

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 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ 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:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>RADIOLOGY LTD., P.L.C. 401(K) PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>01/01/1983</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	<u>RADIOLOGY LTD., P.L.C.</u>		
		2b Employer Identification Number (EIN)	<u>86-0423896</u>
		2c Plan Sponsor's telephone number	<u>520-795-2889</u>
<u>677 NORTH WILMOT ROAD</u> <u>TUSCON, AZ 85711-2701</u>		2d Business code (see instructions)	<u>621510</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2015	ALAN GOLD, CPA
	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 ☒ 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	443
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)	326
a(2) Total number of active participants at the end of the plan year		6a(2)	319
b Retired or separated participants receiving benefits		6b	27
c Other retired or separated participants entitled to future benefits.....		6c	69
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	415
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	415
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	415
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	14
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2J 2K 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☐ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 RADIOLOGY LTD., P.L.C. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 RADIOLOGY LTD., P.L.C.	D Employer Identification Number (EIN) 86-0423896

Part I	Service Provider Information (see instructions)
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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)

COVE STREET CAPITAL

2101 E EL SEGUNDO BLVD, SUITE 302
EL SEGUNDO, CA 90245

27-5376591

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51 52 60	INVESTMENT	51627	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERRILL LYNCH

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

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51 52 60	INVESTMENT	23974	Yes ☒ No ☐	Yes ☒ No ☐	3305	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>RADIOLOGY LTD., P.L.C. 401(K) PROFIT SHARING PLAN</u>		B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RADIOLOGY LTD., P.L.C.</u>		D Employer Identification Number (EIN) <u>86-0423896</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	140659	211792
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	349445	121387
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	3229035	1130248
(2) U.S. Government securities	1c(2)	690335	4949622
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	15985775	13970893
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	0	0
(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)	50530896	49199395
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1120257	958214

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	72046402	70541551

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	44889
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	44889

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	72046402	70496662
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2091213	
(B) Participants	2a(1)(B)	1449314	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3540527

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	700452	
(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)		700452

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1139018	
(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)		1139018

(3) Rents	2b(3)		
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(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)		2044442
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		7424439

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8886224	
(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)		8886224
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	87955	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		87955
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8974179

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-1549740
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BEACHFLEISCHMAN PC

(2) EIN: 86-0683059

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a	☒	☐	2287
4b	☐	☒	

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

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

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

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

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 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 <u>RADIOLOGY LTD., P.L.C. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RADIOLOGY LTD., P.L.C.</u>	D Employer Identification Number (EIN) <u>86-0423896</u>

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	<u>0</u>
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): <u>32-0236376</u>		
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 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

YEAR ENDED DECEMBER 31, 2014

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

YEAR ENDED DECEMBER 31, 2014

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BEACHFLEISCHMAN

Independent Auditors' Report

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

Report on the Financial Statements

We have audited the accompanying statements of Radiology Ltd., P.L.C. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 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

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Radiology Ltd., P.L.C. 401(k) Profit Sharing Plan as of December 31, 2014 and 2013, and the changes in its net assets available for benefits for the year ended December 31, 2014 in accordance with U.S. generally accepted accounting principles.

Report on Supplemental Information

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

Beach Fleishman PC

Tucson, Arizona
August 19, 2015

DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
Assets:		
Cash and cash equivalents	\$ 1,130,248	\$ 3,229,035
Investments, at fair value:		
Corporate notes and bonds	13,970,893	15,985,775
Municipal bonds	958,214	1,120,257
Mutual funds and exchange traded funds	49,199,395	50,530,896
U.S. government securities	<u>4,949,622</u>	<u>690,335</u>
	<u>69,078,124</u>	<u>68,327,263</u>
Receivables:		
Employer contributions	211,792	140,659
Accrued interest	121,387	173,853
Accrued dividends	<u>-</u>	<u>175,592</u>
	<u>333,179</u>	<u>490,104</u>
Total assets	<u>70,541,551</u>	<u>72,046,402</u>
Liabilities:		
Other liability	<u>44,889</u>	<u>-</u>
Net assets available for benefits	<u>\$ 70,496,662</u>	<u>\$ 72,046,402</u>

