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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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
RADIOLOGY LTD., P.L.C. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1983

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

RADIOLOGY, LTD. P.L.C.

677 NORTH WILMOT ROAD
TUCSON, AZ 85711

2b Employer Identification Number (EIN) 86-0423896

2c Sponsor's telephone number 520-795-2889

2d Business code (see instructions) 621510

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.	10/14/2013	SHARON KENNEDY, APA, QPA, QKA, ERPA
	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**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:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	463
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**	343
b	Retired or separated participants receiving benefits	**6b**	39
c	Other retired or separated participants entitled to future benefits	**6c**	84
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	466
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	467
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	467
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	26
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 Characteristics Codes in the instructions:
2A 2E 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] 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)** [ ] 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)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
RADIOLOGY LTD., P.L.C. 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
RADIOLOGY, LTD. P.L.C.

D Employer Identification Number (EIN)
86-0423896

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

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

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

MERRILL LYNCH

4 WORLD FINANCIAL CENTER
250 VESEY STREET
NEW YORK, NY 10281

13-5674085

(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?
27 28 51 52 60	INVESTMENT	83619	Yes [X] No [ ]	Yes [X] No [ ]	3221	Yes [ ] No [X]

(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 [ ]

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

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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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
RADIOLOGY LTD., P.L.C. 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
RADIOLOGY, LTD. P.L.C.

D Employer Identification Number (EIN)
86-0423896

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	791173	384049
(2) Participant contributions	1b(2)	0	22500
(3) Other	1b(3)	242744	365258
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4482733	1608852
(2) U.S. Government securities	1c(2)	6710	3951577
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	15424770	14911640
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	34086959	41576157
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1191562	0

		(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	56226651	62820033
Liabilities			
g Benefit claims payable	1g	52316	0
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	52316	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	56174335	62820033

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)	2597009	
(B) Participants	2a(1)(B)	1600206	
(C) Others (including rollovers)	2a(1)(C)	24607	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4221822
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1082398	
(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)	1109811	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2192209
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(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
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(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)		4806218
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		11220249
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4486481	
(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)		4486481
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)		
(3) Investment advisory and management fees	2i(3)	84091	
(4) Other	2i(4)	3979	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		88070
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4574551
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6645698
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) [X] 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 [X] No

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

(1) Name: BEACHFLEISCHMAN PC **(2)** EIN: 86-0683059

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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		5477
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	

			Yes	No	Amount
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)

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
RADIOLOGY LTD., P.L.C. 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
RADIOLOGY, LTD. P.L.C.

D Employer Identification Number (EIN)
86-0423896

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): 32-0236376

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

RADIOLOGY LTD., P.L.C. 401(K) PROFIT SHARING PLAN

YEAR ENDED DECEMBER 31, 2012

RADIOLOGY LTD., P.L.C. 401(K) PROFIT SHARING PLAN

YEAR ENDED DECEMBER 31, 2012

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BFC

BEACHFLEISCHMAN

Independent Auditors' Report

Board of Trustees
Radiology Ltd., P.L.C. 401(k) Profit Sharing Plan
Tucson, Arizona

Report on the Financial Statements

We have audited the accompanying statements of Radiology Ltd., P.L.C. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards established by the AICPA Auditing Standards Board. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Radiology Ltd., P.L.C. 401(k) Profit Sharing Plan as of December 31, 2012 and 2011, and the changes in its net assets available for benefits for the year ended December 31, 2012 in accordance with U.S. generally accepted accounting principles.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules in the accompanying table of contents, together referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards established by the AICPA Auditing Standards Board. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Beach Fleischman PC

Tucson, Arizona
October 11, 2013

RADIOLOGY LTD., P.L.C. 401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2012 AND 2011

	2012	2011
Cash and cash equivalents	$ 1,608,852	$ 4,482,733
Investments, at fair value:		
Common stocks	41,576,157	34,086,959
Corporate notes and bonds	14,911,640	15,424,770
U.S. government securities	3,951,577	6,710
Mutual funds		1,191,562
	60,439,374	50,710,001
Receivables:		
Participants' contributions	22,500	
Employer contributions	384,049	791,173
Accrued interest	196,951	240,275
Accrued dividends	168,307	2,469
	771,807	1,033,917
Total assets	62,820,033	56,226,651
Liabilities:		
Distributions payable		52,316
Net assets available for benefits	$ 62,820,033	$ 56,174,335

See notes to financial statements.

