

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
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 <u>OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2012</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2012</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2012</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>OIA STAFFING, INC.</u> <u>840 CRESCENT CENTER DRIVE SUITE 200</u> <u>FRANKLIN, TN 37067</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>30-0705224</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>615-846-7733</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621510</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>30-0705224</u>	2c Sponsor's telephone number <u>615-846-7733</u>	2d Business code (see instructions) <u>621510</u>	
2b Employer Identification Number (EIN) <u>30-0705224</u>					
2c Sponsor's telephone number <u>615-846-7733</u>					
2d Business code (see instructions) <u>621510</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	<u>10/15/2013</u> Date	<u>KYMBERLY BAKER</u> 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 ☒ 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 0
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	174
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	12
d Subtotal. Add lines 6a , 6b , and 6c	6d	187
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	187
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	154
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	3
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: 2E 2F 2J 2K 2T 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) ☒ Trust	(3) ☒ 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		b General Schedules
(1) ☐ R (Retirement Plan Information)	(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☐ A (Insurance Information)	
	(4) ☒ C (Service Provider Information)	
	(5) ☐ D (DFE/Participating Plan Information)	
	(6) ☐ G (Financial Transaction Schedules)	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 <u>OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OIA STAFFING, INC.</u>	D Employer Identification Number (EIN) <u>30-0705224</u>

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)

GREAT WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	29539	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

WELLS FARGO ADVISORS NETWORK

1 NORTH JEFFERSON AVENUE
ST. LOUIS, MO 63103

(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?
55	BROKER/ADVISER	0	Yes ☒ No ☐	Yes ☐ No ☒	15035	Yes ☐ No ☒

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

KATZ, SAPPER & MILLER, LLP

800 E 96TH STREET
SUITE 500
INDIANAPOLIS, ID 46240

(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?
13	CONTRACT ADMIN	173	Yes ☒ No ☐	Yes ☐ No ☒	6632	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)

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	71	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
KATZ, SAPPER & MILLER, LLP	13	6632
(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.
GREAT-WEST LIFE & ANNUITY INS. CO 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLS FARGO ADVISORS NETWORK	55	15035
(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.
GREAT-WEST LIFE & ANNUITY INS. CO 8515 EAST ORCHARD ROAD GREENWOOD, CO 80111	OTHER COMMISSIONS	
(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
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(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
		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 OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 OIA STAFFING, INC.	D Employer Identification Number (EIN) 30-0705224	

Part I	Asset and Liability Statement
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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	0	56051
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(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)	0	5146278

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	0	5202329

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	0	5202329
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	401631	
(B) Participants	2a(1)(B)	640007	
(C) Others (including rollovers)	2a(1)(C)	147439	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1189077
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	174338	
(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)		174338
(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)		
c Other income.....	2c		99138
d Total income. Add all income amounts in column (b) and enter total.....	2d		1462553

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	589221	
(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)		589221
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)	28547	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		28547
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		617768

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		844785
l Transfers of assets:			
(1) To this plan.....	2l(1)		4357544
(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: **FOX, KOLB & ASSOCAITES, PLLC**

(2) EIN: **26-0372062**

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:

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.).....

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.).....

	Yes	No	Amount
4a		X	
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.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

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

5141 Virginia Way, Suite 470
Brentwood, Tennessee 37027

office 615 690 6550
fax 615 690 6565

Certified Public Accountants
& Consultants

OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN

**FINANCIAL STATEMENTS
WITH SUPPLEMENTARY INFORMATION**

December 31, 2012

OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN
Franklin, TN

FINANCIAL STATEMENTS
WITH SUPPLEMENTARY INFORMATION

December 31, 2012

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of the
Outpatient Imaging Affiliates Savings Plan
Franklin, TN

Report on the Financial Statements

We were engaged to audit the financial statements of Outpatient Imaging Affiliates Savings Plan (the "Plan") which comprise the statement of net assets available for benefits as of December 31, 2012, 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