RADIOLOGY LTD., P.L.C. 401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2014

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	\$ 2,044,442
Interest	700,452
Dividends	<u>1,139,018</u>
Net investment income	<u>3,883,912</u>
Contributions:	
Employer	2,091,213
Participants'	<u>1,449,314</u>
Total contributions	<u>3,540,527</u>
Total additions	<u>7,424,439</u>
Deductions from net assets attributed to:	
Benefits paid to participants	8,886,224
Investment expenses	<u>87,955</u>
Total deductions	<u>8,974,179</u>
Net decrease	(1,549,740)
Net assets available for benefits:	
Beginning of year	<u>72,046,402</u>
End of year	<u><u>\$ 70,496,662</u></u>

See notes to financial statements.

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

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2014

1. Description of plan:

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

General:

The Plan is a defined contribution retirement plan covering all employees of the Sponsor (except leased employees or certain excluded nonassociate physicians) who meet the eligibility conditions, which include completing one year of service and being at least 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant contributions:

Under the 401(k) provisions of the Plan, all eligible employees of the Sponsor who have entered the Plan may elect to defer a portion of their pretax compensation up to current statutory limits determined annually and prescribed by the Internal Revenue Service. Eligible employees are also able to designate their salary deferrals as Roth deferrals.

Employer contributions:

Under the 401(k) provisions of the plan, the Sponsor is required to contribute and allocate to each participant's account a matching contribution equal to 100% of the participant's elective deferral up to 3% of the participant's compensation. The Sponsor also makes a safe harbor contribution equal to 3% of the participant's compensation. In addition, the Sponsor is permitted to make discretionary contributions. Discretionary contributions, when made, are allocated to every eligible employee who was actively participating in the Plan at any time during the plan year. Total discretionary contributions for 2014 were \$999,148.

Participants' accounts:

Each participant's account is credited with their salary deferral, employer's contributions and Plan earnings, and charged with an allocation of investment related expenses. Allocations are based on participant earnings or account balances, as defined. The participant is entitled to the vested portion of their account.

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEAR ENDED DECEMBER 31, 2014

1. Description of plan (continued):

Vesting:

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

Payment of benefits:

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

Participants who are at least 59½ may take an in-service distribution not exceeding 70% of their vested account balance during the Plan year. For all MPPP balances, the participant must be at least 62 to receive an in-service distribution.

All distributions of any amount require the participant's consent, unless the distribution is required under the Plan.

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

Forfeitures:

Forfeitures of terminated participants' nonvested accounts are treated as a reduction to the employer's contribution. At December 31, 2014 and 2013, terminated employees' nonvested accounts totaled \$137,483 and \$225,620. Employer contributions were reduced by forfeited nonvested accounts in the amount of \$86,501 in 2014.

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEAR ENDED DECEMBER 31, 2014

2. Summary of significant accounting policies:

Basis of accounting:

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

Estimates:

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

Investment valuation and income recognition:

The Plan's investments are stated at fair value. See Note 4 for discussion of fair value measurements.

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

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

Cash and cash equivalents:

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

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

Payment of benefits:

Benefits paid to participants are recorded when paid or are payable.

Subsequent events:

The Plan's management has evaluated the events that have occurred subsequent to December 31, 2014 through August 19, 2015, the date that the financial statements were available to be issued. Management has no responsibility to update these financial statements for events and circumstances occurring after this date.

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEAR ENDED DECEMBER 31, 2014

3. Federal income tax status:

The Internal Revenue Service has determined and informed the Plan by a letter dated July 16, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended and restated since receiving the determination letter. However, the Plan administrator and the Plan Sponsor believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of December 31, 2014 and 2013.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

4. Fair value measurements:

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

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

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

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEAR ENDED DECEMBER 31, 2014

4. Fair value measurements (continued):

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets or active markets that the Plan does not have access to;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

At December 31, 2014, the fair value of assets measured on a recurring basis is as follows:

