

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
		2015
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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 AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u> 1c Effective date of plan <u>06/30/1972</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC</u> <u>6 NESHAMINY INTERPLEX SUITE 207</u> <u>TREVOSE, PA 19053</u>	2b Employer Identification Number (EIN) <u>22-1917247</u> 2c Plan Sponsor's telephone number <u>609-585-8800</u> 2d Business code (see instructions) <u>621111</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	<u>Filed with authorized/valid electronic signature.</u>	<u>07/15/2016</u>	<u>RACHEL DESSER</u>
	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)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 130
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) 99
a(2) Total number of active participants at the end of the plan year	6a(2) 106
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 33
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 139
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 1
f Total. Add lines 6d and 6e	6f 140
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 127
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2T 3D 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ 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) ☒ <u>2</u> 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)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning **01/01/2015** and ending **12/31/2015**

A Name of plan RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC	D Employer Identification Number (EIN) 22-1917247	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-0990450	68225	PT856	5	01/01/2015	12/31/2015

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	175556

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	4155
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	2545
Specify nature of costs ▶ DIRECT COST OF MAINTAINING CONTRACT		

e Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity
 (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
 (3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC	D Employer Identification Number (EIN) 22-1917247

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
ACCORDIA LIFE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0175020	61689	IL005	2	01/01/2015	12/31/2015

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	47985

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)****a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
<div>A</div> <div>Name of plan</div> <div>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div>	002
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>22-1917247</div>	

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
FIDELITY INVESTMENTS INSTITUTIONAL	
04-2647786	

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 71	RECORDKEEPER	4724	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

FIRST CLEARING LLC

23-2384840

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLKRK GLOBAL ALLOC A-BNY MELLON INV PO BOX 9793 PROVIDENCE, RI 02940	0.25%	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLKRK INTL OPP A-BNY MELLON INV SER PO BOX 9793 PROVIDENCE, RI 02940	0.25%	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COL/ACORN INTL A-COLUMBIA MGMT INV	0.25%	

04-2838628

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DREYFUS INTL BOND A-DREYFUS TRANS 13-2614959	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AB HIGH INCOME A-ALLIANCE BERNSTEIN 18 RUE EUGNE RUPPERT LUXEMBOURG, LUXEMBOURG L-245 LU	.025%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EV ATL CAP SMID-CP A-BNY MELLON INV PO BOX 9793 PROVIDENCE, RI 02940	0.25%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENT INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FKLN RISING DIVS A-FKLN TEMP INV</p> <p>94-3167260</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.25%</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENT INSTITUTIONAL</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">60</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>COLUMBIA ACORN A-COLUMBIA MGT INV PO BOX 9793 PROVIDENCE, RI 02940</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.25%</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENT INSTITUTIONAL</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">60</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>HTFD DIV & GRTH R4-HTFD ADMIN SERVI</p> <p>41-0679409</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.25%</p> </div> </div>		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
COLUMBIA BALANCED A-COLUMBIA MGT IN PO BOX 9793 PROVIDENCE, RI 02940	0.25%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
INVS EQL WT S&P500 A-INVESCO INV 11 GREENWAY PLAZA HOUSTON, TX 77046	0.25%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
JPM CORE PLUS BOND A-BOSTON PO BOX 8480 BOSTON, MA 02266	0.25%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM US SMALL CO A-BOSTON FINANCIAL 330 W 9TH STREET KANSAS CITY, MO 66160	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS GLOBAL EQUITY R3 04-2865649	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS UTILITIES R3 04-2865649	0.25%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPHMR DEV MKTS A-OFI GLOBAL TWO WORLD FINANCIAL CENTER NEW YORK, NY 10281	0.25%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPHMR INTL GROWTH A TWO WORLD FINANCIAL CENTER NEW YORK, NY 10281	0.25%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIM RE REAL RET A-BOSTON FINANCIAL BFDS BUILDING 30 CANTON, MO 02021	0.25%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS MID CAP VALUE R3	0.25%	
04-2865649		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PUTN HGH YLD ADV A-PUTNUM INV	0.25%	
04-2539562		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP US BOND ENH IDX	0.15%	
52-2269240		

