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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [X] 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:
- [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 AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 06/30/1972

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

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC

6 NESHAMINY INTERPLEX SUITE 207
TREVOSE, PA 19053

2b Employer Identification Number (EIN)
22-1917247

2c Sponsor's telephone number
609-585-8800

2d Business code (see instructions)
621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2014	JOHN W. RODGERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2014	RACHEL DESSER
	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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	168
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**	126
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	68
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	194
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	195
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	164
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
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 2G 2J 2K 2R 2T 3D 3H

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

9b Plan benefit arrangement (check all that apply)

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC

D Employer Identification Number (EIN)
22-1917247

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

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

1 Coverage Information:

(a) Name of insurance carrier

AVIVA LIFE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0175020	61689	IL005	2	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	58103

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	1174
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

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

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

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

(3) [ ] guaranteed investment (4) [ ] other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC

D Employer Identification Number (EIN)
22-1917247

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

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

1 Coverage Information:

(a) Name of insurance carrier

NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-0990450	68225	PT856	5	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	211723

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	3945
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	2180

Specify nature of costs ▶ DIRECT COST OF MAINTAINING CONTRACT

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

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

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

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

(3) [ ] guaranteed investment (4) [ ] other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC

D Employer Identification Number (EIN)
22-1917247

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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 37 65 71	RECORDKEEPER	5650	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

TRANSAMERICA FINANCIAL ADVISORS INC

PO BOX 9053
CLEARWATER, FL 33758

(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	ADVISOR	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BLKRK GLOBAL ALLOC A-BNY MELLON INV PO BOX 9793 PROVIDENCE, RI 02940	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BLKRK INTL OPP A-BNY MELLON INV SER PO BOX 9793 PROVIDENCE, RI 02940	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COL/ACORN INTL A-COLUMBIA MGMT INV 04-2838628	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DREYFUS INTL BOND A-DREYFUS TRANS 13-2614959	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
EATON LG CAP VALUE A-BNY MELLON INV PO BOX 9793 PROVIDENCE, RI 02940	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
EV ATL CAP SMID-CP A-BNY MELLON INV PO BOX 9793 PROVIDENCE, RI 02940	0.25%

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
FIDELITY INVESTMENT INSTITUTIONAL	60	0

(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.
FKLN RISING DIVS A-FKLN TEMP INV 94-3167260	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTEMENT INSTITUTIONAL	60	0

(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.
HARTFORD MIDCAP R4-HTFD ADM SERVICE 41-0679409	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENT INSTITUTIONAL	60	0

(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.
HTFD DIV & GRTH R4-HTFD ADMIN SERVI 41-0679409	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
HTFD INFL PLUS R4-HTFD ADMIN SERV 41-0679409	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
INVS GLBL CORE EQ A-INVESCO CANADA 5140 YONGE STREET, SUITE 900 TORONTO, ONTARIO M2N 6 CA	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
INVS REAL ESTATE A-INVESCO CANADA 5140 YONGE STREET, SUITE 900 TORONTO, ONTARIO M2N 6 CA	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JANUS BALANCED S-JANUS SERVICES 43-1804048	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JANUS FORTY S-JANUS SERVICES 43-1804048	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
LD ABT FNDMNTL EQ A-DST SYSTEMS 43-1581814	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MANAGERS BND FND-BNY MELLON INV PO BOX 9793 PROVIDENCE, RI 02940	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MFS UTILITIES R3-MFS SERVICE CTR 04-2865649	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
OPPHMR DEV MKTS A-OFI GLOBAL ASSET TWO WORLD FINANCIAL CENTER 225 LIBERTY ST, 4TH FLOOR NEW YORK, NY 10281	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PERKINS MID CP VAL S-JANUS SERVICES 43-1804048	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIM TOTAL RTN A-BOSTON FINANCIAL DA PO BOX 8480 BOSTON, MA 02266	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PUTN HGH YLD ADV A-PUTNAM INV SERV 04-2539562	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
THORNBURG INT VAL R4-BOSTON FIN BOX 8480 BOSTON, MA 02266	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
THORNBURG VALUE R3-BOSTON FIN PO BOX 8480 BOSTON, MA 02266	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP EQU INDEX 500-TRP SERVICES 52-2269240	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP INTL EQU INDX-TRP SERVICES 52-2269240	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
OPPHMR INTL GROWTH A-OFI GLOBAL AS TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET 14TH FLOOR NEW YORK, NY 10281	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP US BOND ENH INDEX-TRP SERVICES 52-2269240	0.15%

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
TRANSAMERICA	61	0

(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.
COL/ACORN INTL A-COLUMBIA MGMT INV 225 FRANKLIN STREET BOSTON, MA 02110	$0-<$3M-1.00% $3M-<$50M-0.50% $50M+=0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TRANSAMERICA	61	0

(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.
OPPHMR DEV MKTS A-OPPENHEIMERFUNDS 13-2953455	$5M+=0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TRANSAMERICA	61	0

(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.
PUTN HGH YLD ADV A-PUTNMAN RETAIL 04-2539558	$0-<$1M=1.00% $1M-<$2M=0.75% $2M+=0.50%

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
TRANSAMERICA FINANCIAL ADVISORS INC	61	0

(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.
COLUMBIA ACORN A-COLUMBIA MGMT INV 225 FRANKLIN STREET BOSTON, MA 02110	$0-<$3M=1.00% $3M-<$50M=0.50% $50M+=0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TRANSAMERICA FINANCIAL ADVISORS INC	61	0