	Fair value	Level 1	Level 2	Level 3
Corporate notes and bonds	\$ 13,970,893	\$ 13,970,893	\$ -	\$ -
Municipal bonds	958,214	958,214	-	-
Mutual funds and ETFs:				
Equities blend	374,670	374,670	-	-
Fixed income	1,815,838	1,815,838	-	-
International equity	12,962,769	12,962,769	-	-
Large cap growth	9,129,344	9,129,344	-	-
Large cap value	12,806,492	12,806,492	-	-
Small/mid cap growth	4,997,225	4,997,225	-	-
Small/mid cap value	7,113,057	7,113,057	-	-
U.S. government securities	4,949,622	4,949,622	-	-
	<u>\$ 69,078,124</u>	<u>\$ 69,078,124</u>	<u>\$ -</u>	<u>\$ -</u>

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEAR ENDED DECEMBER 31, 2014

4. Fair value measurements (continued):

At December 31, 2013, the fair value of assets measured on a recurring basis is as follows:

	<u>Fair value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Corporate notes and bonds	\$ 15,985,775	\$ 15,985,775	\$ -	\$ -
Municipal bonds	1,120,257	1,120,257	-	-
Mutual funds and ETFs:				
Equities blend	1,010,618	1,010,618	-	-
International equity	14,653,960	14,653,960	-	-
Large cap growth	9,600,870	9,600,870	-	-
Large cap value	12,127,415	12,127,415	-	-
Small/mid cap growth	6,063,708	6,063,708	-	-
Small/mid cap value	7,074,325	7,074,325	-	-
U.S. government securities	<u>690,335</u>	<u>690,335</u>	<u>-</u>	<u>-</u>
	<u>\$ 68,327,263</u>	<u>\$ 68,327,263</u>	<u>\$ -</u>	<u>\$ -</u>

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

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

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

5. Investments:

All of the Plan's assets are nonparticipant directed. The Plan has fiduciary contracts with several investment managers as defined under ERISA to manage its portfolios in accordance with the Plan's Investment Policy Statement. The Plan's trustees meet quarterly to review the performance of the Plan's investments.

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEAR ENDED DECEMBER 31, 2014

5. Investments (continued):

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

	<u>2014</u>	<u>2013</u>
Investments, at fair value:		
Vanguard International Equity Index FDS	\$ -	\$ 3,682,232
Vanguard MSCI Emerging Markets ETF	-	3,459,767
Vanguard MSCI European ETF	-	4,076,423
Vanguard MSCI Pacific ETF	-	3,632,606
Vanguard REIT ETF	3,645,152	-
Vanguard Small Cap Value ETF	3,769,588	4,201,843
Vanguard Total Stock Market ETF	19,208,991	19,081,076
Vanguard Value ETF	7,608,053	7,566,180
Vanguard FTSE All World EX US ETF	10,074,033	-

The Plan's investments appreciated (depreciated) in value as follows:

Corporate notes and bonds	\$ (453,445)
Municipal bonds	(10,417)
Mutual funds and exchange traded funds	2,411,884
U.S. government securities	<u>96,420</u>
	<u>\$ 2,044,442</u>

6. Reconciliation of financial statements to Form 5500:

The following is a reconciliation of other receivables per the financial statements to Form 5500 for the year ended December 31, 2013:

	<u>2013</u>
Accrued interest receivable per the financial statements	\$ 173,853
Accrued dividends receivable per the financial statements	<u>175,592</u>
Other receivables per Form 5500	<u>\$ 349,445</u>

7. Plan termination:

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

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEAR ENDED DECEMBER 31, 2014

8. Related party transactions:

Administrative costs of the Plan related to administration of participant accounts and benefits, accounting and legal fees are paid directly by the Sponsor. During 2014, these expenses were approximately \$60,000.

