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;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MAIN STREET RADIOLOGY RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

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

C/O BARON BERGSTEIN & WEINBERG, PC

32-25 FRANCIS LEWIS BLVD
BAYSIDE, NY 11358

2b Employer Identification Number (EIN)
11-3545588

2c Plan Sponsor's telephone number
212-244-5670

2d Business code (see instructions)
541990

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.	10/15/2015	MICHAEL ANGER
	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**	273
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)**	222
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	191
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	71
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	262
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	262
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	232
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
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 2F 2G 2J 2K 3D 2T

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

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

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

a Pension Schedules

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

b General Schedules

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

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	**B** Three-digit plan number (PN) ▶
MAIN STREET RADIOLOGY RETIREMENT PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
MAIN STREET RADIOLOGY AT BAYSIDE, L	11-3545588

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TD AMERITRADE

84-0519832

(b) Enter name and EIN or address of person who provided you disclosure 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)

BENEFIT CONSULTANTS GROUP

23-2383285

(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 15 37 38 64	NONE	6341	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
MAIN STREET RADIOLOGY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MAIN STREET RADIOLOGY AT BAYSIDE, L

D Employer Identification Number (EIN)
11-3545588

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	347681	265956
(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)	13762090	14897480
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	9002957	10048309

		(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	23112728	25211745
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	23112728	25211745

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)	1679259	
(B) Participants	2a(1)(B)	533295	
(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)		2212554
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)	683333	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		683333
(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)		438819
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3334706
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1229348	
(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)		1229348
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)	6341	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		6341
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1235689
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2099017
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: FRENDEL BROWN & WEISSMAN LLP **(2)** EIN: 13-2907212

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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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
MAIN STREET RADIOLOGY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MAIN STREET RADIOLOGY AT BAYSIDE, L

D Employer Identification Number (EIN)
11-3545588

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**

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): 84-0519832

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

PROFESSIONAL BILLING ASSOCIATES, INC.
RETIREMENT PLAN

FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2014 AND 2013

FRENDEL, BROWN & WEISSMAN LLP
Certified Public Accountants

PROFESSIONAL BILLING ASSOCIATES, INC. RETIREMENT PLAN

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FRENDEL, BROWN & WEISSMAN LLP
Certified Public Accountants

655 Third Avenue, Suite 1400 Tele: (212) 867-9630
New York, NY 10017 Fax: (212) 867-9644

INDEPENDENT AUDITORS' REPORT

To the Trustees
Professional Billing Associates, Inc. Retirement Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Professional Billing Associates, Inc. Retirement Plan ("the Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, 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 our audits. We have conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 auditor's 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 Professional Billing Associates, Inc. Retirement 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 accounting principles generally accepted in the United States of America.

To the Trustees
Professional Billing Associates, Inc. Retirement Plan

Other Matters- Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Statement of Assets Held at Year End as of December 31, 2014, 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 to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Frendel, Brown & Weissman LLP

Certified Public Accountants

New York, New York
October 12, 2015

PROFESSIONAL BILLING ASSOCIATES, INC. RETIREMENT PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	As of December 31,	
ASSETS:	2014	2013
Investments:		
Mutual funds	$17,213,802	$15,871,488
Money market funds	1,436,073	1,065,552
Common stock	6,295,914	5,828,007
Total investments	24,945,789	22,765,047
Receivables:		
Notes receivable from participants	265,956	347,681
NET ASSETS AVAILABLE FOR BENEFITS	$25,211,745	$23,112,728

See independent auditors' report and notes to financial statements.

PROFESSIONAL BILLING ASSOCIATES, INC. RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2014

ADDITIONS:	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 254,424
Dividends	856,144
Interest	69
Total	1,110,637
Interest income on notes receivable from participants	12,316
Contributions:	
Employer	1,679,259
Participants	533,295
Total	2,212,554
Total additions	3,335,507
DEDUCTIONS:	
Deductions from net assets attributed to:	
Distributions to participants	1,229,348
Administration expenses	7,142
Total deductions	1,236,490
Net increase	2,099,017
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	23,112,728
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$ 25,211,745

See independent auditors' report and notes to financial statements.