RADIOLOGY LTD., P.L.C. 401(K) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2012

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 4,806,218
Interest	1,082,398
Dividends	1,109,811
Net investment income	6,998,427
Contributions:	
Employer	2,597,009
Participants'	1,600,206
Rollover	24,607
Total contributions	4,221,822
Total additions	11,220,249
Deductions from net assets attributed to:	
Benefits paid to participants	4,486,481
Investment expenses	84,091
Other	3,979
Total deductions	4,574,551
Net increase	6,645,698
Net assets available for benefits:	
Beginning of year	56,174,335
End of year	$ 62,820,033

See notes to financial statements.

RADIOLOGY LTD., P.L.C. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2012

1. Description of plan:

The following description of the Radiology, Ltd., P.L.C. (Sponsor) 401(k) Profit Sharing Plan (Plan), formerly the Radiology, Ltd., P.L.C. Money Purchase Pension Plan (MPPP), provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Sponsor established a money purchase plan on January 1, 1983, which was amended in February 2011 to freeze all contributions effective March 15, 2011. At that time, the Sponsor entered into a new adoption agreement that converted the money purchase plan to a profit sharing and 401k plan with safe harbor provisions effective March 16, 2011.

General:

The Plan is a defined contribution retirement plan covering all full-time employees of the Sponsor (except leased employees or certain excluded nonassociate physicians) who have completed one year of service and are at least 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant contributions:

Under the 401(k) provisions of the Plan, all eligible employees of the sponsor who have completed one year of service may elect to defer a portion of their pretax compensation up to current statutory limits determined annually and prescribed by the Internal Revenue Service. Eligible employees are also able to designate their salary deferrals as Roth deferrals. On April 20, 2012, the Plan was amended to no longer allow participants to make additional rollover contributions of qualified rollovers from other retirement plans. Prior to that date, the Plan permitted rollover contributions.

Employer contributions:

Under the 401(k) provisions of the plan, the Sponsor is required to contribute and allocate to each participant's account a matching contribution equal to 100% of the participant's elective deferral up to 4% of the participant's compensation. The Sponsor also makes a safe harbor contribution equal to 3% of the participant's compensation. In addition, the Sponsor is permitted to make discretionary contributions. Discretionary contributions, when made, are allocated to every eligible employee who was actively participating in the Plan at any time during the plan year. Total discretionary contributions for 2012 were $1,017,265.

Effective January 1, 2013, the Plan was amended to make the matching contributions equal to 100% of the participant's elective deferral up to 3% of the participant's compensation.

Participants' accounts:

Each participant's account is credited with their salary deferral, rollovers, employer's contributions and Plan earnings, and charged with an allocation of investment related expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. Description of plan (continued):

Vesting:

Participants are immediately vested in their elective deferral contributions, employer safe harbor contributions and any rollover contributions made to the Plan, plus actual earnings thereon. Vesting of employer contributions and actual earnings thereon is at 20% intervals per year beginning with the completion of the participant's second year of service. Participants are fully vested after six years of service or upon attaining the Plan's normal retirement age of 62. The Plan defines a year of service for vesting purposes to be a calendar year with at least 1,000 hours of service. Upon the death or disability of a participant, their account balance shall become fully vested.

Payment of benefits:

The Plan requires that upon separation of service due to death, disability, retirement or other reasons, a participant whose vested account balance is less than $50,000 may take a lump sum distribution as soon as administratively practicable of their vested balance as valued on the last day of the immediately preceding Plan year if known, and if not known, on the last day of the second preceding Plan year. A participant whose vested account balance exceeds $50,000 may elect to receive one of the following: 80% of their vested balance on or near the first January following the date they become eligible for a distribution, or 70% of their vested balance anytime following the date they become eligible for a distribution. This partial distribution will be based on the participant's vested account balance as valued on the last day of the immediately preceding Plan year if known, and if not known, on the last day of the second preceding Plan year. The remaining vested balance of the participant's account is distributed as soon as administratively practicable following a valuation of the Plan's accounts under either method. Distributions are required to be initiated upon a separated participant's attainment of 62 years of age, or in the year of separation if 62 or older.