(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.
OPPHMR INTL GROWTH A 13-2953455	$5M+=0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TRANSAMERICA FINANCIAL ADVISORS INC	61	0

(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.
COLUMBIA BALANCED A-COLUM MGT 225 FRANKLIN STREET BOSTON, MA 02110	$0-<$3M=1.00% $3M-<$50M=0.50% $50M+=0.25%

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
TRANSAMERICA FINANCIAL ADVISORS INC	61	0

(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.
JPM US SMALL CO A-JPMORGAN DIST 13-2624428	$0-<$4M=1.00% $4M-<$10M=0.75% $10M-<$50M=0.50% $50M+=0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENT INSTITUTIONAL	60	0

(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.
PIM RE REAL RET A-BOSTON FINANCIAL PO BOX 8480 BOSTON, MA 02266	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MFS GLOBAL EQUITY R3-MFS SERVICE CT 04-2865649	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM US SMALL CO-A BOSTON FINANCIAL	330 W 9TH STREET KANSAS CITY, KS 66160	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
INVS EQL WT S&P500 A-INVESCO INV	11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COLUMBIA BALANCED A-COLUMBIA MGT	225 FRANKLIN STREET BOSTON, MA 02110	0.25%

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
FIDELITY INVESTMENT INSTITUTIONAL	60	0

(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.
COLUMBIA ACORN A-COLUMBIA MGT INV 225 FRANKLIN STREET BOSTON, MA 02110	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ALL/BERN HIGH INC A-ALLIANCE BERN 13-3211780	0.25%

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC

D Employer Identification Number (EIN)
22-1917247

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		12500
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	995772	1058423
(2) Participant contributions	1b(2)	40519	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1161023	1713156
(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)	2926904	7688184
(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)	114728	68398
(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)	26627972	27071714
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	259200	269826
(15) Other	1c(15)	5000	7950

			(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	32131118	37890151
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	32131118	37890151

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)	1264861	
	(B) Participants	2a(1)(B)	848143	
	(C) Others (including rollovers)	2a(1)(C)	35925	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2148929
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	161	
	(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)	4237	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4398
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	133274	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1329302	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1462576
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1138226	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1058746	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		79480
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	433196	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		433196

		(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)		2182780
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6311359
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	548636	
(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)		548636
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		905
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	2180	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	605	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2785
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		552326
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5759033
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: STOUT CAUSEY & HORNING, P.A. (2) EIN: 52-1743645

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	
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		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?	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		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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC

D Employer Identification Number (EIN)
22-1917247

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): 04-2647786

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 AFFILIATES OF CENTRAL NEW JERSEY, P.C.
EMPLOYEE PROFIT SHARING PLAN

Financial Statements
Together with Independent Auditors' Report

As of December 31, 2013 and 2012 and
For the Year Ended December 31, 2013

STOUT, CAUSEY & HORNING
CERTIFIED PUBLIC ACCOUNTANTS
Expertise That Works

INDEPENDENT AUDITORS' REPORT

To the Administrator of the
Radiology Affiliates of Central New Jersey, P.C. Employee Profit Sharing Plan
and its Participants:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Radiology Affiliates of Central New Jersey, P.C. Employee Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, the related statement of changes in net assets available for benefits for the year ended December 31, 2013, 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 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described 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 Fidelity Management Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the Plan administrator by the Trustee 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 Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year), which is the responsibility of Plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Stout, Causey & Herring, P.A.

September 22, 2014

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

Statements of Net Assets Available for Benefits

As of December 31,	*2013*	*2012*
Assets		
Investments, at fair value		
Interest-bearing cash	$ 321,898	$ 237,279
Interests in registered investment companies	16,457,753	19,129,126
Interests in self-directed funds	19,713,853	11,354,494
Cash surrender value of life insurance policies	269,826	259,200
Total Investments, at fair value	36,763,330	30,980,099
Receivables		
Notes receivables from participants	68,398	114,728
Company contributions receivable	1,058,423	995,772
Participant contributions receivable	-	40,519
Total Receivables	1,126,821	1,151,019
Total Assets	37,890,151	32,131,118
Liabilities	-	-
Net Assets Available for Benefits	$ 37,890,151	$ 32,131,118

The accompanying notes are an integral part of these financial statements.

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

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2013

Changes in Net Assets Available for Benefits Attributable to:		
Contributions		
Participants	$	848,143
Company		1,264,861
Rollovers		35,925
Total Contributions		2,148,929
Investment Income		
Interest - interest-bearing cash		161
Interest and dividends - interests in registered investment companies		961,491
Interest and dividends - interests in self-directed funds		501,150
Net appreciation in fair value of investments - interests in self-directed funds		1,520,390
Net appreciation in fair value of investments - interests in registered investment companies		1,167,306
Increase in cash surrender value of life insurance policies		7,695
Total Investment Income		4,158,193
Interest Income on Notes Receivable from Participants		4,237
Benefits Paid to Participants		(549,541)
Administrative Expenses		(2,785)
Net Increase in Net Assets Available for Benefits		5,759,033
Net Assets Available for Benefits:		
Beginning of Year		32,131,118
End of Year	$	37,890,151

The accompanying notes are an integral part of this financial statement.

