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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [X] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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
OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2012

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

840 CRESCENT CENTER DRIVE SUITE 200
FRANKLIN, TN 37067

2b Employer Identification Number (EIN)
30-0705224

2c Plan Sponsor's telephone number
615-846-7733

2d Business code (see instructions)
621510

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2015	KYMBERLY BAKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	217
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	188
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	180
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	37
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	219
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	219
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	179
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2J 2K 2T 3D

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 OIA STAFFING, INC.	**D** Employer Identification Number (EIN) 30-0705224

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

GREAT WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	57093	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

WELLS FARGO ADVISORS NETWORK

1 NORTH JEFFERSON AVENUE
ST. LOUIS, MO 63103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/ADVISER	0	Yes [X] No [ ]	Yes [ ] No [X]	29846	Yes [ ] No [X]

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

KATZ, SAPPER & MILLER, LLP

800 E 96TH STREET
SUITE 500
INDIANAPOLIS, ID 46240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	0	Yes [X] No [ ]	Yes [ ] No [X]	6465	Yes [ ] No [X]

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

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

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	1460	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
KATZ, SAPPER & MILLER, LLP	13	6465

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GREAT-WEST LIFE & ANNUITY INS. CO 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
WELLS FARGO ADVISORS NETWORK	55	29846

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GREAT-WEST LIFE & ANNUITY INS. CO 8515 EAST ORCHARD ROAD GREENWOOD, CO 80111	OTHER COMMISSIONS

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(complete as many entries as needed)

a Name: FOX, KOLB & ASSOCIATES, PLLC
b EIN: 26-0372062
c Position: AUDITOR
d Address: 5141 VIRGINIA WAY, SUITE 470
BRENTWOOD, TN 37027
e Telephone: 615-690-6550

Explanation: FOX, KOLB & ASSOCIATES, PLLC DISSOLVED EFFECTIVE AUGUST 1, 2014.

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OIA STAFFING, INC.

D Employer Identification Number (EIN)
30-0705224

Part I Asset and Liability Statement

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	13272	13766
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1153	0
(2) Participant contributions	1b(2)	713	456
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7237309	8161732
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(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	7252447	8175954
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	1977
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	1977
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7252447	8173977

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)	371286	
	(B) Participants	2a(1)(B)	701916	
	(C) Others (including rollovers)	2a(1)(C)	175408	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1248610
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		487279
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1735889
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	537450	
(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)		537450
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	56332	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		56332
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		593782
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1142107
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		220577

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: KRAFTCPAS PLLC **(2)** EIN: 62-0713250

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)
OUTPATIENT IMAGING AFFILIATES RETIREMENT PLAN	30-0705224	002

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

OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN

FINANCIAL STATEMENTS,

SUPPLEMENTARY INFORMATION

AND INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2014

EMPLOYER IDENTIFICATION NUMBER: 30-0705224

PLAN NUMBER: 001

OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN

FINANCIAL STATEMENTS,

SUPPLEMENTARY INFORMATION

AND INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2014

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1 - 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 11
SUPPLEMENTARY INFORMATION	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	12 - 13

All other supplemental schedules ordinarily required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable to this Plan for the audit years addressed in the Independent Auditor's Report.

KraftCPAs PLLC

INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrators
Outpatient Imaging Affiliates Savings Plan
Franklin, Tennessee

REPORT ON THE FINANCIAL STATEMENTS

We were engaged to audit the accompanying financial statements of Outpatient Imaging Affiliates Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

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

AUDITOR'S RESPONSIBILITY

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter 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 Great-West Trust Company, LLC, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

DISCLAIMER OF OPINION

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

KraftCPAs PLLC - Certified Public Accountants and Consultants
555 Great Circle Road • Nashville, TN 37228 • Phone 615-242-7351 • Fax 615-782-4271 • www.kraftcpas.com

OTHER MATTER

The supplementary information on pages 12 to 13 as of and for the year ended December 31, 2014, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplementary information.