NOTE 1 DESCRIPTION OF THE PLAN

General

The following description of the Professional Billing Associates, Inc. Retirement Plan, "the Plan", provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is a participant directed, defined contribution plan with elective deferral 401(k) arrangements. The Plan covers all full-time employees of Main St. Radiology at Bayside, Radiology Associates of Main St. and Professional Billing Associates, Inc. (collectively the "Company") who are over 21 years old and have completed one year of service. The Plan is subject to the provisions of The Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Plan is a participant directed, defined contribution plan with elective deferral 401(k) arrangements. Employees are eligible to join the Plan after one year of service if they are age twenty-one or older. The Plan is subject to the provisions of The Employee Retirement Income Security Act of 1974 (ERISA). The Plan's Trustee oversees governance of the Plan. The Plan's Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Trustees.

Rollover contributions are subject to the terms of the Plan and are fully vested and non-forfeitable.

Employer Contributions

The Company may make discretionary contributions to the Plan.

For the year ended December 31, 2014 the Company made contributions of $1,679,259 to the Plan.

Participant Accounts

Each participant account is credited with the participant's contribution and allocations of (a) the company's contribution and (b) Plan earnings, and charged with an allocation of administration expenses paid by the plan. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the company's contribution portion of their accounts is based on years of continuous service.

NOTE 1 DESCRIPTION OF THE PLAN - Continued

Employer contributions and earnings will be vested as follows:

Years of service for vesting	Percentage
Less than 2	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 or more	100%

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan terms may not exceed five years unless made for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear an interest at 4.25%. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his/her account or annual installments. For termination of service for other reasons, a participant may receive the value of the vested interest in his/her account as a lump-sum distribution.

Hardship Withdrawals

A participant may request hardship withdrawal under certain conditions as specified in the Plan agreement. Hardship withdrawals must be approved by the Plan administrator.

Forfeited Accounts

At December 31, 2014 and 2013 forfeited non-vested accounts totaled $53,874 and $46,719 respectively. These accounts will be used to reduce future employer contributions. There were no forfeitures used in 2014 and 2013

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investments 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. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of fully benefit-responsive investment contracts from fair value to contract value. The Statement of

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

Basis of Accounting - continued

Changes in Net Assets Available for Benefits is prepared using contract value for the fully benefit-responsive investment contract.

Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from these estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Investment Committee determines the Plan's valuation policies. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

NOTE 3 INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets:

	2014	2013
Oppenheimer Portfolio Active Alloca Fund	$1,717,552	$1,679,570
Oppenheimer Portfolio Conserv. Inv Fund	1,683,053	1,520,188
Oppenheimer Portfolio Moderate Inv Fund	2,231,405	2,261,453
Oppenheimer Main Street Mid Cap Fund A	1,683,122	1,457,042
	*	1,130,032
Oppenheimer Limited-Term Bond Fund A	1,284,000	1,170,157
TDAM Money Market Portfolio	1,300,974	*

* Investments did not represent 5% or more of the Plan's net assets available for benefits at the end of Plan year.

During 2014, the Plan's investments, including gains and losses on investments bought and sold, as well as those held during the year, appreciated in value by $254,424 as follows:

Mutual Funds	$(16,038)
Common stocks	270,462
	$ 254,424

NOTE 4 FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

a. Quoted prices for similar assets or liabilities in active markets,
b. Quoted prices for identical or similar assets or liabilities in inactive markets,
c. Inputs other than quoted prices that are observable for the asset or liability,
d. 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.

NOTE 4 FAIR VALUE MEASUREMENTS - Continued

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Common Stocks, Corporate Bonds and U.S. Government Securities

Valued at the closing price reported on the active market on which the individual securities are traded.

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 SEC. 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.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013.

NOTE 4 FAIR VALUE MEASUREMENTS - Continued

Assets at fair value as of December 31, 2014

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity Small Cap	$ 1,890,283	$ -	$ -	$ 1,890,283
Asset Allocation	6,580,144			6,580,144
Money market funds	1,436,073			1,436,073
Equity International	3,065,503			3,065,503
Equity Large Cap	1,648,947			1,648,947
Index Funds	170,487			170,487
Bond Funds	3,100,421			3,100,421
Real Estate		354,879		354,879
Fixed Income		403,138		403,138
Common stock:				
Basic Materials	621,512			621,512
Consumer Goods	256,733			256,733
Financial	4,184,966			4,184,966
Healthcare	276,780			276,780
Industrial Goods	123,782			123,782
Services	205,898			205,898
Technology	626,243			626,243
Utilities	-			-
Totals	$24,187,772	$ 758,017	$ -	$24,945,789