1. DESCRIPTION OF THE PLAN

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

General

The Plan is a defined contribution plan, which was established effective June 30, 1972 by Radiology Affiliates of Central New Jersey, P.C. (the Company). The Plan covers all eligible employees of the Company who have attained 21 years of age. All employees of the Company are eligible to participate in the Plan except for residents of Puerto Rico, employees covered by a collective bargaining agreement for which retirement benefits have been the subject of good faith negotiations, leased employees, and nonresident aliens with no income from a U.S. source. Eligible employees may begin to participate on the first day of the month following their employment date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was most recently amended and restated effective December 21, 2012.

Participant Contributions

Participants may contribute up to 75% of their annual W-2 compensation, as defined by the Plan, not to exceed the maximum allowable contributions under the Internal Revenue Code (the Code). The maximum allowable pre-tax contribution totaled $17,500 for the year ended December 31, 2013. Participants may also elect a portion of their salary as a Roth contribution. If they elect to make Roth deferrals, the amount of their contribution will be included in income for tax purposes, and the income tax withholding amounts will be deducted from the remainder of their pay, not from the Roth Deferral amount. Employees who have attained age 50 before the end of the Plan year may make an additional catch-up contribution, subject to limitations imposed by the Code, which totaled $5,500 for the year ended December 31, 2013. Participants are permitted to make rollover contributions into the Plan.

Company Contributions

Effective December 21, 2012, the Company began to make safe harbor matching contributions to eligible participants on a per-payroll basis. Employees who are eligible to participate in the Plan must have completed one year with 1,000 hours of service to receive the safe harbor matching contributions. Once eligibility requirements are attained, a participant will begin receiving safe harbor matching contributions the first day of the year or six months after (i.e. January 1st or July 1st) in years when management elected to contribute a match. For the year ended December 31, 2013, employees received a safe harbor match of 50% of their deferral up to 4% of their compensation on a per payroll basis. For the year ended December 31, 2013, safe harbor matching contributions totaled $219,938.

1. DESCRIPTION OF THE PLAN – cont'd.

Company Contributions – cont'd.

In addition, employees are eligible to receive non-elective profit sharing contributions made at the discretion of the Board of Directors each year upon satisfaction of the eligibility requirements. Profit sharing contributions are allocated pro rata based on each employee's compensation in relation to the compensation of all participants eligible to receive the contribution.

Participants must be employed by the Company on the last day of the year to receive the non-elective profit sharing contribution. For the year ended December 31, 2013, the Company contributed $1,079,471 as qualified non-elective profit sharing contributions and the discretionary match true up.

Participant Accounts

Each participant's account is participant-directed and is credited with the participant's contributions, withdrawals, and allocations of Company contributions, plan earnings and administrative expenses in accordance with the investment options selected by the participant. Any earnings, losses, and administrative expenses are allocated to participant accounts based upon the balance in each account. The benefit to which a participant is entitled is the benefit that can be provided from the vested portion of the participant's account.

Vesting

Participants are immediately vested in their contributions and all safe harbor matching contributions made by the Company, plus earnings thereon. For Company contributions made prior to December 21, 2012, vesting is based on years of continuous service, as defined by the Plan, according to the following graduated vesting schedule:

Years of Service	Vested Percentage
Less than 2	0%
2	25%
3	50%
4	75%
5	100%

Participants become fully vested in their Company contributions upon attainment of normal retirement age, total disability or death.

1. DESCRIPTION OF THE PLAN – cont'd.

Forfeitures

Forfeitures of Company contributions shall first be used to pay administrative expenses and then to reduce future Company contributions. Forfeitures become available to the Plan as of the earlier of the last day of the Plan year in which a former employee incurs five consecutive one-year breaks in service or a distribution of the participant's entire vested account balance occurs. Forfeitures available as of December 31, 2013 and 2012 totaled $36,044 and $18,356, respectively. Forfeitures totaling $34,548 were used to reduce qualified non-elective profit sharing contributions for the year ended December 31, 2013.

Notes Receivable from Participants

Participants may borrow up to 50% of their vested account balance, not to exceed $50,000, without regard to the intended use of the funds. The minimum note amount is $1,000 and each participant may not exceed two loans outstanding at a given time. The notes are collateralized by the participant's vested account balance and are accounted for as a specific investment of the borrowing participant's account. Note repayments are to be made at least quarterly with interest based on rates comparable to those offered by financial institutions at the time of note origination. Notes for reasons other than the purchase of a primary residence are to be repaid within five years. Notes used to purchase a primary residence can be repaid over a ten year period.

Payment of Benefits

Upon termination of service due to death, disability, retirement (age 65), early retirement (55 years of age and 6 years of service) or attainment of age 59 ½, a participant or their beneficiary, in the event of death, is entitled to a distribution of their vested account balance. Distributions from the Plan are payable in the form of a lump sum payment or installment payments; however, distributions of accounts with balances less than $1,000 must be in the form of a lump-sum distribution. Prior to retirement, distributions from the Plan are payable in the form of a lump sum payment. Upon proof, to the satisfaction of the Plan administrator, of an immediate and heavy financial need, amounts contributed by the participant may be withdrawn for a hardship purpose. Distributions are subject to the applicable provisions of the Plan agreement. Certain income taxes and penalties may apply to withdrawals or distributions prior to age 59 ½. There were no net assets of the Plan allocated to the accounts of participants who had elected to withdraw from the Plan that had not received such distributions as of December 31, 2013 and 2012.

