued at the offering price reported on the prospectus, which represents the selling price to the public at year end.

The methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE D - Fair value measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Fair Value Measurements at Reporting Date Using			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Money market funds	$ 6,164,084	$ -	$ -	**$ 6,164,084**
Short government funds	1,551,983	-	-	**1,551,983**
World allocation funds	1,278,883	-	-	**1,278,883**
Other funds	12,507,523	-	-	**12,507,523**
Total mutual funds	21,502,473	-	-	**21,502,473**
Common stock:				
Technology stocks	309,169	-	-	**309,169**
Basic materials stocks	307,299	-	-	**307,299**
Utilities stocks	212,996	-	-	**212,996**
Consumer goods stocks	195,734	-	-	**195,734**
Financial stocks	99,908	-	-	**99,908**
Healthcare stocks	87,304	-	-	**87,304**
Industrial goods stocks	84,579	-	-	**84,579**
Service stocks	79,762	-	-	**79,762**
Total common stock	1,376,751	-	-	**1,376,751**
Preferred stock:				
Financial stocks	46,639	-	-	**46,639**
Exchange traded funds:				
Commodities precious metals funds	118,061	-	-	**118,061**
Large blend funds	72,458	-	-	**72,458**
High yield bond funds	60,476	-	-	**60,476**
Large growth funds	59,694	-	-	**59,694**
Large value funds	54,652	-	-	**54,652**
Diversified emerging markets funds	49,020	-	-	**49,020**
Intermediate-term bond funds	45,390	-	-	**45,390**
Other funds	226,225	-	-	**226,225**
Total exchange traded funds	685,976	-	-	**685,976**
Certificates of deposit	55,484	-	-	**55,484**
Large cap unit investment trust	10,727	-	-	**10,727**
Variable annuity	-	332,164	-	**332,164**
Real estate investment trust	-	-	246,590	**246,590**
Balance at December 31, 2011	$ 23,678,050	$ 332,164	$ 246,590	**$ 24,256,804**

NOTE D - Fair value measurements (continued)

During 2011 the Plan implemented Accounting Standards Update 2010-06, *Improving Disclosures about Fair Value Measurements* (ASU 2010-06). ASU 2010-06 amended ASC 820 to clarify certain existing fair value disclosures and requires a number of additional disclosures. ASU 2010-06 introduced new requirements to present information regarding the purchases, sales, issuances, and settlements of Level 3 assets and liabilities on a gross basis.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)
	Real Estate Investment Trust
Balance, beginning of year	**$ 285,585**
Unrealized gains (losses) relating to instruments still held at the reporting date	**(54,355)**
Investment income	**15,360**
Balance, end of year	**$ 246,590**

NOTE D - Fair value measurements (continued)

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

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

NOTE D - Fair value measurements (continued)

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

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

NOTE E - Income tax status

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the tax authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The open audit periods are 2008 through 2010 plus the current 2011 tax year.

NOTE F - Plan termination

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

NOTE G - Parties-in-interest

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

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

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

EMPLOYER IDENTIFICATION NUMBER: 31-0983140 PLAN NUMBER 001

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

DECEMBER 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Various Brokers	Self Directed Brokerage Accounts	**	$23,678,050
*	Jackson National Life Insurance Company	Insurance Contract	**	332,164
*	Hines Real Estate Investment Trust, Inc.	Real Estate Investment Trust	**	246,590
				$24,256,804

* Party in interest to the Plan

** Not required for participant directed investments

See independent auditors' report.

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

FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

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

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SS&G
Certified Public Accountants and Advisers

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Columbus, OH 43215
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fax: 614-488-0095
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Independent Auditors' Report

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

We were engaged to audit the accompanying statement of net assets available for benefits of the Riverside Radiology and Interventional Associates, Inc. 401(k) Profit Sharing Plan (the Plan) as of December 31, 2011, and the related statement of changes in net assets available for benefits and the supplemental schedule for the year then ended. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the 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 summarized in Note C, which was certified by Wilmington Trust, the custodian of the Plan, except for comparing the information with the related information included in the 2011 financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information in the Plan's 2011 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole as of or for the year ended December 31, 2011. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have audited the statement of net assets available for benefits of the Riverside Radiology and Interventional Associates, Inc. 401(k) Profit Sharing Plan as of December 31, 2010, and in our report dated August 23, 2011, we expressed our opinion that such financial statement presents fairly, in all material respects, the financial status of Riverside Radiology and Interventional Associates, Inc. 401(k) Profit Sharing Plan as of December 31, 2010, in conformity with accounting principles generally accepted in the United States of America.

SS&G, Inc.