Assets at fair value as of December 31, 2013

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity Small Cap	$ 1,701,718	$ -	$ -	$ 1,701,718
Asset Allocation	6,425,891			6,425,891
Money market funds	1,065,552			1,065,552
Equity International	2,894,302			2,894,302
Equity Large Cap	1,535,976			1,535,976
Index Funds	259,051			259,051
Bond Funds	2,579,427			2,579,427
Real Estate		156,446		156,446
Fixed Income		318,677		318,677
Common stock:				
Basic Materials	565,705			565,705
Consumer Goods	223,267			223,267
Financial	3,795,326			3,795,326
Healthcare	111,688			111,688
Industrial Goods	159,029			159,029
Services	173,933			173,933
Technology	675,804			675,804
Utilities	123,255			123,255
Totals	$ 22,289,924	$ 475,123	$ -	$22,765,047

NOTE 5 RELATED-PARTY TRANSACTIONS

Oppenheimer Fund Services and TD Ameritrade are the Custodians of the Plan's investments and therefore certain transactions qualify as party-in-interest transactions.

NOTE 6 PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the Employee Retirement Income Security Act of 1974. In the event of Plan termination, participants would become 100% vested in their employer contributions.

NOTE 7 TAX STATUS

The IRS has determined and informed the company by a letter dated March 31, 2008, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. 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 the Plan is no longer subject to income tax examinations for years prior to 2011.

NOTE 8 RISKS AND UNCERTAINTIES

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

NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	December 31,	
	2014	2013
Net assets available for benefits per the financial statements	$25,211,745	$23,112,728
Net assets available for benefits per Form 5500	$25,211,745	$ 23,112,728

NOTE 10 SUBSEQUENT EVENTS

On August 21, 2015 the Plan transferred assets totaling $23,827,836 to The Voya Retirement Insurance and Annuity Company. The Plan has evaluated subsequent events through October 12, 2015, the date the financial statements were available to be issued.

SUPPLEMENTARY SCHEDULE

PROFESSIONAL BILLING ASSOCIATES, INC. RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)

DECEMBER 31, 2014

	Identity of Issue, Borrower, Lessor, or Similar Party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
*	TDAM Money Market Portfolio	Money Market Fund	N/A	$ 1,300,974
*	Oppenheimer Money Market Fund	Money Market Fund	N/A	135,099
*	Oppenheimer Value Fund A	Mutual Fund	N/A	685,999
*	Oppenheimer Main Street Fund A	Mutual Fund	N/A	657,474
*	Oppenheimer Portfolio Active Alloca Fund	Mutual Fund	N/A	1,717,552
*	Oppenheimer Portfolio Equity Investor Fund	Mutual Fund	N/A	1,047,257
*	Oppenheimer Portfolio Conserv. Inv Fund	Mutual Fund	N/A	1,683,053
*	Oppenheimer Portfolio Moderate Inv Fund	Mutual Fund	N/A	2,231,405
*	Oppenheimer International Growth Fund A	Mutual Fund	N/A	67,602
*	Oppenheimer Main Street Mid Cap Fund A	Mutual Fund	N/A	1,683,122
*	Oppenheimer Discovery Fund A	Mutual Fund	N/A	207,161
*	Oppenheimer Global Fund A	Mutual Fund	N/A	1,163,357
*	Oppenheimer Capital Appreciation Fund A	Mutual Fund	N/A	991,473
*	Oppenheimer Global Allocation Fund A	Mutual Fund	N/A	948,134
	Payden Global Low Duration Fund	Mutual Fund	N/A	394,694
	Vanguard Inflation-Protected Secs Inv	Mutual Fund	N/A	491,407
	Vanguard International Explorer Inv	Mutual Fund	N/A	101,288
*	Oppenheimer Global Strategic Income Fund	Mutual Fund	N/A	394,792
*	Oppenheimer Limited-Term Bond Fund A	Mutual Fund	N/A	1,284,000
	Vanguard Interm-Term Bond Index Inv	Mutual Fund	N/A	35,915
	Vanguard Short-Term Bond Index Admiral	Mutual Fund	N/A	75,689
	Vanguard Short-Term Bond Index Inv	Mutual Fund	N/A	275,454
	Vanguard Total Bond Market Index Inv	Mutual Fund	N/A	48,932
	Vanguard High Yield Corporate Fund	Mutual Fund	N/A	99,538
	PIMCO Commodity Real Ret Strat D	Mutual Fund	N/A	403,138
	Vanguard 500 Index Inv	Mutual Fund	N/A	53,723
	Vanguard Small Cap Value Index Inv	Mutual Fund	N/A	116,764
	Vanguard Global ex-US Real Estate Index Inv	Mutual Fund	N/A	63,240
	Vanguard REIT Index Inv	Mutual Fund	N/A	291,639
	Air Products & Chemicals Inc.	Common stock	N/A	10,817
	Alcoa Inc	Common stock	N/A	97,898
	Linn Energy, LLC	Common stock	N/A	17,728
	Sub-total forward			18,776,318