Participants who are at least 59½ may take an in-service distribution not exceeding 70% of their vested account balance during the Plan year. For all MPPP contributions, the participant must be at least 62 to receive an in-service distribution. All distributions of any amount require the participant's consent.

Participants who had an account balance under the MPPP may elect to receive that balance through a qualified annuity. The participant may waive this election and receive their distribution as prescribed in the preceding paragraphs.

Forfeitures:

Forfeitures of terminated participants' nonvested accounts are treated as a reduction to the employer's contribution. At December 31, 2012 and 2011, forfeited nonvested accounts totaled $191,994 and $185,950. Employer contributions were reduced by forfeited nonvested accounts in the amount of $64,153 in 2012.

2. Summary of significant accounting policies:

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

Estimates:
The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment valuation and income recognition:
The Plan's investments are stated at fair value. See Note 5 for discussion of fair value measurements.

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

Net appreciation in fair value of investments includes both realized and unrealized gains and losses on investments bought and sold as well as held during the year.

Cash and cash equivalents:
The Plan considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

The Plan places its cash with a credit institution. At times, such investments may be in excess of the SIPC insurance limit; however, the trustees do not believe the Plan is exposed to any significant credit risk on cash and cash equivalents.

Payment of benefits:
Benefits paid to participants are recorded when paid or are payable.

Subsequent events:
The Plan has evaluated the events that have occurred subsequent to December 31, 2012 through October 11, 2013, the date that the financial statements were available to be issued. Management has no responsibility to update these financial statements for events and circumstances occurring after this date.

3. Federal income tax status:

The Internal Revenue Service has determined and informed the Plan by a letter dated July 16, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended and restated since receiving the determination letter. However, the Plan administrator and the Plan Sponsor believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of December 31, 2012 and 2011.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

4. Late contributions:

As disclosed in the accompanying schedule, certain employee deferrals were not remitted to the Plan within the timeframe required by the Department of Labor. The Company has determined the amount of related lost earnings and has remitted these amounts to participants' accounts subsequent to year end.

5. Fair value measurements:

Fair value is defined as the price to sell an asset or transfer a liability between market participants as of the measurement date. Fair value measurements assume the asset or liability is exchanged in an orderly manner; the exchange is in the principal market for that asset or liability (or in the most advantageous market when no principal market exists); and that the market participants are independent, knowledgeable, able and willing to transact an exchange. The fair value for qualifying alternative investments is determined based on the investment's net asset value as a practical expedient. Considerable judgment is required in interpreting market data used to develop the estimates of fair value. Accordingly, the estimates presented in the financial statements are not necessarily indicative of the amounts that could be realized in a current market exchange. The use of different market assumptions and estimation methodologies may have a material effect on the estimated fair value.

5. Fair value measurements (continued):

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Transfers between levels are recorded at the beginning of the reporting period in which they occur. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs:

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets or active markets that the Plan does not have access to;
- 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 measurement.

At December 31, 2012, the fair value of assets measured on a recurring basis is as follows:

	Fair value	Level 1	Level 2	Level 3
Common stocks:				
Large cap growth	$ 8,460,747	$ 8,460,747		
Large cap value	9,695,560	9,695,560		
Small/mid cap growth	4,066,148	4,066,148		
Small/mid cap value	6,111,695	6,111,695		
International equity	12,522,739	12,522,739		
Equities blend	719,268	719,268		
Corporate notes and bonds	14,911,640	14,911,640		
U.S. government securities	3,951,577	3,951,577		
	$ 60,439,374	$ 60,439,374		

5. Fair value measurements (continued):

At December 31, 2011, the fair value of assets measured on a recurring basis is as follows:

	Fair value	Level 1	Level 2	Level 3
Common stocks:				
Large cap growth	$ 13,491,618	$ 13,491,618		
Large cap value	4,281,322	4,281,322		
Small/mid cap growth	3,667,757	3,667,757		
Small/mid cap value	4,267,687	4,267,687		
International equity	6,704,905	6,704,905		
Equities blend	1,673,670	1,673,670		
Corporate notes and bonds	15,424,770	15,424,770		
U.S. government securities	6,710	6,710		
Mutual funds	1,191,562	1,191,562		
	$ 50,710,001	$ 50,710,001		

The assets in the preceding tables were measured primarily using the market approach. Following is a description of the valuation methodologies used for assets measured at fair value.

Common stocks, corporate notes and bonds, U.S. government securities and mutual funds are all valued at the closing price reported on the active market on which the individual securities are traded.

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

6. Investments:

All of the Plan's assets are nonparticipant directed. The Plan has fiduciary contracts with several investment managers as defined under ERISA to manage its portfolios in accordance with the Plan's Investment Policy Statement. In February 2012, the Plan trustees shifted the Plan's investment strategy to a passive approach investing approximately 65% of the Plan's assets in index funds. The Plan's trustees meet quarterly to review the performance of the Plan's investments.

6. Investments (continued):

The value of individual investments that represent 5% or more of the Plan's net assets is as follows:

	2012	2011
Common stocks, at fair value:		
Vanguard Growth ETF		$ 8,097,168
Vanguard International Equity Index FDS	$ 3,160,087	
Vanguard MSCI European ETF	3,279,445	
Vanguard MSCI Pacific ETF	3,083,663	
Vanguard REIT ETF	3,099,990	
Vanguard Total Stock Market ETF	15,608,748	
Vanguard Value ETF	6,226,378	
The Plan's investments appreciated (depreciated) in value as follows:		
Common stocks	$ 4,404,240	
Corporate notes and bonds	337,179	
U.S. government securities	(286)	
Mutual funds	65,085	
	$ 4,806,218	

7. Reconciliation of financial statements to Form 5500:

The following is a reconciliation of other receivables per the financial statements to Form 5500 for the year ended December 31, 2012 and 2011:

	2012	2011
Accrued interest receivable per the financial statements	$ 196,951	$ 240,275
Other receivable per the financial statements	168,307	2,469
Other contributions per Form 5500	$ 365,258	$ 242,744

8. Plan termination:

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

9. Related party transactions:

Administrative costs of the Plan related to administration of participant accounts and benefits, accounting and legal fees are paid directly by the Sponsor. During 2012, these expenses were approximately $79,000.

Certain accounting functions are performed by officers or employees of the Sponsor. No such officer or employee receives compensation from the Plan.

10. Risks and uncertainties:

The Plan invests in securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage backed securities, including securities backed by subprime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rate. In addition, the Plan invests in various investment securities that are exposed to risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

RADIOLOGY LTD., P.L.C. 401(K) PROFIT SHARING PLAN

SCHEDULE H, FORM 5500, LINE 4a - "SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS"

EIN: 86-0423896 PLAN # 001

PLAN YEAR ENDED DECEMBER 31, 2012

Participant contributions transferred late to Plan	Total that constitute nonexempt prohibited transactions			
Check here if late participant loan repayments are included: ☐	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	Total fully corrected under VFCP and PTE
$ 3,431	$ 3,431			
25	25			
206	206			
24	24			
91	91			
162	162			
174	174			
975	975			
389	389			
$ 5,477	$ 5,477	$ -	$ -	$ -

RADIOLOGY, LTD., P.L.C. MONEY PURCHASE PENSION PLAN
SCHEDULE H FORM 5500 LINE 4i-SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
EIN:86-0423896 PLAN #001
PLAN YEAR ENDED DECEMBER 31, 2012