August 29, 2012

Providing the services that bring solutions

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OSCPA, PCAOB, the AICPA's Center for Audit Quality, and The Leading Edge Alliance

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2011	2010
ASSETS		
INVESTMENTS, AT FAIR VALUE (See Notes C and D)	**$ 24,256,804**	$ 21,807,836
CONTRIBUTION RECEIVABLES		
Employer - safe harbor contribution	**11,641**	-
Employer - discretionary	**1,118,334**	1,104,060
Participant	**94,566**	-
	1,224,541	1,104,060
CASH AND CASH EQUIVALENTS	**30**	117,534
	25,481,375	23,029,430
LIABILITES		
ACCOUNTS PAYABLE	**30**	725
NET ASSETS AVAILABLE FOR BENEFITS	**$ 25,481,345**	$ 23,028,705

See accompanying notes to financial statements.

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	**2011**	2010
Investment income:		
Interest and dividends	**$ 425,408**	$ 398,697
Net appreciation in fair value of investments	**-**	1,901,782
	425,408	2,300,479
Contributions:		
Employer	**2,301,265**	2,255,864
Participant	**1,354,583**	1,286,988
Rollover	**179,148**	702,782
	3,834,996	4,245,634
Total additions	**4,260,404**	6,546,113
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Net depreciation in fair value of investments	**1,465,787**	-
Benefits paid to participants	**338,457**	1,084,703
Administrative expenses	**3,520**	3,187
Total deductions	**1,807,764**	1,087,890
NET INCREASE	**2,452,640**	5,458,223
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	**23,028,705**	17,570,482
End of year	**$ 25,481,345**	$ 23,028,705

See accompanying notes to financial statements.

NOTE A - Description of plan

The following description of the Riverside Radiology and Interventional Associates, Inc. (the Company) 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

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

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

Effective September 27, 2010 the Plan was amended to allow in-service distributions prior to normal retirement age from all accounts except the transfer account but only for the purposes of in-plan Roth rollovers. During 2011 and 2010, $124,295 and $380,903, respectively, of in-plan Roth rollover conversions occurred, which are included in rollover contributions and benefits paid to participants on the statements of changes in net assets available for benefits.

Contributions
Each year, participants may elect to contribute up to 85% of their eligible earnings and 100% of any bonuses paid as defined by the Plan, not to exceed the limits imposed by the IRS. The employee can make a tax deferred contribution or a Roth contribution or a combination of both. These deferral contributions are fully vested and nonforfeitable.

The Company's Board of Directors adopted a Section 401(k) safe harbor design for the Plan which means that the Plan automatically complies with the nondiscrimination requirements of Section 401 of the Internal Revenue Code. As such, the Company provided for a fully vested qualified, nonelective contribution of 3% of compensation for all eligible participants totaling $602,573 and $588,689 during 2011 and 2010, respectively.

The Company may make two separate discretionary contributions, a discretionary matching contribution equal to a uniform percentage of participant deferrals and a discretionary profit sharing contribution equal to a uniform percentage of participant compensation. Participants share in the discretionary contributions regardless of the amount of service completed by participants during the Plan year. During both 2011 and 2010 the Company did not make discretionary matching contributions. During 2011 and 2010, respectively, the Company made discretionary profit sharing contributions of $1,698,692 and $1,667,175.

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

NOTE A - Description of plan (continued)

Participant accounts (continued)
The Plan appointed Wilmington Trust Retirement and Institutional Services Company (Wilmington Trust), to act as a non-discretionary successor trustee of the trust with the goal of holding all assets of the Plan. Wilmington Trust offers a platform of investment funds to participants and manages self-directed brokerage accounts.

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

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

Forfeitures
Forfeitures arising from balances of terminated participants with less than fully vested interests in the Plan are applied to reduce employer contributions. As of December 31, 2011 and 2010, forfeited amounts available to reduce employer contributions totaled $3,843 and $5,594, respectively. For the plan years ended December 31, 2011 and 2010 $5,594 and $-0-, respectively, of the forfeited nonvested accounts was applied to reduce employer contributions.

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

NOTE B - Summary of significant accounting policies

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

Recent accounting pronouncements
In May 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standard Update (ASU) 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and International Financial Reporting Standards (Topic 820) – Fair Value Measurement* (ASU 2011-04), to provide a consistent definition of fair value and ensure that the fair value measurement and disclosure requirements are similar between U.S. GAAP and International Financial Reporting Standards.