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
FIRST CLEARING	61	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLACORN INTL A	225 FRANKLIN STREET BOSTON, MA 02110	\$0-<\$3M=1.00% \$3M-<\$50M-0.50% \$50M+=0.25%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIRST CLEARING LLC	61	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA ACORN A	225 FRANKLIN STREET BOSTON, MA 02110	\$0-<\$3M=1.00% \$3M-<\$50M-0.50% \$50M+=0.25%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIRST CLEARING LLC	61	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA BALANCED A	225 FRANKLIN STREET BOSTON, MA 02110	\$0-<\$3M=1.00% \$3M-<\$50M-0.50% \$50M+=0.25%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIRST CLEARING LLC	61	0
(d) Enter name and EIN (address) of source of indirect compensation		
JPM CORE PLUS BOND A	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. \$0-<\$4M=0.75% \$4M-<\$50M=0.50% \$50M+=0.25%	
13-2624428		
(a) Enter service provider name as it appears on line 2		
FIRST CLEARING LLC	61	0
(d) Enter name and EIN (address) of source of indirect compensation		
JPM US SMALL CO A	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. \$0-<\$4M=1.00% \$4M-<\$10M=0.75% \$10M-<\$50M=0.50% \$50M+=0.25%	
13-2624428		
(a) Enter service provider name as it appears on line 2		
FIRST CLEARING LLC	61	0
(d) Enter name and EIN (address) of source of indirect compensation		
OPPHMR DEV MKTS A	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. \$5M+=0.25%	
13-2953455		

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
FIRST CLEARING LLC	61	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PUTNUM HIGH YIELD ADV A 04-2539558	\$0-<\$1M=1.00% \$1M-<\$2M=0.75% \$2M+=0.50%	
FIRST CLEARING LLC	61	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPPHMR INTL GROWTH A 13-2953455	\$5M+=0.25%	
FIRST CLEARING LLC	61	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPM SMART RET 2050 A 13-2624428	\$0-<\$4M=1.00% \$4M-<\$10M=0.75% \$10M-<\$50M=0.50% \$50M+=0.25%	

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMART RET INC A 13-2624428	\$0-<\$4M=1.00% \$4M-<\$10M=0.75% \$10M-<\$50M=0.50% \$50M+=0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JMP SMART RET 2015 A 13-2624428	\$0-<\$4M=1.00% \$4M-<\$10M=0.75% \$10M-<\$50M=0.50% \$50M+=0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMART RET 2020 A 13-2624428	\$0-<\$4M=1.00% \$4M-<\$10M=0.75% \$10M-<\$50M=0.50% \$50M+=0.25%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMART RET 2025 A 13-2624428	\$0-<\$4M=1.00% \$4M-<\$10M=0.75% \$10M-<\$50M=0.50% \$50M+=0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMART RET 2030 A 13-2624428	\$0-<\$4M=1.00% \$4M-<\$10M=0.75% \$10M-<\$50M=0.50% \$50M+=0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMART RET 2035 A 13-2624428	\$0-<\$4M=1.00% \$4M-<\$10M=0.75% \$10M-<\$50M=0.50% \$50M+=0.25%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIRST CLEARING LLC	61	0
(d) Enter name and EIN (address) of source of indirect compensation JPM SMART RET 2040 A 13-2624428		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. \$0-<\$4M=1.00% \$4M-<\$10M=0.75% \$10M-<\$50M=0.50% \$50M+=0.25%		
FIRST CLEARING LLC	61	0
(d) Enter name and EIN (address) of source of indirect compensation JPM SMART RET 2045 A 13-2624428		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. \$0-<\$4M=1.00% \$4M-<\$10M=0.75% \$10M-<\$50M=0.50% \$50M+=0.25%		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation IVY INTL CORE EQ A PO BOX 29217 SHAWNEE MISSION, KS 66201		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.25%		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMART RET INC A PO BOX 8480 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMART RET 2015 A PO BOX 8480 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMART RET 2020 A PO BOX 8480 BOSTON, MA 02266	0.25%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMART RET 2025 A PO BOX 8480 BOSTON, ME 02266	0.25%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMART RET 2030 A PO BOX 8480 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMART RET 2035 A PO BOX 8480 BOSTON, MA 02266	0.25%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMART RET 2040 A PO BOX 8480 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMART RET 2045 A PO BOX 8480 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM SMART RET 2050 A PO BOX 8480 BOSTON, MA 02266	0.25%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPM SMART RET 2055 A PO BOX 8480 BOSTON, ME 02266	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC</u>		D Employer Identification Number (EIN) <u>22-1917247</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	1124474	1205677
	(2) Participant contributions	1b(2)	47974	0
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1684066	1330071
	(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)	24300	24359
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	4092890	4830573
	(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)	109130	123309
	(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)	23989305	22797444
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	231107	223541
	(15) Other	1c(15)	5340	5122