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 supplementary information, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Kraft CPAs PLLC

Nashville, Tennessee
August 28, 2015

OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014 AND 2013

	2014	2013
ASSETS		
Investments, at fair value	$ 8,175,498	$ 7,250,581
Receivables:		
Participants	160	713
Employer	296	1,153
Total receivables	456	1,866
TOTAL ASSETS	8,175,954	7,252,447
LIABILITIES		
Excess contributions refundable	1,977	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 8,173,977	$ 7,252,447

See accompanying notes to financial statements.

OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2014

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation in fair value of investments	$ 260,309
Interest	226,968
Total investment income	487,277
Contributions:	
Participants	701,916
Employer	371,286
Rollovers	175,408
Total contributions	1,248,610
TOTAL ADDITIONS	1,735,887
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	537,450
Administrative expenses	56,330
Transfers to other plans	220,577
TOTAL DEDUCTIONS	814,357
NET INCREASE	921,530
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	7,252,447
End of year	$ 8,173,977

See accompanying notes to financial statements.

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of Outpatient Imaging Affiliates Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a participant directed defined contribution plan, covering all full-time employees of OIA Staffing, Inc., who are age twenty-one or older and have completed three months of service. OIA Staffing, Inc. is the Plan's Sponsor (the "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Board of Trustees is responsible for oversight of the Plan and works with an independent investment advisory services company to help determine the appropriateness of the Plan's investment offerings and monitorng investment performance.

The Plan has entered into a trust agreement with Great-West Trust Company, LLC (the "Custodian") and appointed this company as Custodian of the plan assets.

Contributions

Each year, participants may elect to defer up to 100% of their compensation, as defined in the Plan document. Participants may also contribute amounts representing distributions from other qualified plans. Participants may change their salary deferral percentage at any time. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

The Employer makes safe harbor contributions equal to 100% of the first 3% of the participants' elective deferrals, plus 50% of the amount of the deferral over 3%, but not to exceed 5% of the participants' total elective deferrals. The Employer may also make certain discretionary contributions, as defined in the Plan document. No discretionary contributions were made by the Employer for the year ended December 31, 2014.

Employer matching contributions may be discontinued in accordance with various provisions of the Plan.

Contributions are subject to certain limitations in accordance with applicable regulatory requirements.

Participant accounts

Each participant's account is credited with the participant's contributions, allocations of Employer contributions, and Plan earnings, and reduced by an allocation of administrative expenses, any distributions and Plan losses. Allocations are based on participant earnings, account balances or specific participant transactions, as defined by the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in the Employer contributions is based on years of continuous service. Participants are 20% vested after two years of service and an additional 20% thereafter, resulting in 100% vesting after 6 years of credited service. Participants are also 100% vested upon reaching the Plan's normal retirement age of 65, or upon their death or disability.

Payment of benefits

Benefit distributions equal to a participant's vested account balance are payable to the participant or his beneficiaries upon normal retirement (age 65), death, disability or termination of employment. The method of distribution shall be determined by the Plan Administrator in accordance with the provisions of the Plan. If the vested value of a terminated participant's account is less than $1,000, the total vested balance is distributed as an automatic lump-sum cash payment.

Forfeitures

Forfeitures result from termination of employment under circumstances which do not entitle the participant to be fully vested in his Employer contributions and are available to be first used to pay any Plan expenses and then may reduce the Employer's contributions to the Plan. Forfeitures remaining at December 31, 2014 and 2013 amounted to $13,766 and $13,261, respectively. No forfeitures were used during 2014.

In-service withdrawals

In-service withdrawals are permitted by participants who have reached the age of 59 and 1/2. Earlier withdrawals may also be made in the case of financial hardship, as determined by the Employer. Participant deferrals must cease for six months following a hardship withdrawal. Hardships withdrawals are limited to the cumulative amount of the participant's contributions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of presentation

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

An adjustment from contract value to fair value was not made in the accompanying financial statements, as the Employer determined that the contract value of the investment contract approximated fair value.

Investment valuation and income recognition

Investments are stated 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. The Plan determines the valuation policies utilizing information provided by the investment advisers, Custodian and insurance company. See Note 5 for discussion of fair value measurements.