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

9. Risks and uncertainties:

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

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

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

EIN: 86-0423896 PLAN # 001

PLAN YEAR ENDED DECEMBER 31, 2014

Participant contributions transferred late to Plan Check here if late participant loan repayments are included: ☐	Total that constitute nonexempt prohibited transactions			
	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	Total fully corrected under VFCP and PTE
\$ 61	\$ 61	\$ -	\$ -	\$ -
164	164	-	-	-
118	118	-	-	-
78	78	-	-	-
735	735	-	-	-
77	77	-	-	-
213	213	-	-	-
177	177	-	-	-
139	139	-	-	-
<u>662</u>	<u>662</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>\$ 2,424</u>	<u>\$ 2,424</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

RADIOLOGY, LTD., P.L.C. 401(K) PROFIT SHARING PLAN
SCHEDULE H, FORM 5500, LINE 4i - "SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR"
EIN: 86-0423896 PLAN #001
PLAN YEAR ENDED DECEMBER 31, 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
	Cash and cash equivalents			
*	BIF MONEY FUND	849,551 shares	\$ 849,551	\$ 849,551
*	PREFERRED DEPOSIT (BUS)	250,007 shares	250,007	250,007
	CASH	30,690 cash	138,938	30,690
				<u>\$ 1,130,248</u>
	Mutual funds and exchange traded funds			
	VANGUARD INTL EQUITY INDX FDS	16,557 shares	1,542,401	1,578,057
	VANGUARD INFLATION PROTECTED SECS INDX FDS	34,178 shares	1,691,102	1,648,752
	VANGUARD FTSE ALL WORLD EX US ETF	214,981 shares	10,705,836	10,074,033
	VANGUARD VALUE ETF	90,047 shares	5,015,755	7,608,053
	VANGUARD REIT ETF	45,002 shares	2,765,769	3,645,152
	VANGUARD SMALL CAP VALUE ETF	35,639 shares	2,447,210	3,769,588
	VANGUARD TOTAL STK MKT ETF	181,217 shares	12,483,473	19,208,991
	ISHARES MSCI EAFE VALUE ETF	32,663 shares	1,863,479	1,666,769
				<u>\$ 49,199,395</u>
	Corporate notes and bonds			
	AMERICAN EXPRESS CREDIT	700,000 Notes, principal \$700,000, rate FLT%, matures August 15, 2019	702,925	694,925
	AMERICAN INTL GROUP GLB	400,000 Notes, principal \$400,000, rate 2.375%, matures August 24, 2015	402,899	403,236
	AMERICAN INTL GROUP GLB	500,000 Notes, principal \$500,000, rate 5.05%, matures October 1, 2015	484,500	515,170
	APPROACH RESOURCES INC GLB	1,000,000 Notes, principal \$1,000,000, rate 7%, matures June 15, 2021	950,000	740,000

RADIOLOGY, LTD., P.L.C. 401(K) PROFIT SHARING PLAN
SCHEDULE H, FORM 5500, LINE 4i - "SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR" (CONTINUED)
EIN: 86-0423896 PLAN #001
PLAN YEAR ENDED 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
	Corporate notes and bonds (continued)			
	BERKLEY (WR) CORP	525,000 Notes, principal \$525,000, rate 5.6%, matures May 15, 2015	\$ 528,787	\$ 534,187
	BOSTON SCIENTIFIC	500,000 Notes, principal \$500,000, rate 6.25%, matures November 15, 2015	514,313	520,845
	CENTRAL GARDEN & PET CO	400,000 Notes, principal \$400,000, rate 8.25%, matures March 1, 2018	391,920	403,000
	CITIGROUP INC	644,000 Notes, principal \$644,000, rate FLT%, matures August 25, 2036	521,640	516,578
	DAYTON POWER & LIGHT	1,200,000 Notes, principal \$1,200,000, rate 1.875%, matures September 15, 2016	1,214,478	1,213,260
	DONNELLEY (R.R.) & SONS	156,000 Notes, principal \$156,000, rate 5.5%, matures May 15, 2015	156,367	157,560
	EATON CORP GLB	500,000 Notes, principal \$500,000, rate 0.950%, matures November 2, 2015	501,417	500,445
	GENERAL ELECTRIC CAP CORP	1,000,000 Notes, principal \$1,000,000, rate FLT%, matures May 5, 2026	915,000	929,530
	GOLDMAN SACHS GROUP INC GLB	1,000,000 Notes, principal \$1,000,000, rate 5.125%, matures January 15, 2015	1,001,797	1,001,280
	LEUCADIA NATIONAL CORP	500,000 Notes, principal \$500,000, rate 8.125%, matures September 15, 2015	507,562	522,285
*	MERRILL LYNCH & CO SUB	500,000 Sub Notes, principal \$500,000, rate FLT%, matures December 1, 2026	438,125	444,420
	METLIFE INC	500,000 Notes, principal \$500,000, rate 5%, matures June 15, 2015	507,947	509,610
	MORGAN STANLEY CAP TR	10,000 Trust preferred shares, rate 5.75%, matures July 1, 2033	238,697	250,832
	PENSKE TRUCK LEASING	610,000 Notes, principal \$610,000, rate 3.125%, matures May 11, 2015	613,943	614,941
	PITNEY BOWES INC	750,000 Notes, principal \$750,000, rate 4.75%, matures January 15, 2016	770,061	775,590
	PRUDENTIAL FINANCIAL INC	700,000 Notes, principal \$700,000, rate FLT%, matures August 15, 2018	704,556	704,228
	US BANK	500,000 Notes, principal \$500,000, rate FLT%, matures April 29, 2020	516,979	504,490
	WILLIS GROUP HLD COMPANY GUARNT	500,000 Notes, principal \$500,000, rate 5.625%, matures July 15, 2015	500,861	512,110
	TYCO ELECTRONICS	500,000 Notes, principal \$500,000, rate 1.6%, matures February 3, 2015	500,324	500,010