NOTE B - Summary of significant accounting policies (continued)

Recent accounting pronouncements (continued)
ASU 2011-04 changes certain fair value measurement principles and enhances the disclosure requirements particularly for level 3 fair value measurements. ASU 2011-04 is effective for the Plan prospectively for the year ending December 31, 2012. The Plan is currently evaluating the impact of pending adoption of ASU 2011-04 on its financial statements.

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

The Plan reports variable annuity contracts at fair market value. The variable annuity contract the Plan holds includes provisions that could cause an impairment of the asset value upon liquidation or other occurrence. The provisions include a surrender charge value of $7,598 and $13,705 as of December 31, 2011 and 2010, respectively. The provisions also include a recapture fee of $3,705 and $3,873 as of December 31, 2011 and 2010, respectively. Upon liquidation or other occurrence the aforementioned provisions would decrease the amount received as they would offset the contract value.

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

Payment of benefits
Benefits are recorded when paid.

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

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

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

Events occurring after reporting date
The Plan has evaluated events and transactions that occurred between January 1, 2012 and August 29, 2012 which is the date that the financial statements were available to be issued for possible recognition or disclosure in the financial statements.

NOTE C - Investments

All information relating to the net assets available for benefits and changes thereto, (except contributions received and benefits paid to participants included in the financial statements and supplemental schedule of the Plan), was prepared and certified to be complete and accurate by the custodian, Wilmington Trust as of or for the year ended December 31, 2011.

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

	2011	2010
JP Morgan US Government Money Market Investor	**$ 2,400,611**	$ < 5%
Thornburg Limited Term US Government Fund	**1,551,983**	< 5%
Schwab Money Market Fund	**< 5%**	1,268,535

During 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) (depreciated)/appreciated in value by $(1,465,787) and $1,901,782, respectively.

	2011	2010
Mutual funds, exchange traded funds, index-linked notes, fixed income bonds, large cap unit investment trusts, common and preferred stock	**$ (1,405,412)**	$ 1,846,059
Variable annuity	**(21,380)**	55,524
Real estate investment trust	**(38,995)**	199
	$ (1,465,787)	$ 1,901,782

NOTE D - Fair value measurements

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

ASC 820-10 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobserved inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10 are described below:

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

NOTE D - Fair value measurements (continued)

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

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

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

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

Real estate investment trust: The Hines Real Estate Investment Trust (REIT) invests primarily in institutional-quality office properties located throughout the United States. The amount of dividends paid, if any, is uncertain. There currently is no public market for common shares of the REIT. Therefore, it may be difficult to sell shares of the REIT and if sold they could be at a discount. The REIT also has restrictions and limitations under a share redemption plan on the ability to have all or any portion of the shares redeemed. Under the share redemption plan shares may be redeemed, subject to a monthly limitation of $1/12^{th}$ of 10% of the shares outstanding as of the prior calendar year-end. Unfunded commitments as of December 31, 2011 and 2010 was $-0-. The REIT is valued at the offering price reported on the prospectus, which represents the selling price to the public at year end.

The methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE D - Fair value measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Fair Value Measurements at Reporting Date Using			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Money market funds	$ 6,164,084	$ -	$ -	**$ 6,164,084**
Short government funds	1,551,983	-	-	**1,551,983**
World allocation funds	1,278,883	-	-	**1,278,883**
Other funds	12,507,523	-	-	**12,507,523**
Total mutual funds	21,502,473	-	-	**21,502,473**
Common stock:				
Technology stocks	309,169	-	-	**309,169**
Basic materials stocks	307,299	-	-	**307,299**
Utilities stocks	212,996	-	-	**212,996**
Consumer goods stocks	195,734	-	-	**195,734**
Financial stocks	99,908	-	-	**99,908**
Healthcare stocks	87,304	-	-	**87,304**
Industrial goods stocks	84,579	-	-	**84,579**
Service stocks	79,762	-	-	**79,762**
Total common stock	1,376,751	-	-	**1,376,751**
Preferred stock:				
Financial stocks	46,639	-	-	**46,639**
Exchange traded funds:				
Commodities precious metals funds	118,061	-	-	**118,061**
Large blend funds	72,458	-	-	**72,458**
High yield bond funds	60,476	-	-	**60,476**
Large growth funds	59,694	-	-	**59,694**
Large value funds	54,652	-	-	**54,652**
Diversified emerging markets funds	49,020	-	-	**49,020**
Intermediate-term bond funds	45,390	-	-	**45,390**
Other funds	226,225	-	-	**226,225**
Total exchange traded funds	685,976	-	-	**685,976**
Certificates of deposit	55,484	-	-	**55,484**
Large cap unit investment trust	10,727	-	-	**10,727**
Variable annuity	-	332,164	-	**332,164**
Real estate investment trust	-	-	246,590	**246,590**
Balance at December 31, 2011	$ 23,678,050	$ 332,164	$ 246,590	**$ 24,256,804**