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	31308586	30540096

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	31308586	30540096
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1421802	
(B) Participants	2a(1)(B)	869302	
(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)		2291104
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	212	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	600	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	5750	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6562
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	90891	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1099042	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1189933
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	6995474	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7120486	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-125012
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-39813	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-39813

		(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)		-1392607
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1930167

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2690419	
(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)		2690419
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		5068
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	2545	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	625	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3170
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2698657

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-768490
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: STOUT CAUSEY & HORNING, P.A.

(2) EIN: 52-1743645

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	N/A	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.)		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.)		X		

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

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC</u>	D Employer Identification Number (EIN) <u>22-1917247</u>

Part I	Distributions
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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>04-2647786</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)
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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
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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
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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.
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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

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

Schedule R (Form 5500) 2015
v. 150123

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
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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): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

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

**Financial Statements
Together with Independent Auditors' Report**

**As of December 31, 2015 and 2014 and
For the Year Ended December 31, 2015**

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C.

EMPLOYEE PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

<i>As of December 31,</i>	<i>2015</i>	<i>2014</i>
<hr/>		
Assets		
Investments, at fair value		
Interest bearing cash	\$ 206,057	\$ 185,023
Interests in registered investment companies	13,309,450	12,885,183
Interests in self-directed funds	15,472,062	16,725,695
Cash surrender value of life insurance policies	223,541	231,107
<hr/>		
Total Investments, at fair value	29,211,110	30,027,008
Receivables		
Notes receivables from participants	123,309	109,130
Company contributions receivable	1,205,677	1,124,474
Participant contributions receivable	-	47,974
<hr/>		
Total Receivables	1,328,986	1,281,578
<hr/>		
Total Assets	30,540,096	31,308,586
Liabilities	-	-
<hr/>		
Net Assets Available for Benefits	\$ 30,540,096	\$ 31,308,586

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

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

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2015

Changes in Net Assets Available for Benefits Attributable to:

Contributions	
Participants	\$ 869,302
Company	1,421,802
<hr/>	
Total Contributions	2,291,104
Investment Income (Loss)	
Interest - interest bearing cash	25
Interest and dividends - interests in registered investment companies	658,279
Interest and dividends - interests in self-directed funds	532,438
Net depreciation in fair value of investments - interests in self-directed funds	(758,792)
Net depreciation in fair value of investments - interests in registered investment companies	(788,244)
Decrease in cash surrender value of life insurance policies	(10,393)
<hr/>	
Total Investment Loss	(366,687)
Interest Income on Notes Receivable from Participants	5,750
Benefits Paid to Participants	(2,695,487)
Administrative Expenses	(3,170)
<hr/>	
Net Decrease in Net Assets Available for Benefits	(768,490)
Net Assets Available for Benefits:	
Beginning of Year	31,308,586
<hr/>	
End of Year	\$ 30,540,096
<hr/>	

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

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

Notes to the Financial Statements As of December 31, 2015 and 2014 and For the Year Ended December 31, 2015

1. DESCRIPTION OF THE PLAN

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

General

The Plan is a defined contribution plan, which was established effective June 30, 1972 by Radiology Affiliates of Central New Jersey, P.C. (the Company). The Plan covers all eligible employees of the Company who have attained 21 years of age. All employees of the Company are eligible to participate in the Plan except for residents of Puerto Rico, employees covered by a collective bargaining agreement for which retirement benefits have been the subject of good faith negotiations, leased employees, and nonresident aliens with no income from a U.S. source. Eligible employees may participate in the Plan upon completion of one year with 1,000 hours of service. Once eligibility requirements are attained, participants may begin to contribute on the first day of the year or six months after (i.e. January 1st or July 1st). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was most recently amended and restated effective August 15, 2014.