Plan Expenses

Expenses incurred in the administration of the Plan are required to be paid by the Trustee with assets of the Plan unless the Company, at its discretion, elects to pay them. During the year ended December 31, 2013, the Company paid the majority of direct expenses related to the Plan's operations. Administrative expenses totaling $2,785 were paid directly from the Plan for the year ended December 31, 2013. Loan and distribution fees are paid by the Plan and its participants. Investment related expenses are included in net appreciation of fair value of investments.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared using 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 disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan provides for investments in financial instruments that are exposed to risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities may occur in the near term and materially affect the amounts reported in the statements of net assets available for benefits.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as received. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair Value Measurements

Accounting Standards Codification 820, *Fair Value Measurement* (ASC 820), defines fair value and establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – cont'd.

Fair Value Measurements – cont'd.

The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based upon 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.

The following is a description of the valuation methodologies used for assets measured at fair value:

Interest bearing cash: Shares of a money market portfolio are valued using amortized cost.

Interests in registered investment companies: Valued at the closing price of the shares held by the Plan at year-end. Funds are traded on an active market.

Interests in self-directed funds: Valued at the closing price of shares held by the Plan at year-end. Individual securities within the accounts are traded on an active market.

Cash surrender value of life insurance policies: Cash surrender values of life insurance policies are valued at their redemption values.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – cont'd.

Fair Value Measurements – cont'd.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2013:

	Level 1	Level 2	Level 3	Total
Interest bearing cash	$ 321,898	$ -	$ -	$ 321,898
Interests in registered investment companies- blended	12,769,287	-	-	12,769,287
Interests in registered investment companies- equity	2,834,839	-	-	2,834,839
Interests in registered investment companies- fixed income	853,627	-	-	853,627
Self Directed Funds:				
Equity	11,911,824	-	-	11,911,824
Fixed Income	6,398,270	-	-	6,398,270
Cash	1,403,759	-	-	1,403,759
Life insurance policies	-	269,826	-	269,826
Total investments, at fair value	$ 36,493,504	$ 269,826	$ -	$ 36,763,330

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – cont'd.

Fair Value Measurements – cont'd.

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

	Level 1	Level 2	Level 3	Total
Interest bearing cash	$ 237,279	$ -	$ -	$ 237,279
Interests in registered investment companies- blended	13,119,863	-	-	13,119,863
Interests in registered investment companies- equity	1,423,900	-	-	1,423,900
Interests in registered investment companies- fixed income	4,585,363	-	-	4,585,363
Self Directed Funds:				
Equity	7,790,894	-	-	7,790,894
Fixed Income	2,639,856	-	-	2,639,856
Cash	923,744	-	-	923,744
Life insurance policies	-	259,200	-	259,200
Total investments, at fair value	$ 30,720,899	$ 259,200	$ -	$ 30,980,099

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes are treated as distributions based on the terms of the Plan agreement.

Subsequent Events

The Plan evaluated for disclosure any subsequent events through September 22, 2014, the date the financial statements were available to be issued, and determined there were no material events that warrant disclosure.

3. INVESTMENTS

All investment information (excluding cash surrender value of life insurance policies on the statements of net assets available for benefits) disclosed in the accompanying financial statements and supplemental schedule, including assets held as of December 31, 2013 and 2012, and interest and dividend income and net appreciation in fair value of investments for the year ended December 31, 2013, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Trustee of the Plan, Fidelity Management Trust Company.

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

	2013	2012
Fidelity Freedom 2020 Fund A	$ 5,801,819	$ 6,456,197
Fidelity Freedom 2015 Fund A	2,665,464	2,770,183
T. Rowe Price US Bond Enhanced Index	*	3,851,560
Vanguard Total Bond Market	3,749,355	*

* Represents less than 5% of net assets available for benefits

4. SELF-DIRECTED FUNDS

The Plan offers a self-directed program to participants allowing them to invest their account balances in any investment, as permitted by the Plan and in accordance with ERISA. Under this type of arrangement, participants can direct investments into the self-directed program in addition to, or in lieu of, the various investment alternatives offered by the Plan. The Plan's investment in self directed accounts, consisting principally of interests in registered investment companies, cash and common stock, totaled $19,713,853 and $11,354,494 as of December 31, 2013 and 2012, respectively. Interest and dividends on self directed funds totaled $501,150 for the year ended December 31, 2013. Unrealized and realized gains (net) on self directed funds totaled $1,520,390 for the year ended December 31, 2013.

5. PLAN TERMINATION

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

6. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Fidelity Investments Institutional Operations Company, Inc., who acts as Custodian for the Plan. The Custodian is a related entity to the Trustee. The Plan loans funds to its participants according to the applicable provisions of the Plan agreement. The Company provides the Plan with certain accounting and administrative services for which no fees are charged. All such transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

7. INCOME TAX STATUS

The Plan has adopted a standardized prototype plan which received a favorable opinion letter from the Internal Revenue Service dated March 11, 2011, stating that the Plan is qualified under Section 401(a) of the Code and therefore is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan was amended and restated subsequent to receiving the opinion letter; however, the Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

ASC 740, *Income Taxes* (ASC 740), prescribes a recognition threshold and a measurement attribute for the financial statement recognition and measurement of tax positions taken or expected to be taken in a tax return as well as guidance on de-recognition, classification, interest and penalties and financial statement reporting disclosures. For these benefits to be recognized, a tax position must be more-likely-than-not to be sustained upon examination by taxing authorities. As the Plan is tax exempt and has no unrelated business taxable income, the provisions of ASC 740 do not have an impact on the Plan's financial statements. The Plan recognizes interest and penalties accrued on any unrecognized tax exposures as a component of income tax expense. The Plan does not have any amounts accrued relating to interest and penalties as of December 31, 2013 and 2012.