NOTE D - Fair value measurements (continued)

During 2011 the Plan implemented Accounting Standards Update 2010-06, *Improving Disclosures about Fair Value Measurements* (ASU 2010-06). ASU 2010-06 amended ASC 820 to clarify certain existing fair value disclosures and requires a number of additional disclosures. ASU 2010-06 introduced new requirements to present information regarding the purchases, sales, issuances, and settlements of Level 3 assets and liabilities on a gross basis.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)
	Real Estate Investment Trust
Balance, beginning of year	**$ 285,585**
Unrealized gains (losses) relating to instruments still held at the reporting date	**(54,355)**
Investment income	**15,360**
Balance, end of year	**$ 246,590**

NOTE D - Fair value measurements (continued)

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

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

NOTE D - Fair value measurements (continued)

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

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

NOTE E - Income tax status

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the tax authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The open audit periods are 2008 through 2010 plus the current 2011 tax year.

NOTE F - Plan termination

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

NOTE G - Parties-in-interest

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

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

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

EMPLOYER IDENTIFICATION NUMBER: 31-0983140 PLAN NUMBER 001

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

DECEMBER 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Various Brokers	Self Directed Brokerage Accounts	**	$23,678,050
*	Jackson National Life Insurance Company	Insurance Contract	**	332,164
*	Hines Real Estate Investment Trust, Inc.	Real Estate Investment Trust	**	246,590
				$24,256,804

* Party in interest to the Plan

** Not required for participant directed investments

See independent auditors' report.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ___

B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

04/01/1998

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

RIVERSIDE RADIOLOGY AND
INTERVENTIONAL ASSOCIATES, INC.

3525 OLENTANGY RIVER ROAD
SUITE 5360
COLUMBUS OH 43214

2b Employer Identification Number (EIN) 31-0983140

2c Sponsor's telephone number (614) 340-7747

2d Business code (see instructions) 621111

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

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

SIGN HERE	Kelli Lieb	8/30/12	Kelli Lieb
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	206
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**	175
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	32
d	Subtotal. Add lines **6a**, **6b**, and **6c**.	**6d**	207
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	207
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	207
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
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:

2A 2E 2F 2G 2J 2R 2T 3D

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) — 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan

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

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500

RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC

D Employer Identification Number (EIN)
31-0983140

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

1 Coverage Information:

(a) Name of insurance carrier

JACKSON NATIONAL LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
38-1659835	65056	009229992A	1	01/01/2011	12/31/2011

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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	337,717
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year			7b	353,544
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	(21,380)		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	(21,380)
d	Total of balance and additions (add **b** and **c(6)**)			7d	332,164
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	332,164

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 organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	2011 This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan

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

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500

RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC

D Employer Identification Number (EIN)

31-0983140

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CHARLES SCHWAB
2400 E LINCOLN AVENUE

PHOENIX AZ 85016

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

TD AMERITRADE
PO BOX 2226

OMAHA NE 68103

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

SCOTTRADE
2575 EAST CAMELBACK ROAD
SUITE 150
PHOENIX AZ 85016

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

MERRILL LYNCH
4 WORLD FINANCIAL CENTER
250 VESEY STREET
NEW YORK NY 10080

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

MORGAN STANLEY SMITH BARNEY
26-4310632

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

PNC BANK

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

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

RAYMOND JAMES

SOUTH LIMESTONE STREET

SPRINGFIELD OH 45502

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

SECURIAN

400 ROBERT STREET NORTH

ST PAUL MN 55101

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

STIFEL NICOLAUS & CO, INC.