Participant Contributions

Participants may contribute up to 75% of their annual W-2 compensation, as defined by the Plan, not to exceed the maximum allowable contributions under the Internal Revenue Code (the Code). The maximum allowable pre-tax contribution totaled \$18,000 for the year ended December 31, 2015. Participants may also elect a portion of their deferrals as a Roth contribution. If they elect to make Roth deferrals, the amount of their contribution will be included in income for tax purposes, and the income tax withholding amounts will be deducted from the remainder of their pay, not from the Roth deferral amount. Employees who have attained age 50 before the end of the Plan year may make additional catch-up contributions, subject to limitations imposed by the Code, which totaled \$6,000 for the year ended December 31, 2015. Participants are permitted to make rollover contributions into the Plan.

Company Contributions

The Company may, at its discretion, elect to match a portion of the eligible participant's contributions, on a Plan year basis. For the year ended December 31, 2015, the Company provided a discretionary matching contribution of 50% of participant contributions up to 4% of their eligible compensation, totaling \$234,124.

The Company also makes safe harbor non-elective contributions to eligible participants. For the year ended December 31, 2015, employees received a safe harbor match of 3% of their eligible compensation totaling \$393,366.

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

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

Notes to the Financial Statements As of December 31, 2015 and 2014 and For the Year Ended December 31, 2015

1. DESCRIPTION OF THE PLAN – cont'd.

Company Contributions – cont'd.

Participants must be employed by the Company on the last day of the year to receive the non-elective profit sharing contribution. For the year ended December 31, 2015, the Company contributed \$794,312 as qualified non-elective profit sharing contributions.

Participant Accounts

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

Vesting

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

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

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

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

Notes to the Financial Statements As of December 31, 2015 and 2014 and For the Year Ended December 31, 2015

1. DESCRIPTION OF THE PLAN – cont'd.

Forfeitures

Forfeitures of Company contributions may be used to pay administrative expenses or reduce future Company contributions. Forfeitures become available to the Plan as of the earlier of the last day of the Plan year in which a former employee incurs five consecutive one-year breaks in service or a distribution of the participant's entire vested account balance occurs. Forfeitures available as of December 31, 2015 and 2014 totaled \$6,499 and \$18,009, respectively. Forfeitures totaling \$7,300 were used to reduce qualified non-elective profit sharing contributions for the year ended December 31, 2015.

Notes Receivable from Participants

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

Payment of Benefits

Upon termination of service due to death, disability, retirement (age 65), early retirement (55 years of age and 6 years of service) or attainment of age 59 ½, a participant or their beneficiary, in the event of death, is entitled to a distribution of their vested account balance. Distributions from the Plan are payable in the form of a lump sum payment or installment payments; however, distributions of accounts with balances less than \$1,000 must be in the form of a lump-sum distribution. Prior to retirement, distributions from the Plan are payable in the form of a lump sum payment. Upon proof, to the satisfaction of the Plan administrator, of an immediate and heavy financial need, amounts contributed by the participant may be withdrawn for a hardship purpose. Distributions are subject to the applicable provisions of the Plan agreement. Certain income taxes and penalties may apply to withdrawals or distributions prior to age 59 ½. There were no net assets of the Plan allocated to the accounts of participants who had elected to withdraw from the Plan that had not received such distributions as of December 31, 2015 and 2014.

Plan Expenses

Expenses incurred in the administration of the Plan are required to be paid by the Trustee with assets of the Plan unless the Company, at its discretion, elects to pay them. During the year ended December 31, 2015, the Company paid the majority of direct expenses related to the Plan's operations. Administrative expenses totaling \$3,170 were paid directly from the Plan for the year ended December 31, 2015. Loan and distribution fees are paid by the Plan and its participants. Investment related expenses are included in net depreciation of fair value of investments.

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

Notes to the Financial Statements As of December 31, 2015 and 2014 and For the Year Ended December 31, 2015

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Recently Issued Accounting Pronouncement

In July 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part I and III are not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Part II is to be applied retrospectively. Management has elected not to adopt Part II early.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

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

Investment Valuation and Income Recognition

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

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

Notes to the Financial Statements As of December 31, 2015 and 2014 and For the Year Ended December 31, 2015

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

Fair Value Measurements

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

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based upon the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

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

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

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

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

Notes to the Financial Statements As of December 31, 2015 and 2014 and For the Year Ended December 31, 2015

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

Fair Value Measurements – cont'd.