See independent auditors' report.

PROFESSIONAL BILLING ASSOCIATES, INC. RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END) - Continued
DECEMBER 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Sub-total forwarded			$18,776,318
Noranda Aluminum Holding Corp.	Common stock	N/A	84,480
Praxair Inc.	Common stock	N/A	6,478
Rio Tinto plc	Common stock	N/A	138,180
Schlumberger Limited	Common stock	N/A	2,562
Vale S.A	Common stock	N/A	148,876
Breitburn Energy Partners LP	Common stock	N/A	6,895
BHP Billiton Limited	Common stock	N/A	94,640
Valero Energy Corporation	Common stock	N/A	6,188
Marathon Petroleum Company	Common stock	N/A	6,770
Apple Inc.	Common stock	N/A	84,993
BorgWarner Inc.	Common stock	N/A	13,738
Delphi Automotive PLC	Common stock	N/A	14,544
Diageo plc	Common stock	N/A	11,409
Ecolab Inc.	Common stock	N/A	10,452
Ford Motor Co.	Common stock	N/A	26,350
General Motors Company	Common stock	N/A	11,346
Harman International Industries, Incorporated	Common stock	N/A	10,671
Kraft Foods Group, Inc.	Common stock	N/A	9,399
Mondelez International, Inc.	Common stock	N/A	7,265
Pepsico, Inc.	Common stock	N/A	14,184
Tesla Motors, Inc.	Common stock	N/A	1,779
VeriFone Systems, Inc.	Common stock	N/A	14,880
Colgate-Palmolive Co.	Common stock	N/A	13,838
PowerShares DB Commodity Index Tracking Fund	Common stock	N/A	1,199
Visteon Corporation	Common stock	N/A	10,686
American Express Company	Common stock	N/A	9,304
Avalonbay Communities Inc.	Common stock	N/A	12,254
Barclays Bank PLC iPath Dow Jones - AIG	Common stock	N/A	1,346
Citigroup Inc.	Common stock	N/A	54,110
Credit Suisse Group AG	Common stock	N/A	64,205
HSBC Holdings plc	Common stock	N/A	141,690
iShares 1-3 Year Treasury Bond	Common stock	N/A	554,668
IShares 3 Year International Treasury Bond ETF	Common stock	N/A	359,463
IShares Gold Trust Com	Common stock	N/A	1,407
iShares International Treasury Bond	Common stock	N/A	44,035
iShares Micro-Cap	Common stock	N/A	48,112
iShares Russell 1000	Common stock	N/A	60,754
iShares Russell 1000 Value	Common stock	N/A	40,716
iShares Russell 2000 Value	Common stock	N/A	56,737
iShares TIPS Bond	Common stock	N/A	219,988
JPMorgan Chase & Co.	Common stock	N/A	15,645
MasterCard Incorporated	Common stock	N/A	8,616
Prologis, Inc.	Common stock	N/A	6,455
ProShares UltraShort Financials	Common stock	N/A	6,274
ProShares UltraPro Short S&P500	Common stock	N/A	76
SPDR DB Int'l Govt Inflation Protection Bond ETF	Common stock	N/A	499,622
The Blackstone Group L.P.	Common stock	N/A	50,745
U.S. Bancorp	Common stock	N/A	6,743
Sub-total forward			21,791,085

See independent auditors' report.