RADIOLOGY, LTD., P.L.C. 401(K) PROFIT SHARING PLAN
SCHEDULE H, FORM 5500, LINE 4i - "SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR" (CONTINUED)
EIN: 86-0423896 PLAN #001
PLAN YEAR ENDED 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
	Corporate notes and bonds (continued)			
	USD ROYAL BANK OF SCOTLAND	500,000 Notes, principal \$500,000, rate vari%, matures November 12, 2015	\$ 500,951	\$ 502,361
				<u>\$ 13,970,893</u>
	U.S. government securities			
	U.S. TREASURY NOTE	3,410,000 Treasury Notes, principal \$3,410,000, rate FLT%, matures January 31, 2016	3,409,631	3,409,079
	U.S. TREASURY NOTE	1,000,000 Treasury Notes, principal \$1,000,000, rate FLT%, matures July 31, 2016	1,000,000	999,980
	FNMA PMA 0921	750,000 CMO, amortized value \$332,565, rate 3%, matures 2021	332,565	347,092
	FNMA PMA 0979	374,544 CMO, amortized value \$185,369, rate 3%, matures 2022	185,369	193,471
				<u>\$ 4,949,622</u>
	Municipal bonds			
	BEAVER CO PA INDL DEV BOND	500,000 Muni, Adj%, matures January 1, 2035	508,605	504,905
	OHIO ST WATER DEV BOND	425,000 Muni, Adj%, matures June 1, 2033	460,407	453,309
				<u>\$ 958,214</u>

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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

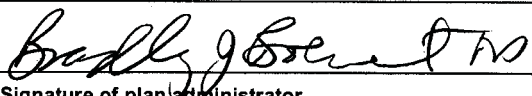
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first 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: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan RADIOLOGY LTD., P.L.C. 401(K) PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1983
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) RADIOLOGY LTD., P.L.C. 677 NORTH WILMOT ROAD TUSCON AZ 85711-2701	2b Employer Identification Number (EIN) 86-0423896
	2c Plan Sponsor's telephone number 520-795-2889
	2d Business code (see instructions) 621510

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

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

SIGN HERE		<u>10/8/15</u>	Bradley J. Bohnert, MD
	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)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2014)
v. 140124

3a Plan administrator's name and address ☒ 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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 443
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 326 6a(2) 319 6b 27 6c 69 6d 415 6e 0 6f 415 6g 415 6h 14
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (4) ☒ 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 _____

RADIOLOGY, LTD., P.L.C. 401(K) PROFIT SHARING PLAN
SCHEDULE H, FORM 5500, LINE 4i - "SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR"
EIN: 86-0423896 PLAN #001
PLAN YEAR ENDED DECEMBER 31, 2014

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