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

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2015 and 2014.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2015:

	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 206,057	\$ -	\$ -	\$ 206,057
Interests in registered investment companies- blended	8,334,161	-	-	8,334,161
Interests in registered investment companies- equity	4,508,975	-	-	4,508,975
Interests in registered investment companies- fixed income	466,314	-	-	466,314
Self Directed Funds:				
Equity	12,094,505	-	-	12,094,505
Fixed Income	2,253,543	-	-	2,253,543
Cash	1,124,014	-	-	1,124,014
Cash surrender value of life insurance policies	-	223,541	-	223,541
Total investments, at fair value	\$ 28,987,569	\$ 223,541	\$ -	\$ 29,211,110

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

Notes to the Financial Statements As of December 31, 2015 and 2014 and For the Year Ended December 31, 2015

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

Fair Value Measurements – cont'd.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014:

	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 185,023	\$ -	\$ -	\$ 185,023
Interests in registered investment companies- blended	8,865,098	-	-	8,865,098
Interests in registered investment companies- equity	3,545,349	-	-	3,545,349
Interests in registered investment companies- fixed income	474,736	-	-	474,736
Self Directed Funds:				
Equity	12,160,814	-	-	12,160,814
Fixed Income	3,065,838	-	-	3,065,838
Cash	1,499,043	-	-	1,499,043
Cash surrender value of life insurance policies	-	231,107	-	231,107
Total investments, at fair value	\$ 29,795,901	\$ 231,107	\$ -	\$ 30,027,008

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participants

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

Subsequent Events

The Plan evaluated for disclosure any subsequent events through July 13, 2016, the date the financial statements were available to be issued, and determined there were no material events that warrant disclosure.

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

Notes to the Financial Statements As of December 31, 2015 and 2014 and For the Year Ended December 31, 2015

3. INVESTMENTS

All investment information (excluding cash surrender value of life insurance policies on the statements of net assets available for benefits and the related change in value on the statement of changes in net assets available for benefits) disclosed in the accompanying financial statements and supplemental schedule, including assets held as of December 31, 2015 and 2014, and interest and dividend income and net depreciation in fair value of investments for the year ended December 31, 2015, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Trustee of the Plan, Fidelity Management Trust Company.

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

	2015	2014
J.P. Morgan Smart Retirement 2020 A	\$ 3,138,517	*
Fidelity Freedom 2020 Fund A	*	3,197,283
Fidelity Freedom 2025 Fund A	*	1,731,877

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

The following investment information was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by Fidelity Management Trust Company (Fidelity), the Trustee of the Plan. The fair value of the life insurance policies not held by Fidelity are not certified.

	2015		2014
Investment values certified by the Trustee:	\$ 29,110,878	\$	29,905,031
	2015		2014
Information not certified by the Trustee:			
Cash surrender value of life insurance policies	\$ 223,541	\$	231,107

4. SELF-DIRECTED FUNDS

The Plan offers a self-directed program to participants allowing them to invest their account balances in any investment, as permitted by the Plan and in accordance with ERISA. Under this type of arrangement, participants can direct investments into the self-directed program in addition to, or in lieu of, the various investment alternatives offered by the Plan. The Plan's investment in self-directed accounts, consisting principally of interests in registered investment companies, cash and common stock, totaled \$15,472,062 and \$16,725,695 as of December 31, 2015 and 2014, respectively. Interest and dividends on self-directed funds totaled \$532,438 for the year ended December 31, 2015. Unrealized and realized loss (net) on self-directed funds totaled \$758,792 for the year ended December 31, 2015.

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

Notes to the Financial Statements As of December 31, 2015 and 2014 and For the Year Ended December 31, 2015

5. PLAN TERMINATION

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

6. PARTY-IN-INTEREST TRANSACTIONS

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

7. INCOME TAX STATUS

The Plan has adopted a standardized prototype plan which received a favorable opinion letter from the Internal Revenue Service dated July 23, 2014, stating that the Plan is qualified under Section 401(a) of the Code and therefore is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan was amended and restated subsequent to receiving the opinion letter; however, the Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

ASC 740, *Income Taxes* (ASC 740), prescribes a recognition threshold and a measurement attribute for the financial statement recognition and measurement of tax positions taken or expected to be taken in a tax return as well as guidance on de-recognition, classification, interest and penalties and financial statement reporting disclosures. For these benefits to be recognized, a tax position must be more-likely-than-not to be sustained upon examination by taxing authorities. As the Plan is tax exempt and has no unrelated business taxable income, the provisions of ASC 740 do not have an impact on the Plan's financial statements. The Plan recognizes interest and penalties accrued on any unrecognized tax exposures as a component of income tax expense. The Plan does not have any amounts accrued relating to interest and penalties as of December 31, 2015 and 2014.