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
	Cash and cash equivalents			
	BIF MONEY FUND	811,966 shares common stock	811,966	811,967
	PREFERRED DEPOSIT (BUS)	727,196 shares common stock	727,196	727,196
	CASH	489,759 cash	489,759	69,689
				$ 1,608,852
	Common stocks			
	VANGUARD INTL EQUTY INDX FDS	34,768 shares common stock	2,916,180	3,160,087
	VANGUARD MSCI EMERGING MRKTS ETF	68,819 shares common stock	2,909,744	3,064,492
	VANGUARD MSCI EUROPEAN ETF	67,147 shares common stock	2,943,864	3,279,445
	VANGUARD MSCI PACIFIC ETF	57,757 shares common stock	2,925,709	3,083,663
	VANGUARD REIT ETF	47,112 shares common stock	2,881,386	3,099,990
	VANGUARD SMALL CAP VALUE ETF	42,087 shares common stock	2,816,648	3,057,649
	VANGUARD TOTAL STOCK MARKET ETF	213,001 shares common stock	14,432,603	15,608,748
	VANGUARD VALUE ETF	105,891 shares common stock	5,784,891	6,226,378
	ASIF GLB FINANCING XIX	500,000 Convertibles, 4.9%, matures Jan 17 2013	500,986	500,705
	LIVE NATION INC CONV	500,000 Convertibles, 2.875%, matures Jul 15 2027	507,347	495,000
				$ 41,576,157
	Corporate notes and bonds			
	AES CORP GLB	500,000 Notes, principal $500,000, rate 8%,matures Oct 15 2017	502,975	577,500

RADIOLOGY, LTD., P.L.C. MONEY PURCHASE PENSION PLAN
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EIN:86-0423896 PLAN #001
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	ALLY FINANCIAL INC	500,000 Notes, principal $500,000, rate 6.75%,matures Dec 01 2014	512,879	539,865
	AMERICAN INTL GROUP GLB	500,000 Notes, principal $500,000, rate 5.05%,matures Oct 01 2015	484,500	551,685
	AVERY DENNISON CORP	250,000 Notes, principal $250,000, rate 4.875%,matures Jan 15 2013	250,405	250,398
	AVON PRODUCTS INC	710,000 Notes, principal $710,000, rate 5.625%,matures Mar 1 2013	739,884	741,460
	BERKLEY (WR) CORP	525,000 Notes, principal $525,000, rate 5.6%,matures May 15 2015	548,387	569,719
	BOSTON SCIENTIFIC	500,000 Notes, principal $500,000, rate 6.25%,matures Nov 15 2015	545,918	563,365
	BP CAPITAL MARKETS PLC COMPANY GUARNT GLB	225,000 Notes, principal $225,000, rate 5.25%,matures Nov 07 2013	210,915	234,137
	CADBURY SCHWEPPES FIN COMPANY	544,000 Notes, principal $544,000, rate 5.125%,matures Oct 01 2013	562,881	559,847
	CARDINAL HEALTH INC	500,000 Notes, principal $544,000, rate 5.5%,matures Jun 15 2013	511,720	510,415
	CHESAPEAKE ENERGY CORP COMPANY GUARNT	500,000 Notes, principal $500,000, rate 7.625%,matures Jul 15 2013	510,375	515,000
	CITY NATIONAL CORP SENIOR NOTES GLB	500,000 Notes, principal $500,000, rate 5.125%,matures Feb 15 2013	470,000	502,505
	DAVITA INC COMPANY GUARNT	300,000 Notes, principal $300,000, rate 6.375%,matures Nov 1 2018	312,965	321,750
	DELUXE CORP SER B	500,000 Notes, principal $300,000, rate 5.125%,matures Oct 1 2014	508,423	520,000
	DONNELLEY (R.R.) & SONS	665,000 Notes, principal $300,000, rate 5.5%,matures May 15 2015	674,568	686,612
	ECHOSTAR DBS CORP COMPANY GUARNT GLB	250,000 Notes, principal $250,000, rate 6.625%,matures Oct 01 2014	258,499	268,750
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	FORTUNE BRANDS INC	250,000 Notes, principal $250,000, rate 6.375%,matures Jun 15 2014	251,278	269,480
	GANNETT CO., INC COMPANY GUARNT GLB	500,000 Notes, principal $500,000, rate 10%,matures Apr 01 2016	560,508	603,750
	GOLDMAN SACHS GROUP INC GLB	500,000 Notes, principal $500,000, rate FLT%,matures Sep 29 2014	498,130	497,915