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

Payment of benefits

Benefit payments are recognized in the year paid.

Administrative expenses

Certain investment fund options may be subject to investment fees based upon a percentage of invested assets, as disclosed in a fund's prospectus. Such fees are typically charged directly against a fund's investment performance and thus, are not separately disclosed in the accompanying financial statements. During 2014, substantially all administrative expenses were paid by the Plan.

Use of estimates

The preparation of financial statements in conformity with GAAP requires the Plan to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Events occurring after reporting date

The Plan has evaluated events and transactions that occurred between December 31, 2014 and August 28, 2015, the date the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

NOTE 3 - INFORMATION CERTIFIED BY CUSTODIAN

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator has elected that the information certified by the Custodian, Great-West Trust Company, LLC, not be subjected to any auditing procedures, except for comparing such information to the related information contained in the financial statements and supplementary information.

Except for the fair value of the investment contract, the Custodian has certified to all investments (individually and in summary) as of December 31, 2014 and 2013. The Custodian has also certified to all investment transactions for the year ended December 31, 2014, including investment income, realized and unrealized gains and losses and all supplementary information. The contract value of the investment contract was certified by the Custodian.

NOTE 4 - INVESTMENTS

The following investments represent 5% or more of the Plan's net assets at December 31, 2014 and 2013:

	2014	2013
Vanguard 500 Index Signal	$ 524,452	$ 362,945
Vanguard Lifestrategy Growth Inv	$ 2,669,645	$ 2,533,545
Vanguard Lifestrategy Cnsrv Gr Inv	$ 441,913	$ 583,366
Vanguard Lifestrategy Moderate Growth	$ 1,751,281	$ 1,487,502

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Mutual funds	$ 259,387
Collective trust fund	922
	$ 260,309

NOTE 5 - FAIR VALUE

The Plan classifies its investments based on a hierarchy consisting of: Level 1 (valued using quoted prices from active markets for identical assets), Level 2 (not traded on an active market but for which observable market inputs are readily available) and Level 3 (valued based on significant unobservable inputs). The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets and liabilities measured at fair value:

Mutual funds

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

Collective trust fund

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

There have been no changes in the valuation methodologies used at December 31, 2014 and 2013.

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 the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table summarizes investments measured at fair value on a recurring basis, segregated by level of valuation inputs within the fair value hierarchy utilized to measure fair value as of December 31, 2014 and 2013:

	2014			
	Level 1	Level 2	Level 3	Total
MUTUAL FUNDS:				
Asset allocation funds	$ 967,915	$ -	$ -	$ 967,915
Balanced funds	2,400,807	-	-	2,400,807
Bond funds	304,012	-	-	304,012
International funds	481,349	-	-	481,349
Large cap funds	3,194,097	-	-	3,194,097
Mid cap funds	69,848	-	-	69,848
Small cap funds	276,293	-	-	276,293
Specialty funds	343,373	-	-	343,373
	8,037,694	-	-	8,037,694
Collective trust fund	-	137,804	-	137,804
	$ 8,037,694	$ 137,804	$ -	$ 8,175,498

	2013			
	Level 1	Level 2	Level 3	Total
MUTUAL FUNDS:				
Asset allocation funds	$ 640,094	$ -	$ -	$ 640,094
Balanced funds	2,394,661	-	-	2,394,661
Bond funds	208,664	-	-	208,664
International funds	432,592	-	-	432,592
Large cap funds	2,896,490	-	-	2,896,490
Mid cap funds	39,189	-	-	39,189
Small cap funds	235,283	-	-	235,283
Specialty funds	283,256	-	-	283,256
	7,130,229	-	-	7,130,229
Collective trust fund	-	120,352	-	120,352
	$ 7,130,229	$ 120,352	$ -	$ 7,250,581

Fair value of investment in certain entities that calculate net asset value per share (or its equivalent):

Investment	Fair Value at December 31, 2014	Fair Value at December 31, 2013	* Unfunded Commitment	* Redemption Frequency	* Redemption Notice Period
(a) Collective trust fund	$ 137,804	$ 120,352	$0	Daily	30 days

*Information noted in these columns is the same for each investment type for 2014 and 2013.