The Plan is subject to routine audits by the IRS and Department of Labor; however, there are currently no audits for any periods in progress. The Plan administrator believes it is no longer subject to examinations for Plan years prior to 2010.

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. PROFIT SHARING PLAN

Plan Sponsor EIN: 22-1917247

Plan Number: 002

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2013

(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
*	Fidelity Prime Fund	Interest-bearing cash	xx	$ 321,898
*	Fidelity Freedom 2005 Fund A	Interest in registered investment companies - blended	xx	37,778
*	Fidelity Freedom 2010 Fund A	Interest in registered investment companies - blended	xx	252,512
*	Fidelity Freedom 2015 Fund A	Interest in registered investment companies - blended	xx	2,665,464
*	Fidelity Freedom 2020 Fund A	Interest in registered investment companies - blended	xx	5,801,819
*	Fidelity Freedom 2025 Fund A	Interest in registered investment companies - blended	xx	1,574,783
*	Fidelity Freedom 2030 Fund A	Interest in registered investment companies - blended	xx	482,636
*	Fidelity Freedom 2035 Fund A	Interest in registered investment companies - blended	xx	351,478
*	Fidelity Freedom 2040 Fund A	Interest in registered investment companies - blended	xx	1,031,726
*	Fidelity Freedom 2045 Fund A	Interest in registered investment companies - blended	xx	224,524
*	Fidelity Freedom 2050 Fund A	Interest in registered investment companies - blended	xx	343,948
*	Fidelity Freedom 2055 Fund A	Interest in registered investment companies - blended	xx	2,601
*	Fidelity Freedom Income Fund A	Interest in registered investment companies - blended	xx	18
				12,769,287
	Blackrock Global Allocation A	Interest in registered investment companies - equity	xx	199,081
	Blackrock International Opportunities A	Interest in registered investment companies - equity	xx	60,763
	Columbia Acorn Fund A	Interest in registered investment companies - equity	xx	131,727
	Columbia Acorn International A	Interest in registered investment companies - equity	xx	11,922
	Columbia Balanced Fund A	Interest in registered investment companies - equity	xx	5,257
	Eaton Vance Atlanta Cap SMID-CP A	Interest in registered investment companies - equity	xx	93,654
*	Fidelity Advisor Diversified Stock Fund A	Interest in registered investment companies - equity	xx	171,763
*	Fidelity Advisor New Insights A	Interest in registered investment companies - equity	xx	515,453
	Franklin Rising Dividends Fund A	Interest in registered investment companies - equity	xx	44,589
	Hartford Dividend & Growth R4	Interest in registered investment companies - equity	xx	438,196
	MFS Global Equity Fund R3	Interest in registered investment companies - equity	xx	224,330
	MFS Utlities R3	Interest in registered investment companies - equity	xx	68,110
	Oppenheimer Developing Markets Fund A	Interest in registered investment companies - equity	xx	107,785
	AllianceBernstein High Income Fund A	Interest in registered investment companies - equity	xx	203,573
	Invesco Equally Weighted S&P 500 Fund A	Interest in registered investment companies - equity	xx	138,380
	JP Morgan U.S. Small Company Fund A	Interest in registered investment companies - equity	xx	244,037
	Oppenheimer International Growth A	Interest in registered investment companies - equity	xx	106,911
	PIMCO Real Estate Real Return Strategy Fund A	Interest in registered investment companies - equity	xx	69,308
				2,834,839