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter disclosed in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 3, which was certified by Great-West Trust Company, LLC, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. 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, 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matters

The supplemental schedule, Schedule H, line 4i - Schedule of Assets (Held at End of Year), as of and for the year ended December 31, 2012 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Fox, Kolb & Associates, PLLC
Fox, Kolb & Associates, PLLC

Brentwood, Tennessee
October 11, 2013

OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2012

Assets	
Investments, at fair value (Notes 2, 3 and 4)	<u>\$ 5,207,335</u>
Net assets available for benefits	<u>\$ 5,207,335</u>

See accompanying notes to financial statements.

OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2012

Additions to net assets attributed to:

Net change resulting from investment activity	
Net appreciation in fair value of investments	\$ 99,272
Interest income	174,338
Total investment gain	<u>273,610</u>

Contributions:

Employee	644,914
Employer	401,822
Rollovers and transfers into Plan from other qualified plans	4,504,983
	<u>5,551,719</u>

Total additions	<u>5,825,329</u>
-----------------	------------------

Deductions from net assets attributed to:

Benefits paid	589,221
Administrative expenses	28,773
Total deductions	<u>617,994</u>

Net increase	5,207,335
--------------	-----------

Net assets available for benefits at January 1, 2012	<u>-</u>
--	----------

Net assets available for benefits at December 31, 2012	<u>\$ 5,207,335</u>
--	---------------------

See accompanying notes to financial statements.

OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Outpatient Imaging Affiliates Savings 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 which was previously part of the Century II Staffing, Inc. 401(k) Plan, but spun off and was independently adopted on January 1, 2012 to provide retirement benefits for employees of OIA Staffing, Inc. (the "Plan Sponsor" or "Company"). The Plan covers substantially all employees who are age twenty-one or older and have completed three months of service ("participants"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions: Participants may voluntarily make qualified retirement contributions to the Plan which are deductible by the participants for federal income tax purposes under Section 401(k) of the Internal Revenue Code. For the year ended December 31, 2012, participant contributions were permitted up to the lesser of \$17,000 (\$22,500 with allowable catch-up contributions) or 100% of compensation. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and a stable value fund as investment options for participants.

The Plan Sponsor is required to make a safe harbor contribution each year equal to 100% of the first 3% of the participants' elective deferrals, plus 50% of the amount the deferral over 3%, but not to exceed 5%.

The Plan also provides that the Plan Sponsor may contribute a discretionary amount authorized by the Plan Sponsor's Board of Directors; however, an annual contribution by the Plan Sponsor is not required. No discretionary contributions were made by the Plan Sponsor during December 31, 2012. Plan Sponsor and participant contributions may not exceed the maximum amount deductible for federal income tax purposes.

Participant Accounts: Each participant's account is credited (or charged) with the participant's contributions and allocations of Plan Sponsor contributions, plan earnings (losses), and administrative expenses. Allocations are based on the participant's compensation or account balances as defined in the plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their elective salary deferral plus actual earnings (losses) thereon. Vesting in the Plan Sponsor's contributions is based on years of continuous service. Participants are 20% vested after two years of service and an additional 20% each year thereafter, until they reach 100% after their sixth year of service. Participants are also 100% vested upon reaching the Plan's normal retirement age of 65, or upon their death or disability.

OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Payment of Benefits: On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum payment or annual installments over a specified period equal to his or her entire account. For termination of service due to other reasons, a participant will be entitled to receive only the vested interest in his or her account as a lump-sum distribution. If the vested value of a terminated participant's account is less than \$1,000, the total vested balance is distributed as an automatic lump sum payment in cash.

Forfeited Accounts: Forfeitures are created when participants terminate employment prior to becoming fully vested in the Plan Sponsor contribution portion of their accounts. Such forfeitures may first be used to pay any administrative expenses and then may reduce the Plan Sponsor's contributions to the Plan. At December 31, 2012, forfeited non-vested accounts totaled \$54,945.