(a) This category invests its assets in a diversified portfolio consisting of one or more of the following:

(1) Securities issued by the United States Treasury
(2) United States Agency or Government Sponsored Enterprises securities
(3) Mortgage-backed securities issued by the U.S. government or one of its agencies or instrumentalities
(4) Collateralized mortgage obligations secured by government-related guarantors
(5) Instruments of commercial banks 100% covered by the FDIC
(6) Commercial paper meeting certain minimum rating standards
(7) Corporate and foreign government bonds meeting certain minimum rating standards
(8) Asset backed securities, non-agency mortgage-backed securities, and commercial mortgage-backed securities meeting certain minimum rating standards

This category seeks to preserve capital, provide sufficient liquidity to pay benefits to participants and beneficiaries of participating trusts, and provide stable and predictable returns.

NOTE 6 - RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by Great-West, the Custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions. Administrative expenses of $56,330 were paid by the Plan to Great-West for third party administrative services during the year ended December 31, 2014.

NOTE 7 - PLAN TERMINATION

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

NOTE 8 - INCOME TAX STATUS

The Plan has adopted a prototype plan ("Prototype"). The Prototype received its latest opinion letter on March 1, 2009, in which the Internal Revenue Service ("IRS") stated the Prototype, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has not applied for a separate determination letter.

The Prototype has been amended and restated since receiving the opinion letter. However, the Plan Administrator and the Plan's tax counsel believe the Plan and Prototype are designed and have been operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been provided in the financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax asset or liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS.

NOTE 9 - RISKS AND UNCERTAINTIES

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

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

A reconciliation of the change in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2014 follows:

CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS PER THE FINANCIAL STATEMENTS	$ 921,530
Change in other transfers out of Plan	220,577
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS PER THE FORM 5500	$ 1,142,107

SUPPLEMENTARY INFORMATION

OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN

EMPLOYER IDENTIFICATION NUMBER: 30-0705224

PLAN NUMBER: 001

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

DECEMBER 31, 2014

(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
	MUTUAL FUNDS			
*	Great-West Trust Company, LLC	Vanguard Target Retirement 2010 Inv	**	$ 237,116
*	Great-West Trust Company, LLC	Vanguard Target Retirement 2020 Inv	**	169,957
*	Great-West Trust Company, LLC	Vanguard Target Retirement 2030 Inv	**	220,377
*	Great-West Trust Company, LLC	Vanguard Target Retirement 2040 Inv	**	181,565
*	Great-West Trust Company, LLC	Vanguard Target Retirement 2050 Inv	**	158,900
*	Great-West Trust Company, LLC	Blackrock Global Allocation Instl	**	70,010
*	Great-West Trust Company, LLC	Oppenheimer Developing Markets Y	**	175,822
*	Great-West Trust Company, LLC	Vanguard Developed Markets Index Inv	**	305,527
*	Great-West Trust Company, LLC	MFS Utilities Fund R4	**	136,863
*	Great-West Trust Company, LLC	Vanguard Energy Fund	**	42,684
*	Great-West Trust Company, LLC	Vanguard REIT Index Signal	**	163,826
*	Great-West Trust Company, LLC	Vanguard Small Cap Index Signal	**	276,293
*	Great-West Trust Company, LLC	Vanguard Extended Market Idx Signal	**	69,848
*	Great-West Trust Company, LLC	Vanguard 500 Index Signal	**	524,452
*	Great-West Trust Company, LLC	Vanguard Lifestrategy Growth Inv	**	2,669,645
*	Great-West Trust Company, LLC	Vanguard Lifestrategy Cnsrv Gr Inv	**	441,913
*	Great-West Trust Company, LLC	Vanguard Lifestrategy Moderate Growth	**	1,751,281
*	Great-West Trust Company, LLC	Vanguard Lifestrategy Income Inv	**	137,603
*	Great-West Trust Company, LLC	Pimco Real Return Instl	**	119,945