The Plan is subject to routine audits by the IRS and Department of Labor; however, there are currently no audits for any periods in progress.

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

Plan Sponsor EIN: 22-1917247

Plan Number: 002

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) As of December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment (including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	* Fidelity Prime Fund	Interest-bearing cash	xx	\$ 206,057
	J.P. Morgan Smart Retirement 2015 A	Interest in registered investment companies - blended	xx	826,955
	J.P. Morgan Smart Retirement 2020 A	Interest in registered investment companies - blended	xx	3,138,517
	J.P. Morgan Smart Retirement 2025 A	Interest in registered investment companies - blended	xx	1,347,468
	J.P. Morgan Smart Retirement 2030 A	Interest in registered investment companies - blended	xx	569,791
	J.P. Morgan Smart Retirement 2035 A	Interest in registered investment companies - blended	xx	379,638
	J.P. Morgan Smart Retirement 2040 A	Interest in registered investment companies - blended	xx	1,430,787
	J.P. Morgan Smart Retirement 2045 A	Interest in registered investment companies - blended	xx	191,458
	J.P. Morgan Smart Retirement 2050 A	Interest in registered investment companies - blended	xx	423,503
	J.P. Morgan Smart Retirement 2055 A	Interest in registered investment companies - blended	xx	16,799
	J.P. Morgan Smart Retirement Income A	Interest in registered investment companies - blended	xx	9,245
				8,334,161
	AllianceBernstein High Income Fund A	Interest in registered investment companies - equity	xx	251,056
	Blackrock Global Allocation A	Interest in registered investment companies - equity	xx	201,077
	Columbia Acorn International A	Interest in registered investment companies - equity	xx	11,196
	Columbia Balanced Fund A	Interest in registered investment companies - equity	xx	21,973
	Eaton Vance Atlanta Cap SMID-CP A	Interest in registered investment companies - equity	xx	316,197
	* Fidelity Advisor Diversified Stock Fund A	Interest in registered investment companies - equity	xx	323,100
	* Fidelity Advisor New Insights A	Interest in registered investment companies - equity	xx	777,972
	* Fidelity Advisor Strategic Income A	Interest in registered investment companies - equity	xx	524,235
	Franklin Rising Dividends Fund A	Interest in registered investment companies - equity	xx	164,432
	Hartford Dividend & Growth R4	Interest in registered investment companies - equity	xx	446,744
	Invesco Equally Weighted S&P 500 Fund A	Interest in registered investment companies - equity	xx	386,258
	Ivy International Core Equities A	Interest in registered investment companies - equity	xx	46,787
	J.P. Morgan U.S. Small Company Fund A	Interest in registered investment companies - equity	xx	289,574
	MFS Global Equity Fund R3	Interest in registered investment companies - equity	xx	281,928
	MFS Mid Cap Value Fund	Interest in registered investment companies - equity	xx	45,531
	MFS Utilities R3	Interest in registered investment companies - equity	xx	65,057
	Oppenheimer Developing Markets Fund A	Interest in registered investment companies - equity	xx	111,179
	Oppenheimer International Growth A	Interest in registered investment companies - equity	xx	123,865
	PIMCO Real Estate Real Return Strategy Fund A	Interest in registered investment companies - equity	xx	120,814
				4,508,975
	Dreyfus International Bond A	Interest in registered investment companies - fixed income	xx	73,012
	J.P. Morgan Core Plus Bond Fund A	Interest in registered investment companies - fixed income	xx	349,417
	Putnam High Yield Advantage A	Interest in registered investment companies - fixed income	xx	21,362
	T Rowe Price US Bond Enhanced Index Fund	Interest in registered investment companies - fixed income	xx	22,523
				466,314