Hardship Withdrawals: The Plan permits distributions in the event of a hardship, as defined in the plan agreement. These distributions are taxable and subject to a tax penalty equal to 10% of the hardship distribution amount if the participant is younger than age 59½. Hardship withdrawals are limited to the cumulative amount of participant's contributions.

Administrative Expenses: Certain investment fund options may be subject to investment fees based upon a percentage of invested assets, as disclosed in a fund's prospectus. Such fees are typically charged directly against the fund's investment performance and thus, are not separately disclosed in the accompanying financial statements. During 2012, substantially all administrative expenses were paid by the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management 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 could differ from those estimates.

OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fully Benefit-Responsive Stable Value Fund: The Plan reports its interest in a fully benefit-responsive stable value fund at fair value in the investments caption on the statement of net assets available for benefits. In addition, any material difference between the fair value of this investment and its contract value is presented as a separate adjustment line in the statement of net assets available for benefits, because contract value remains the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to a fully benefit-responsive stable value fund. Management has determined that the estimated fair value of the Plan's stable value fund with Great-West Trust Company, LLC as of December 31, 2012 (the Morley Stable Value Fund) approximates contract value. Accordingly, the statements of net assets available for benefits reflect no adjustment for the difference between net assets at fair value and net assets available for benefits.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. The fair values of mutual funds are determined by quoted market prices of the underlying investments. The fair value of the Plan's interest in the Morley Stable Value Fund, which is a fully benefit-responsive contract, has been estimated based on a discounted cash flow methodology using a rate of interest as of the financial statement date that reflects a market rate of interest for a contract with similar terms and credit risk. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. The cost of investments is determined using the average cost method. Interest income is recorded on the accrual basis. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits: Benefits are recorded when paid.

New Accounting Pronouncements: Effective for audits of financial statements for periods ending on or after December 15, 2012, the Auditing Standards Board's Clarity Project (referred to as the "clarified SASs") revised the auditor's reports of employee benefit plans with the use of headings and enhanced detail describing management's responsibility. The clarified SASs also resulted in various other substantive, clarifying and formatting changes to previously existing auditing standards.

FASB Accounting Standards Update ("ASU") No. 2011-04, *Fair Value Measurement (Topic 820): Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs*, is effective for nonpublic entities for annual periods beginning after December 15, 2011, extends disclosures established under previous Topic 820 ASUs and requires additional tabular Level 3 disclosures.

OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Subsequent Events: Subsequent events have been updated through October 11, 2013, the date the financial statements were available to be issued.

NOTE 3 – INVESTMENTS – UNAUDITED INFORMATION

At December 31, 2012, the Plan's investments were held in mutual funds collective trust by Great-West Trust Company (Great-West), the custodian of the Plan. The following is a summary of the unaudited information that was certified by Great-West. The custodian certified this information as complete and accurate in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employment Retirement Income Securities Act of 1974. This information has not been audited by independent accountants. Investment accounts of Great-West at December 31, 2012 at estimated fair value are as follows:

Vanguard Target Retirement 2010 Inv	\$ 18,989
Vanguard Target Retirement 2020 Inv	7,536
Vanguard Target Retirement 2030 Inv	23,503
Vanguard Target Retirement 2040 Inv	29,557
Vanguard Target Retirement 2050 Inv	38,484
Blackrock Global Allocation Instl	95,103
Oppenheimer Developing Markets Y	117,479
Vanguard Developed Markets Index Inv	149,134
MFS Utilities Fund R4	90,878
Vanguard Energy Fund	41,077
Vanguard REIT Index Signal	110,449
Vanguard Small Cap Index Signal	118,358
Vanguard Extended Market Idx Signal	24,677
Vanguard 500 Index Signal	202,679
Vanguard Lifestrategy Growth Inv	2,009,143 *
Vanguard Lifestrategy Cnsrv Gr Inv	501,015 *
Vanguard Lifestrategy Moderate Growth	1,159,945 *
Vanguard Lifestrategy Income Inv	193,287
Pimco Real Return Instl	77,228
Pimco Total Return Instl	55,991
Vanguard Total Bond Market Index Signal	2,420
	<hr/> 5,066,932
Morley Stable Value Fund	<hr/> 140,403
	<hr/> \$ 5,207,335

OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012

NOTE 3 - INVESTMENTS - UNAUDITED INFORMATION (Continued)

* Represents 5% or more of the net assets available for benefits.