RADIOLOGY, LTD., P.L.C. MONEY PURCHASE PENSION PLAN
SCHEDULE H FORM 5500 LINE 4i-SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
EIN:86-0423896 PLAN #001
PLAN YEAR ENDED DECEMBER 31, 2012

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
	LEUCADIA NATIONAL CORP	500,000 Notes, principal $500,000, rate 8.125%,matures Sep 15 2015	527,488	562,500
	MASCO CORPORATION	500,000 Sr Notes, principal $500,000, rate 6.125%,matures Oct 3 2016	533,955	552,270
	METLIFE INC	500,000 Notes, principal $500,000, rate 5%,matures Jun 15 2015	542,318	550,450
	NATIONAL RURAL UTIL COOP COLLATERAL TRUST	658,000 Notes, principal $658,000, rate 1.125%,matures Nov 1 2013	660,719	661,836
	PENNEY J C & COMPANY	500,000 Notes, principal $500,000, rate 6.875%,matures Oct 15 2015	503,242	483,750
	QUEST DIAGNOSTIC INC COMPANY	500,000 Notes, principal $500,000, rate 6.400%,matures Jul 1 2017	584,604	589,025
	VERIZON COMMUNICATIONS	500,000 Notes, principal $500,000, rate FLT%,matures Mar 28 2014	501,714	502,960
	VIACOM INC	500,000 Notes, principal $500,000, rate 4.375%,matures Sep 15 2014	530,842	529,760
	WILLIS GROUP HLD COMPANY GUARNT	500,000 Notes, principal $500,000, rate 5.625%,matures Jul 15 2015	503,864	546,270
	ROYAL CARIBBEAN CRUISES GLB	225,000 Notes, principal $225,000, rate 7%,matures Jun 15 2013	227,846	230,626
				$ 14,911,640
	U.S. government securities			
	GNM P470040X	514,105 CMO, amortized value $514,105, rate 6%, matures 2014	2,297	2,279
	U.S. TREASURY BILL ZERO% JAN 31 2013	2,000,000 US Treasury Bill, Zero %, matures Jan 31, 2013	1,999,418	1,999,960
	U.S. TREASURY BILL ZERO% MAR 14 2013	1,000,000 US Treasury Bill, Zero %, matures Mar 14, 2013	999,823	999,930
	FNMA PMA0921	750,000 FNMA 3% 2021, amortized FCR .77921	737,689	617,122
	FNMA PMA0979	374,544 FNMA 3% , amortized FCR .77921	381,363	332,286
				$ 3,951,577

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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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
RADIOLOGY LTD., P.L.C. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1983

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
RADIOLOGY, LTD. P.L.C.

677 NORTH WILMOT ROAD

TUCSON AZ 85711

2b Employer Identification Number (EIN) 86-0423896

2c Sponsor's telephone number 520-795-2889

2d Business code (see instructions) 621510

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

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

SIGN HERE	Signature of plan administrator	Date: 10/11/13	Enter name of individual signing as plan administrator: Walter C. Hardesty, Chief Operating Officer
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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [X] Same as Plan Sponsor Address	**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:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	463
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**	343
b	Retired or separated participants receiving benefits	**6b**	39
c	Other retired or separated participants entitled to future benefits	**6c**	84
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	466
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	467
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	467
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	26
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 Characteristics Codes in the instructions:
2A 2E 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	(1) [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	(2) [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	(3) [X]	Trust
(4) [ ]	General assets of the sponsor	(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) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

RADIOLOGY, LTD., P.L.C. MONEY PURCHASE PENSION PLAN
SCHEDULE H FORM 5500 LINE 4i-SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
EIN:86-0423896 PLAN #001
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	U.S. TREASURY BILL ZERO% MAR 14 2013	1,000,000 US Treasury Bill, Zero %, matures Mar 14, 2013	999,823	999,930
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	FNMA PMA0979	374,544 FNMA 3% , amortized FCR .77921	381,363	332,286
				$ 3,951,577