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. PROFIT SHARING PLAN

Plan Sponsor EIN: 22-1917247

Plan Number: 002

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
As of December 31, 2013

(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
	Dreyfus International Bond A	Interest in registered investment companies - fixed income	xx	68,175
*	Fidelity Advisor Strategic Income A	Interest in registered investment companies - fixed income	xx	465,082
	PIMCO Total Retun A	Interest in registered investment companies - fixed income	xx	299,031
	Putnam High Yield Advantage A	Interest in registered investment companies - fixed income	xx	21,339
				853,627
	ABN AMRO Mid Cap Fund N	Interest in self-directed funds - equity	xx	25,134
	Altria Group Incorporated	Interest in self-directed funds - equity	xx	17,038
	Amazon.com Incorporated	Interest in self-directed funds - equity	xx	39,879
	American Century Equity Income Fund	Interest in self-directed funds - equity	xx	55,021
	Annaly Capital Management Incorporated	Interest in self-directed funds - equity	xx	21,782
	Antares Pharma Incorporated	Interest in self-directed funds - equity	xx	4,918
	Apple Computer Incorporated	Interest in self-directed funds - equity	xx	104,852
	Artisan Global Value Fund	Interest in self-directed funds - equity	xx	73,325
	Artisan Mid Capital Value Fund	Interest in self-directed funds - equity	xx	68,781
	AT&T Incorporated	Interest in self-directed funds - equity	xx	14,505
	Bank of America Corporation	Interest in self-directed funds - equity	xx	21,798
	Berkshire Hathaway Incorporated Class B	Interest in self-directed funds - equity	xx	16,598
	Brookfield Asset Management Incorporated	Interest in self-directed funds - equity	xx	15,896
	Brookfield Property Partners LP	Interest in self-directed funds - equity	xx	224
	Brown Capital Management Small Company	Interest in self-directed funds - equity	xx	53,239
	Caterpillar Incorporated	Interest in self-directed funds - equity	xx	9,656
	China Unicom Hong Kong	Interest in self-directed funds - equity	xx	4,656
	Citigroup Incorporated	Interest in self-directed funds - equity	xx	63,412
	Corning Incorporated	Interest in self-directed funds - equity	xx	7,524
	Crocs Incorporated	Interest in self-directed funds - equity	xx	18,308
	Deere & Company	Interest in self-directed funds - equity	xx	9,133
	Direxion Daily Gold Miners Bull 3X Shares	Interest in self-directed funds - equity	xx	54,820
	Discover Financial Services	Interest in self-directed funds - equity	xx	8,952
	Dodge & Cox International Stock Fund	Interest in self-directed funds - equity	xx	416,320
	Dodge & Cox Stock Fund	Interest in self-directed funds - equity	xx	49,381
	Facebook Incorporated Class A	Interest in self-directed funds - equity	xx	35,522
	Fairholme Fund	Interest in self-directed funds - equity	xx	28,653
*	Fidelity Advisor Leveraged Company Stock Fund	Interest in self-directed funds - equity	xx	33,186
*	Fidelity Contrafund	Interest in self-directed funds - equity	xx	217,692
*	Fidelity Freedom 2015 Fund	Interest in self-directed funds - equity	xx	155,446
*	Fidelity Freedom 2020 fund	Interest in self-directed funds - equity	xx	41,495
*	Fidelity High Income Fund	Interest in self-directed funds - equity	xx	87,839
*	Fidelity International Growth Fund	Interest in self-directed funds - equity	xx	8,356
*	Fidelity Large Capital Stock Fund	Interest in self-directed funds - equity	xx	10,370
*	Fidelity Low-Priced Stock Fund	Interest in self-directed funds - equity	xx	169,556
*	Fidelity OTC Portfolio	Interest in self-directed funds - equity	xx	69,130
*	Fidelity Select Biotechnology	Interest in self-directed funds - equity	xx	1,541

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. PROFIT SHARING PLAN

Plan Sponsor EIN: 22-1917247

Plan Number: 002

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
As of December 31, 2013

(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
*	Fidelity Select Software & Computer Services	Interest in self-directed funds - equity	xx	4,238
*	Fidelity Small Cap Retirement Fund	Interest in self-directed funds - equity	xx	92,716
*	Fidelity Small Capital Growth	Interest in self-directed funds - equity	xx	4,162
*	Fidelity Spartan Extended Market Index Advantage Fund	Interest in self-directed funds - equity	xx	339,514
*	Fidelity Spartan Total Market Index Advantage Fund	Interest in self-directed funds - equity	xx	106,038
*	Fidelity Spartan U.S. Equity Index Advantage Fund	Interest in self-directed funds - equity	xx	486,761
	First Eagle US Value A	Interest in self-directed funds - equity	xx	15,530
	FMI Large Capital Fund	Interest in self-directed funds - equity	xx	274,526
	Ford Motor Company	Interest in self-directed funds - equity	xx	28,119
	FPA Crescent Portfolio Institutional Class	Interest in self-directed funds - equity	xx	105,056
	Franklin AGE High Income Fund Class A	Interest in self-directed funds - equity	xx	21,390
	Franklin Utilities Fund Class A	Interest in self-directed funds - equity	xx	26,650
	Fundamental Investors	Interest in self-directed funds - equity	xx	22,754
	General Electric Company	Interest in self-directed funds - equity	xx	17,549
	Glu Mobile Incorporated	Interest in self-directed funds - equity	xx	17,659
	Goldman Sachs Group Incorporated\	Interest in self-directed funds - equity	xx	30,541
	Google Incorporated Class A	Interest in self-directed funds - equity	xx	16,811
	GSI Technology Incorporated	Interest in self-directed funds - equity	xx	664
	Harbor International Fund Investor Class	Interest in self-directed funds - equity	xx	38,812
	Health Care Select Sector SPDR Fund	Interest in self-directed funds - equity	xx	17,741
	Home Depot Incorporated	Interest in self-directed funds - equity	xx	28,819
	Intel Corporation	Interest in self-directed funds - equity	xx	2,902
	International Business Machines	Interest in self-directed funds - equity	xx	8,530
	Invesco Diversified Dividend Investor	Interest in self-directed funds - equity	xx	216,517
	Iridium Communications Incorporated	Interest in self-directed funds - equity	xx	1,250
	iShares Core MSCI Emerging Markets	Interest in self-directed funds - equity	xx	7,219
	iShares FTSE/Xinhua China 25 Index	Interest in self-directed funds - equity	xx	14,109
	iShares Gold Trust	Interest in self-directed funds - equity	xx	28,266
	iShares MSCI Emerging Markets Index	Interest in self-directed funds - equity	xx	1,195
	iShares MSCI Emerging Markets Minimum Volatility	Interest in self-directed funds - equity	xx	2,530
	iShares MSCI Japan ETF	Interest in self-directed funds - equity	xx	10,925
	iShares Russell 2000 Index ETF	Interest in self-directed funds - equity	xx	23,892
	J P Morgan Chase & Company	Interest in self-directed funds - equity	xx	14,620
	Janus Growth and Income Fund	Interest in self-directed funds - equity	xx	81,214
	Las Vegas Sands Corporation	Interest in self-directed funds - equity	xx	22,143
	Lazard Emerging Markets Equity Open	Interest in self-directed funds - equity	xx	43,729
	Litman Gregory Masters International Fund	Interest in self-directed funds - equity	xx	47,010
	LSI Corporation	Interest in self-directed funds - equity	xx	67
	MainStay ICAP Select Equity I	Interest in self-directed funds - equity	xx	29,508
	Manning & Napier World Opportunities A	Interest in self-directed funds - equity	xx	59,052
	Markel Corporation	Interest in self-directed funds - equity	xx	11,607
	Matthews Asia Pacific Equity Income Fund	Interest in self-directed funds - equity	xx	29,302