Net appreciation or depreciation in the fair value of the Plan's investments (including investments purchased, sold and held during the year) was attributable to pooled separate accounts.

NOTE 4 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

- 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; and
- 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 valuation methodology are unobservable and significant to the fair value measurement.

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. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. The effect of a change in valuation technique or its application on a fair value estimate is accounted for prospectively as a change in accounting estimate.

OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Following is a description of the valuation methodologies used for assets and liabilities measured at fair value. There have been no changes in the methodologies used at December 31, 2012.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective Trust Fund: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair values as of December 31, 2012:

	Fair Value Measurements as of December 31, 2012, using the following inputs			
	Total	Level 1	Level 2	Level 3
Mutual funds:				
Asset allocation funds	\$ 118,069	\$ 118,069	\$ -	\$ -
Balance funds	1,854,247	1,854,247	-	-
Bond funds	135,639	135,639	-	-
International funds	361,716	361,716	-	-
Large cap funds	2,211,822	2,211,822	-	-
Mid cap funds	24,677	24,677	-	-
Small cap funds	118,358	118,358	-	-
Specialty funds	242,404	242,404	-	-
	5,066,932	5,066,932	-	-
Collective trust fund	140,403	-	140,403	-
Total assets at fair value	\$ 5,207,335	\$ 5,066,932	\$ 140,403	\$ -

OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

Fair Value of Investments in Entities that Use Net Asset Value: The following table summarizes investments measured at fair value based on net asset value per share as of December 31, 2012.

December 31, 2012	Fair Value	Unfunded Accounts	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective Trust Fund	\$140,403	n/a	Daily	30 days

NOTE 6 – RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Great-West, the custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions. Administrative expenses of \$28,773 were paid by the Plan to Great-West for third party administrative services during the year ended December 31, 2012.

NOTE 7 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan 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.

NOTE 8 – INCOME TAX STATUS

The Plan Sponsor adopted a prototype 401(k) profit sharing plan which received a favorable opinion letter from the Internal Revenue Service ("IRS") on March 1, 2009, which stated that the prototype plan was designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The prototype plan has been amended since receiving the opinion letter and the Plan itself has not received a determination letter from the IRS stating that the Plan is qualified under Section 401(a) of the IRC. Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the adopted prototype plan and amendments are designed and currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

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 Internal Revenue Service. 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 certain years prior.

OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012

NOTE 9 - RISKS AND UNCERTAINTIES

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

NOTE 10 - RECONCILIATION OF THE FINANCIAL STATEMENTS TO THE FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2012 to Form 5500:

Net assets available for benefits per the financial statements	\$ 5,207,335
Other transfers into Plan	<u>(5,006)</u>
Net assets available for benefits per the Form 5500	<u>\$ 5,202,329</u>

The following is a reconciliation of change in net assets available for benefits per the financial statements for the year ended December 31, 2012 to Form 5500:

Change in net assets available for benefits per the financial statements	\$ 5,207,335
Change in other transfers into Plan	<u>(5,006)</u>
Change in net assets available for benefits per the Form 5500	<u>\$ 5,202,329</u>

OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2012

NOTE 11 - SUBSEQUENT EVENTS

The Plan added an additional participating employer effective January 1, 2013.

The Plan was amended subsequent to December 31, 2012, to revise certain conditions of eligibility and recognition of service with certain other employers.

The Plan was also amended subsequent to December 31, 2012, that allows for participants to modify their salary deferrals at any time during the Plan year.