* Represents a party-in-interest

** Cost is not required to be presented for participant-directed investments.

OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN

EMPLOYER IDENTIFICATION NUMBER: 30-0705224

PLAN NUMBER: 001

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

DECEMBER 31, 2014

(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
*	Great-West Trust Company, LLC	Pimco Total Return Instl	**	120,548
*	Great-West Trust Company, LLC	Vanguard Total Bond Market Index Signal	**	63,519
				8,037,694
	COLLECTIVE TRUST FUND			
*	Great-West Trust Company, LLC	Morley Stable Value Fund	**	137,804
				137,804
				$ 8,175,498

* Represents a party-in-interest

** Cost is not required to be presented for participant-directed investments.

Multiple-Employer Plan Participating Employer Information
Outpatient Imaging Affiliates Savings Plan
EIN: 30-0705224
PN: 001

Name	EIN	Employer's percent of contributi
OIA Staffing, Inc.	30-0705224	50.94%
Pinnacle Health Services of North Carolina	62-1815727	15.65%
Diagnostic Health MRI of Gadsden, LLC	63-1280228	5.22%
Diagnostic Health Center of Colorado Springs, LP	72-1383580	9.07%
Diagnostic Health Center of Tennessee, LP	63-1184829	19.12%

suc

OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN

EMPLOYER IDENTIFICATION NUMBER: 30-0705224

PLAN NUMBER: 001

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

DECEMBER 31, 2014

(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
	MUTUAL FUNDS			
*	Great-West Trust Company, LLC	Vanguard Target Retirement 2010 Inv	**	$ 237,116
*	Great-West Trust Company, LLC	Vanguard Target Retirement 2020 Inv	**	169,957
*	Great-West Trust Company, LLC	Vanguard Target Retirement 2030 Inv	**	220,377
*	Great-West Trust Company, LLC	Vanguard Target Retirement 2040 Inv	**	181,565
*	Great-West Trust Company, LLC	Vanguard Target Retirement 2050 Inv	**	158,900
*	Great-West Trust Company, LLC	Blackrock Global Allocation Instl	**	70,010
*	Great-West Trust Company, LLC	Oppenheimer Developing Markets Y	**	175,822
*	Great-West Trust Company, LLC	Vanguard Developed Markets Index Inv	**	305,527
*	Great-West Trust Company, LLC	MFS Utilities Fund R4	**	136,863
*	Great-West Trust Company, LLC	Vanguard Energy Fund	**	42,684
*	Great-West Trust Company, LLC	Vanguard REIT Index Signal	**	163,826
*	Great-West Trust Company, LLC	Vanguard Small Cap Index Signal	**	276,293
*	Great-West Trust Company, LLC	Vanguard Extended Market Idx Signal	**	69,848
*	Great-West Trust Company, LLC	Vanguard 500 Index Signal	**	524,452
*	Great-West Trust Company, LLC	Vanguard Lifestrategy Growth Inv	**	2,669,645
*	Great-West Trust Company, LLC	Vanguard Lifestrategy Cnsrv Gr Inv	**	441,913
*	Great-West Trust Company, LLC	Vanguard Lifestrategy Moderate Growth	**	1,751,281
*	Great-West Trust Company, LLC	Vanguard Lifestrategy Income Inv	**	137,603
*	Great-West Trust Company, LLC	Pimco Real Return Instl	**	119,945

* Represents a party-in-interest

** Cost is not required to be presented for participant-directed investments.

OUTPATIENT IMAGING AFFILIATES SAVINGS PLAN

EMPLOYER IDENTIFICATION NUMBER: 30-0705224

PLAN NUMBER: 001

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

DECEMBER 31, 2014

(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
*	Great-West Trust Company, LLC	Pimco Total Return Instl	**	120,548
*	Great-West Trust Company, LLC	Vanguard Total Bond Market Index Signal	**	63,519
				8,037,694
	COLLECTIVE TRUST FUND			
*	Great-West Trust Company, LLC	Morley Stable Value Fund	**	137,804
				137,804
				$ 8,175,498

* Represents a party-in-interest

** Cost is not required to be presented for participant-directed investments.