PROFESSIONAL BILLING ASSOCIATES, INC. RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)- Continued
DECEMBER 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Sub-total forwarded			$21,791,085
Vanguard Consumer Discretionary ETF	Common stock	N/A	146,100
Vanguard Dividend Appreciation ETF	Common stock	N/A	144,465
Vanguard Mid-Cap ETF	Common stock	N/A	158,157
Vanguard REIT ETF	Common stock	N/A	166,536
Vanguard S&P 500 ETF	Common stock	N/A	230,602
Vanguard Small Cap ETF	Common stock	N/A	358,613
Vanguard Small-Cap Value ETF	Common stock	N/A	197,367
Vanguard Total International Stock ETF	Common stock	N/A	107,798
Vanguard Value ETF	Common stock	N/A	211,985
Ventas, Inc.	Common stock	N/A	8,963
Visa Inc.	Common stock	N/A	13,110
KKR & Company LP	Common stock	N/A	9,284
MetLife, Inc.	Common stock	N/A	10,818
The Toronto-Dominion Bank	Common stock	N/A	47,780
Vanguard FTSE Developed Markets ETF	Common stock	N/A	14,167
Vanguard FTSE All-World ex-US Small-Cap ETF	Common stock	N/A	16,393
Vanguard Total International Bond	Common stock	N/A	29,211
Vanguard Short Term Inflation Protected	Common stock	N/A	50,652
Abbott Laboratories	Common stock	N/A	13,506
Amgen Inc.	Common stock	N/A	15,929
DENTSPLY International Inc.	Common stock	N/A	6,659
Illumina Inc.	Common stock	N/A	27,687
Merck & Co. Inc.	Common stock	N/A	48,272
Novartis AG	Common stock	N/A	9,266
Thermo Fisher Scientific, Inc.	Common stock	N/A	12,529
Celgene Corporation	Common stock	N/A	16,779
Vanguard Health Care ETF	Common stock	N/A	119,311
Sanofi	Common stock	N/A	6,842
Danaher Corp.	Common stock	N/A	12,857
Eaton Corporation plc	Common stock	N/A	10,194
Emerson Electric Co.	Common stock	N/A	9,260
General Electric Company	Common stock	N/A	53,067
Honeywell International Inc.	Common stock	N/A	9,992
Illinois Tool Works Inc.	Common stock	N/A	9,470
Stericycle, Inc.	Common stock	N/A	6,554
DigitalGlobe, Inc	Common stock	N/A	12,388
Delta Air Lines, Inc.	Common stock	N/A	29,514
Dunkin' Brands Group, Inc.	Common stock	N/A	10,663
EBay Inc.	Common stock	N/A	16,836
Hain Celestial Group, Inc.	Common stock	N/A	11,658
Luxottica Group SPA	Common stock	N/A	8,171
Qiagen NV	Common stock	N/A	14,076
Southwest Airlines Co.	Common stock	N/A	12,696
Starbucks Corporation	Common stock	N/A	8,205
United Continental Holdings	Common stock	N/A	26,756
Verisk Analytics, Inc.	Common stock	N/A	8,006
Yum! Brands, Inc.	Common stock	N/A	10,928
Sub-total forward			24,271,157

See independent auditors' report.

Identity of Issue, Borrower, Lessor, or Similar Party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Sub-total forwarded			$24,271,157
Air Lease Corporation	Common stock	N/A	13,724
The Advisory Board Company	Common stock	N/A	9,796
XPO Logistics, Inc.	Common stock	N/A	12,264
Whole Foods Market, Inc.	Common stock	N/A	12,605
Accenture plc	Common stock	N/A	17,862
Cerner Corporation	Common stock	N/A	19,398
Cisco Systems, Inc.	Common stock	N/A	72,319
Equinix, Inc.	Common stock	N/A	17,231
Facebook, Inc.	Common stock	N/A	241,862
Google Inc. Cl A	Common stock	N/A	10,613
IHS Inc.	Common stock	N/A	14,235
Intel Corporation	Common stock	N/A	21,774
International Business Machines Corporation	Common stock	N/A	64,176
Linear Technology Corporation	Common stock	N/A	9,120
LookSmart, Ltd.	Common stock	N/A	3,575
Microchip Technology Inc.	Common stock	N/A	9,022
Microsoft Corporation	Common stock	N/A	55,740
QUALCOMM Incorporated	Common stock	N/A	14,866
Google Inc. Cl C	Common stock	N/A	10,528
Manhattan Associates, Inc.	Common stock	N/A	8,144
NCR Corporation	Common stock	N/A	11,656
Nielsen N.V.	Common stock	N/A	11,183
Premier, Inc.	Common stock	N/A	6,706
Stratasys Ltd.	Common stock	N/A	6,233
Total			24,945,789
Notes receivable from participants (interest rate at 4.25%)			265,956
Total			$ 25,211,745

*Permitted party-in-interest

See independent auditors' report.