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. PROFIT SHARING PLAN

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd.
As of December 31, 2013

(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
	Matthews Pacific Tiger Investor	Interest in self-directed funds - equity	xx	34,638
	McDonalds Corporation	Interest in self-directed funds - equity	xx	6,402
	Microsoft Corporation	Interest in self-directed funds - equity	xx	88,381
	Netflix Incorporated	Interest in self-directed funds - equity	xx	16,568
	New Oriental Education & Technology Group Incorporated	Interest in self-directed funds - equity	xx	7,875
	Oakmark Global Fund I	Interest in self-directed funds - equity	xx	73,737
	Oakmark International Fund	Interest in self-directed funds - equity	xx	56,893
	Oracle Corporation	Interest in self-directed funds - equity	xx	7,868
	Panera Bread Company Class A	Interest in self-directed funds - equity	xx	17,669
	Parnassus Small Capital Fund	Interest in self-directed funds - equity	xx	4,161
	Paychex Incorporated	Interest in self-directed funds - equity	xx	9,848
	PIMCO Income Fund Class D	Interest in self-directed funds - equity	xx	9,893
	PIMCO Total Return ETF	Interest in self-directed funds - equity	xx	10,581
	PowerShares DB Commodity Index	Interest in self-directed funds - equity	xx	2,694
	Primecap Odyssey Aggressive Growth Fund	Interest in self-directed funds - equity	xx	72,447
	PRIMECAP Odyssey Growth Fund	Interest in self-directed funds - equity	xx	60,019
	PRIMECAP Odyssey Stock Fund	Interest in self-directed funds - equity	xx	23,458
	Royce Pennsylvania Mutual Fund Investment Class	Interest in self-directed funds - equity	xx	412,959
	Royce Special Equity Fund	Interest in self-directed funds - equity	xx	59,347
	RS Global Natural Resources Fund	Interest in self-directed funds - equity	xx	24,903
	Schlumberger Limited	Interest in self-directed funds - equity	xx	13,904
	Schwab S&P 500 Index	Interest in self-directed funds - equity	xx	28,441
	Scout International Fund	Interest in self-directed funds - equity	xx	92,417
	Scout Mid Capital	Interest in self-directed funds - equity	xx	24,571
	Sector SPDR Energy Select ETF	Interest in self-directed funds - equity	xx	4,532
	Sector SPDR Financial Selection ETF	Interest in self-directed funds - equity	xx	74,807
	Sentinel Small Company A	Interest in self-directed funds - equity	xx	27,309
	Shire Pharmaceutical Group	Interest in self-directed funds - equity	xx	7,171
	Sirius XM Holdings Inc.	Interest in self-directed funds - equity	xx	56,077
	SolarCity Corporation	Interest in self-directed funds - equity	xx	15,057
	Spartan Total Market Index Fund	Interest in self-directed funds - equity	xx	3,414
	SPDR Gold ETF	Interest in self-directed funds - equity	xx	11,612
	SPDR S&P 500 Depositary Receipts ETF	Interest in self-directed funds - equity	xx	53,811
	SPDR S&P Homebuilders EFT	Interest in self-directed funds - equity	xx	17,483
	SPDR S&P Regional Banking ETF	Interest in self-directed funds - equity	xx	18,275
	Stratton Small Cap Value Fund	Interest in self-directed funds - equity	xx	164,366
	SunTrust Banks Incorporated	Interest in self-directed funds - equity	xx	7,730
	T Rowe Price Real Estate Fund	Interest in self-directed funds - equity	xx	26,629
	TCW Total Return Bond N	Interest in self-directed funds - equity	xx	41,408
	Teradata Corporation	Interest in self-directed funds - equity	xx	12,510
	Tesla Motor Incorporated	Interest in self-directed funds - equity	xx	45,129
	The Growth Fund of America Class A	Interest in self-directed funds - equity	xx	66,282
	The Jensen Portfolio, Inc.	Interest in self-directed funds - equity	xx	223,735