501 NORTH BROADWAY

ST LOUIS MO 63102

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

LPL FINANCIAL

9785 TOWNE CENTER DRIVE

SAN DIEGO CA 92121

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

UBS FINANCIAL SERVICES

1285 AVENUE OF THE AMERICAS

NEW YORK NY 10019

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

WACHOVIA SECURITIES

3948 TOWNSFAIR WAY
SUITE 205
COLUMBUS OH 43219

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

BOSTON FINANCIAL DATA SERVICES, INC

ATTN THE ALGER FUNDS
PO BOX 8480
BOSTON MA 02260-8480

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

AMERICAN FUNDS

333 SOUTH HOPE STREET

LOS ANGELES CA 90071-1406

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

ARTISAN FUNDS

PO BOX 8412

BOSTON MA 02266-8412

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

BLACKROCK FUNDS II

PO BOX 9819

PROVIDENCE RI 02940-8019

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

THE CAMBIAR FUNDS

PO BOX 219009

KANSAS CITY MO 64121

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

COLUMBIA MANAGEMENT

PO BOX 8081

BOSTON MA 02266-8081

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

EATON VANCE FUNDS

PO BOX 9653

PROVIDENCE RI 02940-9653

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

FEDERATED KAUFMANN FUNDS

4000 ERICSSON DRIVE

WARRENDALE PA 15086-7561

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

IVY CLIENT SERVICES

6300 LAMAR AVENUE

SHAWNEE MISSION KS 66202-4207

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

JANUS FUNDS

151 DETROIT STREET

DENVER CO 80206-4805

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

JP MORGAN FUNDS SERVICES

PO BOX 8528

BOSTON MA 02266-8528

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

LAZARD ASSET MANAGEMENT LLC

30 ROCKEFELLER PLAZA

NEW YORK NY 10112-6300

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

THE LORD ABBETT FAMILY OF FUNDS

90 HUDSON STREET

JERSEY CITY NJ 07302-3979

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

NYLIFE DISTRIBUTORS LLC

ATTN MAINSTAY MARKETING DEPARTMENT
169 LACKAWANNA AVENUE
PARSIPPANY NJ 07054

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

PIMCO FUNDS

840 NEWPORT CENTER DRIVE

NEWPORT BEACH CA 92660

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

ROYCE AND ASSOCIATES

745 FIFTH AVENUE

NEW YORK NY 10151

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

TROWE PRICE ASSOCIATES, INC.

100 EAST PRATT STREET

BALTIMORE MD 21202

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

TEH VANGUARD GROUP

INVESTOR INFORMATION DEPARTMENT
PO BOX 2600
VALLEY FORGE PA 19482-2600

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

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

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

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

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

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

RSM MCGLADREY

191 N WACKER DRIVE
SUITE 1400
CHICAGO IL 60606

(b) Service Code(s) 15 37 38 50 60 64 65

(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
RECORDKEEPER	13,755	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VERISIGHT, INC
27-2037969

(b) Service Code(s) 15 37 38 50 60 64 65

(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
RECORDKEEPER	1,560	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILMINGTON TRUST COMPANY
51-0099033

(b) Service Code(s) 21 25 71

(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
TRUSTEE	660	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	2011 This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan	B Three-digit plan number (PN) ▶	001
RIVERSIDE RADIOLOGY AND INTERVENTIONA ASSOCIATES, INC. 401(K) PROFIT		

C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC	31-0983140

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	117,534	30
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1,104,060	1,129,975
(2) Participant contributions	1b(2)		94,566
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	80,911	252,825
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	285,585	246,590
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4,065,909	4,651,444
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	353,544	332,164
(15) Other	1c(15)	17,021,887	18,773,781

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	23,029,430	25,481,375
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	200	30
i Acquisition indebtedness	1i		
j Other liabilities	1j	525	
k Total liabilities (add all amounts in lines 1g through1j)	1k	725	30
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	23,028,705	25,481,345

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2,301,265	
(B) Participants	2a(1)(B)	1,354,583	
(C) Others (including rollovers)	2a(1)(C)	179,148	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3,834,996
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	71	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		71
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	80,365	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		80,365
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	(38,995)	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		(38,995)
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		(226,014)
c Other income	2c		(855,806)
d Total income. Add all **income** amounts in column (b) and enter total	2d		2,794,617
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	338,457	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		338,457
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	2,860	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	660	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3,520
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		341,977
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2,452,640
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: SS&G, INC. (2) EIN: 34-1945695

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500,000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan

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

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500

RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC

D Employer Identification Number (EIN)
31-0983140

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 65-1214236 _____

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) 6a

b Enter the amount contributed by the employer to the plan for this plan year 6b

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) 6c

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Form **5558**
(Rev. June 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC

Number, street, and room or suite no. (If a P.O. box, see instructions)
3525 OLENTANGY RIVER ROAD

City or town, state, and ZIP code
COLUMBUS OH 43214

B **Filer's identifying number (see instructions)**
Employer identification number (EIN)
31-0983140

Social security number (SSN) (see instructions)

C Plan name	Plan number	Plan year ending — MM	DD	YYYY
1 RIVERSIDE RADIOLOGY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	001	12	31	2011
2				
3				

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 I request an extension of time until 10 / 15 / 2012 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

2 I request an extension of time until 10 / 15 / 2012 to file Form 8955-SSA (see instructions).
Note. A signature IS required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 1 and/or line 2 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 1 and/or line 2 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 *(see instructions)*

3 I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ▶ **a**

b Enter the payment amount attached . . . . . ▶ **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶ **c**

4 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ **Date** ▶