SUPPLEMENTARY SCHEDULE

PROFESSIONAL BILLING ASSOCIATES, INC. RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)

DECEMBER 31, 2014

	Identity of Issue, Borrower, Lessor, or Similar Party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
*	TDAM Money Market Portfolio	Money Market Fund	N/A	$ 1,300,974
*	Oppenheimer Money Market Fund	Money Market Fund	N/A	135,099
*	Oppenheimer Value Fund A	Mutual Fund	N/A	685,999
*	Oppenheimer Main Street Fund A	Mutual Fund	N/A	657,474
*	Oppenheimer Portfolio Active Alloca Fund	Mutual Fund	N/A	1,717,552
*	Oppenheimer Portfolio Equity Investor Fund	Mutual Fund	N/A	1,047,257
*	Oppenheimer Portfolio Conserv. Inv Fund	Mutual Fund	N/A	1,683,053
*	Oppenheimer Portfolio Moderate Inv Fund	Mutual Fund	N/A	2,231,405
*	Oppenheimer International Growth Fund A	Mutual Fund	N/A	67,602
*	Oppenheimer Main Street Mid Cap Fund A	Mutual Fund	N/A	1,683,122
*	Oppenheimer Discovery Fund A	Mutual Fund	N/A	207,161
*	Oppenheimer Global Fund A	Mutual Fund	N/A	1,163,357
*	Oppenheimer Capital Appreciation Fund A	Mutual Fund	N/A	991,473
*	Oppenheimer Global Allocation Fund A	Mutual Fund	N/A	948,134
	Payden Global Low Duration Fund	Mutual Fund	N/A	394,694
	Vanguard Inflation-Protected Secs Inv	Mutual Fund	N/A	491,407
	Vanguard International Explorer Inv	Mutual Fund	N/A	101,288
*	Oppenheimer Global Strategic Income Fund	Mutual Fund	N/A	394,792
*	Oppenheimer Limited-Term Bond Fund A	Mutual Fund	N/A	1,284,000
	Vanguard Interm-Term Bond Index Inv	Mutual Fund	N/A	35,915
	Vanguard Short-Term Bond Index Admiral	Mutual Fund	N/A	75,689
	Vanguard Short-Term Bond Index Inv	Mutual Fund	N/A	275,454
	Vanguard Total Bond Market Index Inv	Mutual Fund	N/A	48,932
	Vanguard High Yield Corporate Fund	Mutual Fund	N/A	99,538
	PIMCO Commodity Real Ret Strat D	Mutual Fund	N/A	403,138
	Vanguard 500 Index Inv	Mutual Fund	N/A	53,723
	Vanguard Small Cap Value Index Inv	Mutual Fund	N/A	116,764
	Vanguard Global ex-US Real Estate Index Inv	Mutual Fund	N/A	63,240
	Vanguard REIT Index Inv	Mutual Fund	N/A	291,639
	Air Products & Chemicals Inc.	Common stock	N/A	10,817
	Alcoa Inc	Common stock	N/A	97,898
	Linn Energy, LLC	Common stock	N/A	17,728
	Sub-total forward			18,776,318

See independent auditors' report.