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

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Plan Number: 002

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd. As of December 31, 2015

(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
	ABN Amro Talon Mid Cap CI N	Interest in self-directed funds - equity	xx	24,721
	Aim Diversified Dividend Investor CI	Interest in self-directed funds - equity	xx	247,101
	Alibaba Group Hldg Ltd	Interest in self-directed funds - equity	xx	34,540
	Alphabet Inc Cap Stk CI A	Interest in self-directed funds - equity	xx	11,670
	Alphabet Inc Cap Stk CI C	Interest in self-directed funds - equity	xx	11,414
	Altria Group Inc Nfs Llc Is A	Interest in self-directed funds - equity	xx	732
	Amazon.Com Inc Nfs Llc Is A Market	Interest in self-directed funds - equity	xx	67,589
	American Century Equity Income	Interest in self-directed funds - equity	xx	67,652
	American Tower Reit Com Usd0.01	Interest in self-directed funds - equity	xx	14,685
	Amg Yacktman Fund Service Class	Interest in self-directed funds - equity	xx	103,608
	Annaly Mortgage Management Inc	Interest in self-directed funds - equity	xx	61,410
	Antares Pharma Inc	Interest in self-directed funds - equity	xx	1,331
	Apple Computer Inc Nfs Llc Is A Market	Interest in self-directed funds - equity	xx	269,538
	Artisan Global Value Fd Invt Shares	Interest in self-directed funds - equity	xx	89,502
	Artisan Mid Cap Value	Interest in self-directed funds - equity	xx	62,922
	AT&T Inc Com	Interest in self-directed funds - equity	xx	432
	Bank of America Corp	Interest in self-directed funds - equity	xx	36,418
	Berkshire Hathaway Inc Dell CI B New	Interest in self-directed funds - equity	xx	18,486
	Brookfield Asset Mgmt Inc Com Voting	Interest in self-directed funds - equity	xx	179
	Brookfield Property Partners Lp Unit Ltd	Interest in self-directed funds - equity	xx	283
	Brown Capital Mgt Small Company Inv	Interest in self-directed funds - equity	xx	49,114
	Celgene Corp Nfs Llc Is A Market	Interest in self-directed funds - equity	xx	14,970
	Centurytel Inc	Interest in self-directed funds - equity	xx	7,993
	Chevrontexaco Corp	Interest in self-directed funds - equity	xx	7,435
	Chimera Invt Corp Com New	Interest in self-directed funds - equity	xx	14,104
	China Unicom Ltd Spons Adr	Interest in self-directed funds - equity	xx	3,856
	Citigroup Inc Com New	Interest in self-directed funds - equity	xx	49,826
	Consolidated Edison Hldg Co Inc	Interest in self-directed funds - equity	xx	13,700
	Corning Inc Nfs Is A Specialist	Interest in self-directed funds - equity	xx	2,526
	Costco Wholesale Corp	Interest in self-directed funds - equity	xx	17,015
	Cys Invt Inc Com	Interest in self-directed funds - equity	xx	37,933
	Discover Finl Svcs	Interest in self-directed funds - equity	xx	8,579
	Disney Walt Co Del (Holding Company)	Interest in self-directed funds - equity	xx	71,385
	Dodge & Cox Income	Interest in self-directed funds - equity	xx	186,190
	Dodge & Cox Internatl Stock Fund	Interest in self-directed funds - equity	xx	363,066
	Dodge & Cox Stock	Interest in self-directed funds - equity	xx	52,072
	Ecolab Inc	Interest in self-directed funds - equity	xx	17,255
	Edwards Lifesciences Corp	Interest in self-directed funds - equity	xx	78,980
	El Pollo Loco Holdings Inc Com	Interest in self-directed funds - equity	xx	16,419
	Enbridge Inc	Interest in self-directed funds - equity	xx	4,741