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As of December 31, 2013

(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
	Thermo Fisher Scientific	Interest in self-directed funds - equity	xx	16,885
	Third Avenue Real Estate Value Fund	Interest in self-directed funds - equity	xx	26,989
	Thornburg International Value A	Interest in self-directed funds - equity	xx	35,260
	Three D Systems Corporation	Interest in self-directed funds - equity	xx	18,586
	Triangle Capital Corporation	Interest in self-directed funds - equity	xx	8,609
	Tweedy Browne Global Value	Interest in self-directed funds - equity	xx	48,202
	Under Armor Incorporated Class A	Interest in self-directed funds - equity	xx	66,348
	US Bancorp	Interest in self-directed funds - equity	xx	12,272
	Vanguard Total International Stock Index Fund	Interest in self-directed funds - equity	xx	338,993
	Vanguard Selected Value Fund	Interest in self-directed funds - equity	xx	21,432
	Vanguard 500 Index Fund	Interest in self-directed funds - equity	xx	1,136,338
	Vanguard Dividend Growth Fund	Interest in self-directed funds - equity	xx	21,918
	Vanguard Emerging Markets Fund	Interest in self-directed funds - equity	xx	4,837
	Vanguard Energy ETF	Interest in self-directed funds - equity	xx	28,691
	Vanguard Growth and Income Fund	Interest in self-directed funds - equity	xx	161,888
	Vanguard Growth Index Fund	Interest in self-directed funds - equity	xx	32,073
	Vanguard High Dividend Yield Index Fund	Interest in self-directed funds - equity	xx	22,349
	Vanguard Index Funds	Interest in self-directed funds - equity	xx	240,335
	Vanguard International Growth Fund	Interest in self-directed funds - equity	xx	96,076
	Vanguard Long-Term Bond Index Fund	Interest in self-directed funds - equity	xx	46,218
	Vanguard PRIMECAP Core Fund	Interest in self-directed funds - equity	xx	28,838
	Vanguard REIT Index Fund	Interest in self-directed funds - equity	xx	249,748
	Vanguard REIT Index Signal	Interest in self-directed funds - equity	xx	474,908
	Vanguard Small-Cap Value ETF	Interest in self-directed funds - equity	xx	10,224
	Vanguard Target Retirement 2030 Fund	Interest in self-directed funds - equity	xx	346,063
	Vanguard Total International Stock ETF	Interest in self-directed funds - equity	xx	723,347
	Vanguard Total International Stock Index Fund	Interest in self-directed funds - equity	xx	313,343
	Vanguard Total Stock Market Fund	Interest in self-directed funds - equity	xx	168,197
	Vanguard US Growth Fund	Interest in self-directed funds - equity	xx	69,502
	Vanguard Utilities Index Fund	Interest in self-directed funds - equity	xx	75,342
	Vanguard Value Index Fund Investor Shares	Interest in self-directed funds - equity	xx	10,272
	Vanguard Wellington Fund	Interest in self-directed funds - equity	xx	292,518
	Vanguard Windsor II Fund	Interest in self-directed funds - equity	xx	140,845
	Vera Bradley Incorporated	Interest in self-directed funds - equity	xx	6,010
	Visa Incorporated Class A	Interest in self-directed funds - equity	xx	33,402
	Wasatch Small Capital Growth Fund	Interest in self-directed funds - equity	xx	58,946
	Wells Fargo & Company	Interest in self-directed funds - equity	xx	7,950
	Whole Food Market Incorporated	Interest in self-directed funds - equity	xx	22,901
	WisdomTree Emerging Markets High-Yielding Equity Fund	Interest in self-directed funds - equity	xx	1,485
	Yacktman Fund Service Class	Interest in self-directed funds - equity	xx	71,098
				11,911,824

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As of December 31, 2013

(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
	American Century Inflation-Adjusted Bond Fund	Interest in self-directed funds - fixed income	xx	55,874
	Dodge & Cox Income Fund	Interest in self-directed funds - fixed income	xx	177,559
*	Fidelity Capital & Income	Interest in self-directed funds - fixed income	xx	56,303
*	Fidelity Floating Rate High Income	Interest in self-directed funds - fixed income	xx	152,728
*	Fidelity Inflation-Protected Bond Fund	Interest in self-directed funds - fixed income	xx	14,845
*	Fidelity New Markets Income Fund	Interest in self-directed funds - fixed income	xx	30,044
*	Fidelity Strategic Income Fund	Interest in self-directed funds - fixed income	xx	165,995
	Harbor Bond Fund	Interest in self-directed funds - fixed income	xx	326,406
	Harbor Commodity Real Return Strategy Fund	Interest in self-directed funds - fixed income	xx	34,893
	Loomis Sayles Bond Retail	Interest in self-directed funds - fixed income	xx	369,865
	Loomis Sayles Global Bond Retail	Interest in self-directed funds - fixed income	xx	49,169
	Metropolitan West Total Return Bond Fund	Interest in self-directed funds - fixed income	xx	120,382
	PIMCO Emerging Local Bond Fund D	Interest in self-directed funds - fixed income	xx	27,620
	Spartan US Bond Index Fund Advantage Class	Interest in self-directed funds - fixed income	xx	169,646
	T Rowe Price Short-Term Bond Fund	Interest in self-directed funds - fixed income	xx	126,962
	Templeton Global Bond Fund A	Interest in self-directed funds - fixed income	xx	47,751
	Vanguard GNMA Fund	Interest in self-directed funds - fixed income	xx	283,536
	Vanguard High Yield Corporate Fund	Interest in self-directed funds - fixed income	xx	135,253
	Vanguard Short-Term Bond Index	Interest in self-directed funds - fixed income	xx	151,751
	Vanguard Short-Term corporate Bond Index Fund	Interest in self-directed funds - fixed income	xx	42,282
	Vanguard Short-Term Federal Fund	Interest in self-directed funds - fixed income	xx	100,179
	Vanguard Total Bond Market	Interest in self-directed funds - fixed income	xx	3,749,355
	Vanguard Total Bond Market Index Fund Investor Shares	Interest in self-directed funds - fixed income	xx	9,872
				6,398,270
*	Fidelity Cash Reserves	Interest in self-directed funds - cash		1,391,259
	Non-Interest Bearing Cash	Interest in self-directed funds - cash		12,500
				1,403,759
	Life Insurance Contracts			269,826
*	Participant Loans	Interest rates ranging from 4.25% to 6.1% , maturing at various dates through December 2018	$ -	68,398

* Denotes a party-in-interest as defined by ERISA
xx Not required as investment is participant-directed