PROFESSIONAL BILLING ASSOCIATES, INC. RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END) - Continued
DECEMBER 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
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Praxair Inc.	Common stock	N/A	6,478
Rio Tinto plc	Common stock	N/A	138,180
Schlumberger Limited	Common stock	N/A	2,562
Vale S.A	Common stock	N/A	148,876
Breitburn Energy Partners LP	Common stock	N/A	6,895
BHP Billiton Limited	Common stock	N/A	94,640
Valero Energy Corporation	Common stock	N/A	6,188
Marathon Petroleum Company	Common stock	N/A	6,770
Apple Inc.	Common stock	N/A	84,993
BorgWarner Inc.	Common stock	N/A	13,738
Delphi Automotive PLC	Common stock	N/A	14,544
Diageo plc	Common stock	N/A	11,409
Ecolab Inc.	Common stock	N/A	10,452
Ford Motor Co.	Common stock	N/A	26,350
General Motors Company	Common stock	N/A	11,346
Harman International Industries, Incorporated	Common stock	N/A	10,671
Kraft Foods Group, Inc.	Common stock	N/A	9,399
Mondelez International, Inc.	Common stock	N/A	7,265
Pepsico, Inc.	Common stock	N/A	14,184
Tesla Motors, Inc.	Common stock	N/A	1,779
VeriFone Systems, Inc.	Common stock	N/A	14,880
Colgate-Palmolive Co.	Common stock	N/A	13,838
PowerShares DB Commodity Index Tracking Fund	Common stock	N/A	1,199
Visteon Corporation	Common stock	N/A	10,686
American Express Company	Common stock	N/A	9,304
Avalonbay Communities Inc.	Common stock	N/A	12,254
Barclays Bank PLC iPath Dow Jones - AIG	Common stock	N/A	1,346
Citigroup Inc.	Common stock	N/A	54,110
Credit Suisse Group AG	Common stock	N/A	64,205
HSBC Holdings plc	Common stock	N/A	141,690
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IShares Gold Trust Com	Common stock	N/A	1,407
iShares International Treasury Bond	Common stock	N/A	44,035
iShares Micro-Cap	Common stock	N/A	48,112
iShares Russell 1000	Common stock	N/A	60,754
iShares Russell 1000 Value	Common stock	N/A	40,716
iShares Russell 2000 Value	Common stock	N/A	56,737
iShares TIPS Bond	Common stock	N/A	219,988
JPMorgan Chase & Co.	Common stock	N/A	15,645
MasterCard Incorporated	Common stock	N/A	8,616
Prologis, Inc.	Common stock	N/A	6,455
ProShares UltraShort Financials	Common stock	N/A	6,274
ProShares UltraPro Short S&P500	Common stock	N/A	76
SPDR DB Int'l Govt Inflation Protection Bond ETF	Common stock	N/A	499,622
The Blackstone Group L.P.	Common stock	N/A	50,745
U.S. Bancorp	Common stock	N/A	6,743
Sub-total forward			21,791,085

See independent auditors' report.

PROFESSIONAL BILLING ASSOCIATES, INC. RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)- Continued
DECEMBER 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Sub-total forwarded			$21,791,085
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Vanguard Dividend Appreciation ETF	Common stock	N/A	144,465
Vanguard Mid-Cap ETF	Common stock	N/A	158,157
Vanguard REIT ETF	Common stock	N/A	166,536
Vanguard S&P 500 ETF	Common stock	N/A	230,602
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Vanguard Total International Stock ETF	Common stock	N/A	107,798
Vanguard Value ETF	Common stock	N/A	211,985
Ventas, Inc.	Common stock	N/A	8,963
Visa Inc.	Common stock	N/A	13,110
KKR & Company LP	Common stock	N/A	9,284
MetLife, Inc.	Common stock	N/A	10,818
The Toronto-Dominion Bank	Common stock	N/A	47,780
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Amgen Inc.	Common stock	N/A	15,929
DENTSPLY International Inc.	Common stock	N/A	6,659
Illumina Inc.	Common stock	N/A	27,687
Merck & Co. Inc.	Common stock	N/A	48,272
Novartis AG	Common stock	N/A	9,266
Thermo Fisher Scientific, Inc.	Common stock	N/A	12,529
Celgene Corporation	Common stock	N/A	16,779
Vanguard Health Care ETF	Common stock	N/A	119,311
Sanofi	Common stock	N/A	6,842
Danaher Corp.	Common stock	N/A	12,857
Eaton Corporation plc	Common stock	N/A	10,194
Emerson Electric Co.	Common stock	N/A	9,260
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Honeywell International Inc.	Common stock	N/A	9,992
Illinois Tool Works Inc.	Common stock	N/A	9,470
Stericycle, Inc.	Common stock	N/A	6,554
DigitalGlobe, Inc	Common stock	N/A	12,388
Delta Air Lines, Inc.	Common stock	N/A	29,514
Dunkin' Brands Group, Inc.	Common stock	N/A	10,663
EBay Inc.	Common stock	N/A	16,836
Hain Celestial Group, Inc.	Common stock	N/A	11,658
Luxottica Group SPA	Common stock	N/A	8,171
Qiagen NV	Common stock	N/A	14,076
Southwest Airlines Co.	Common stock	N/A	12,696
Starbucks Corporation	Common stock	N/A	8,205
United Continental Holdings	Common stock	N/A	26,756
Verisk Analytics, Inc.	Common stock	N/A	8,006
Yum! Brands, Inc.	Common stock	N/A	10,928
Sub-total forward			24,271,157

See independent auditors' report.