SUPPLEMENTARY INFORMATION

OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2012

Plan Sponsor: OIA Staffing, Inc.
Employer Identification Number: 30-0705224
Plan Number: 001

(a)	(b) Identity of issuer, 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
MUTUAL FUNDS				
*	Great-West Trust Company, LLC	Vanguard Target Retirement 2010 Inv	**	\$ 18,989
*	Great-West Trust Company, LLC	Vanguard Target Retirement 2020 Inv	**	7,536
*	Great-West Trust Company, LLC	Vanguard Target Retirement 2030 Inv	**	23,503
*	Great-West Trust Company, LLC	Vanguard Target Retirement 2040 Inv	**	29,557
*	Great-West Trust Company, LLC	Vanguard Target Retirement 2050 Inv	**	38,484
*	Great-West Trust Company, LLC	Blackrock Global Allocation Instl	**	95,103
*	Great-West Trust Company, LLC	Oppenheimer Developing Markets Y	**	117,479
*	Great-West Trust Company, LLC	Vanguard Developed Markets Index Inv	**	149,134
*	Great-West Trust Company, LLC	MFS Utilities Fund R4	**	90,878
*	Great-West Trust Company, LLC	Vanguard Energy Fund	**	41,077
*	Great-West Trust Company, LLC	Vanguard REIT Index Signal	**	110,449
*	Great-West Trust Company, LLC	Vanguard Small Cap Index Signal	**	118,358
*	Great-West Trust Company, LLC	Vanguard Extended Market Idx Signal	**	24,677
*	Great-West Trust Company, LLC	Vanguard 500 Index Signal	**	202,679
*	Great-West Trust Company, LLC	Vanguard Lifestrategy Growth Inv	**	2,009,143
*	Great-West Trust Company, LLC	Vanguard Lifestrategy Cnsvr Gr Inv	**	501,015
*	Great-West Trust Company, LLC	Vanguard Lifestrategy Moderate Growth	**	1,159,945
*	Great-West Trust Company, LLC	Vanguard Lifestrategy Income Inv	**	193,287
*	Great-West Trust Company, LLC	Pimco Real Return Instl	**	77,228
*	Great-West Trust Company, LLC	Pimco Total Return Instl	**	55,991
*	Great-West Trust Company, LLC	Vanguard Total Bond Market Index Signal	**	2,420
STABLE VALUE FUND				
*	Great-West Trust Company, LLC	Morley Stable Value Fund	**	140,403
				<u>\$ 5,207,335</u>

* Represents a party-in-interest

** Not required for participant directed plans.

The above information has been certified as complete and accurate by Great-West, the custodian, as of December 31, 2012.

OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2012

Plan Sponsor: OIA Staffing, Inc.
Employer Identification Number: 30-0705224
Plan Number: 001

(a)	(b) Identity of issuer, 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
MUTUAL FUNDS				
*	Great-West Trust Company, LLC	Vanguard Target Retirement 2010 Inv	**	\$ 18,989
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*	Great-West Trust Company, LLC	Vanguard Target Retirement 2030 Inv	**	23,503
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*	Great-West Trust Company, LLC	Vanguard 500 Index Signal	**	202,679
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*	Great-West Trust Company, LLC	Vanguard Lifestrategy Cnsv Gr Inv	**	501,015
*	Great-West Trust Company, LLC	Vanguard Lifestrategy Moderate Growth	**	1,159,945
*	Great-West Trust Company, LLC	Vanguard Lifestrategy Income Inv	**	193,287
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*	Great-West Trust Company, LLC	Pimco Total Return Instl	**	55,991
*	Great-West Trust Company, LLC	Vanguard Total Bond Market Index Signal	**	2,420
STABLE VALUE FUND				
*	Great-West Trust Company, LLC	Morley Stable Value Fund	**	140,403
				<u>\$ 5,207,335</u>

* Represents a party-in-interest

** Not required for participant directed plans.

The above information has been certified as complete and accurate by Great-West, the custodian, as of December 31, 2012.