Identity of Issue, Borrower, Lessor, or Similar Party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Sub-total forwarded			$24,271,157
Air Lease Corporation	Common stock	N/A	13,724
The Advisory Board Company	Common stock	N/A	9,796
XPO Logistics, Inc.	Common stock	N/A	12,264
Whole Foods Market, Inc.	Common stock	N/A	12,605
Accenture plc	Common stock	N/A	17,862
Cerner Corporation	Common stock	N/A	19,398
Cisco Systems, Inc.	Common stock	N/A	72,319
Equinix, Inc.	Common stock	N/A	17,231
Facebook, Inc.	Common stock	N/A	241,862
Google Inc. Cl A	Common stock	N/A	10,613
IHS Inc.	Common stock	N/A	14,235
Intel Corporation	Common stock	N/A	21,774
International Business Machines Corporation	Common stock	N/A	64,176
Linear Technology Corporation	Common stock	N/A	9,120
LookSmart, Ltd.	Common stock	N/A	3,575
Microchip Technology Inc.	Common stock	N/A	9,022
Microsoft Corporation	Common stock	N/A	55,740
QUALCOMM Incorporated	Common stock	N/A	14,866
Google Inc. Cl C	Common stock	N/A	10,528
Manhattan Associates, Inc.	Common stock	N/A	8,144
NCR Corporation	Common stock	N/A	11,656
Nielsen N.V.	Common stock	N/A	11,183
Premier, Inc.	Common stock	N/A	6,706
Stratasys Ltd.	Common stock	N/A	6,233
Total			24,945,789
Notes receivable from participants (interest rate at 4.25%)			265,956
Total			$ 25,211,745

*Permitted party-in-interest

See independent auditors' report.

FOR PLAN ADMINISTRATOR/PLAN SPONSOR USE ONLY

BCG Benefit Consultants Group

FILING AUTHORIZATION FORM FOR THE FORM 5500/5500-SF

PLAN #	595804
PLAN NAME	Main Street Radiology Retirement Plan
EIN #	11-3545588
PLAN YEAR ENDING	12/31/2014

Authorization of Benefit Consultants Group to Electronically Sign and File

I hereby authorize Benefit Consultants Group (BCG) to electronically sign and file the above named return/report through EFAST2. I understand that in granting this authority:

- ☐ I/we must manually sign and date page 1 of the Form 5500 and/or page 2 of Form 5500-SF and provide a scanned copy of that signature page to BCG before electronically filing can be initiated
- ☐ BCG will retain a copy of this written authorization in its records;
- ☐ BCG will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS or PBGC regarding this annual return/report; and
- ☐ A copy of my signature, as it appears on page 1 of the Form 5500 and/or page 2 of Form 5500-SF, will be included with the return/report by the Department of Labor on the Internet for public disclosure.
- ☐ BCG shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.
- ☐ I agree to pay Benefit Consultants Group a fee for this service in the amount of $275.
- ☐ Please fax the completed form to BCG at (856) 824-1890 or scan and e-mail it to forms@bcgbenefits.com

This authorization is applicable only to the filing for the above-named Plan and applies only for the Plan Year End stated above.

PLAN ADMINISTRATOR	
NAME & TITLE	Michael Anger CPA
DATE	10/15/15
EMPOLYER/PLAN SPONSOR (ONLY FILL IN IF NOT PLAN ADMINISTRATOR)	
NAME & TITLE	
DATE	

☑ PLEASE EMAIL MY FORM 5500 TO THE EMAIL ADDRESS PROVIDED BELOW:
MANGER.BBW@VERIZON.NET & KSEEDORF@MSRAD.COM
☑ PLEASE MAIL A HARD COPY OF MY 5500 FORM TO THE NAME/ADDRESS PROVIDED BELOW:

BCG Associate: Ralph Marothy, QPA, QKA

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;
- ☐ 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
Main Street Radiology Retirement Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

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

c/o BARON BERGSTEIN & WEINBERG, PC
32-25 Francis Lewis Blvd

Bayside NY 11358

2b Employer Identification Number (EIN)
11-3545588

2c Plan Sponsor's telephone number
(212) 244-5670

2d Business code (see instructions)
541990

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	Michael Anger Signature of plan administrator	10/15/15 Date	Michael Anger 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)