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd. As of December 31, 2015

(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
	Express Scripts Hldg Co Com	Interest in self-directed funds - equity	xx	17,482
	Exxon Mobil Corp Nfs Is A Specialist	Interest in self-directed funds - equity	xx	50,813
	Facebook Inc.Com Usd0.000006 Cl A	Interest in self-directed funds - equity	xx	73,262
	Fairholme Fund	Interest in self-directed funds - equity	xx	24,673
*	Fidelity Contrafund	Interest in self-directed funds - equity	xx	43,376
*	Fidelity Floating Rate High Income	Interest in self-directed funds - equity	xx	100,012
*	Fidelity Low Priced Stock	Interest in self-directed funds - equity	xx	65,788
*	Fidelity Msci Energy Index Etf	Interest in self-directed funds - equity	xx	15,114
*	Fidelity New Markets Income	Interest in self-directed funds - equity	xx	31,417
*	Fidelity Small Cap Retirement	Interest in self-directed funds - equity	xx	3,354
	First Eagle Us Value Class A	Interest in self-directed funds - equity	xx	15,933
	Fmi Large Cap Fund	Interest in self-directed funds - equity	xx	300,938
	Ford Mtr Co Del Com	Interest in self-directed funds - equity	xx	26,530
	Fpa Crescent Instl	Interest in self-directed funds - equity	xx	109,725
	Fundamental Investors	Interest in self-directed funds - equity	xx	25,631
	General Electric Co Nfs Is A Specialist	Interest in self-directed funds - equity	xx	12,405
	Gilead Sciences Inc	Interest in self-directed funds - equity	xx	114,717
	Global X Fds Global X Ftse Greece 20 Etf	Interest in self-directed funds - equity	xx	4,776
	Glu Mobile Inc	Interest in self-directed funds - equity	xx	2,430
	Goldman Sachs Group Inc	Interest in self-directed funds - equity	xx	40,521
	Gopro Inc. Com Usd0.0001 Cl A	Interest in self-directed funds - equity	xx	3,962
	Growth Fund Of America Class A	Interest in self-directed funds - equity	xx	76,333
	Gsi Technology Inc	Interest in self-directed funds - equity	xx	372
	Harbor International Investor Shares	Interest in self-directed funds - equity	xx	34,532
	Harding Loevner Emerging Mkt Port	Interest in self-directed funds - equity	xx	21,163
	Harding Loevner Internatl Eq Inv Cl	Interest in self-directed funds - equity	xx	47,607
	Home Depot Inc Nfs Is A Specialist	Interest in self-directed funds - equity	xx	46,288
	Instl Advisor Cl Leverged Co Stock	Interest in self-directed funds - equity	xx	33,121
	Intel Corp Nfs Llc Is A Market	Interest in self-directed funds - equity	xx	4,088
	Ishares Comex Gold Trust Ishares Etf	Interest in self-directed funds - equity	xx	26,803
	Ishares Inc Msci Emerging Mkts	Interest in self-directed funds - equity	xx	1,049
	Ishares Inc Msci Japan Index Fd	Interest in self-directed funds - equity	xx	10,908
	Ishares Tr Ftse Nareit Mtg Reits	Interest in self-directed funds - equity	xx	7,077
	Ishares Tr Ftse Xinhau Hk China 25	Interest in self-directed funds - equity	xx	13,689
	Ishares Tr Msci Eafe Index Fd	Interest in self-directed funds - equity	xx	91,497
	Ishares Tr Russell 2000 Index Fd	Interest in self-directed funds - equity	xx	23,979
	Ishares Tr Russell Midcap Value Index	Interest in self-directed funds - equity	xx	413,547
	Ishares Tr S&P 500 Index Fd	Interest in self-directed funds - equity	xx	91,565
	Ishares Tr S&P Euro Plus 350 Index	Interest in self-directed funds - equity	xx	12,835
	Ishares Tr Transportation Ave	Interest in self-directed funds - equity	xx	68,172

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd. As of December 31, 2015

(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
	Ishares Trust Core Msci Eafe Etf	Interest in self-directed funds - equity	xx	6,812
	Ishares U S Etf Tr Enhanced U S Small	Interest in self-directed funds - equity	xx	12,198
	Ishares, Inc. Msci Eafe Minimum	Interest in self-directed funds - equity	xx	2,824
	J P Morgan Chase & Co	Interest in self-directed funds - equity	xx	16,508
	Jensen Portfolio, Inc.	Interest in self-directed funds - equity	xx	168,703
	Johnson & Johnson Nfs Is A Specialist	Interest in self-directed funds - equity	xx	49,074
	Las Vegas Sands Corp	Interest in self-directed funds - equity	xx	7,453
	Lazard Emerging Mkts Open Class	Interest in self-directed funds - equity	xx	33,315
	Litman Gergory Mast International	Interest in self-directed funds - equity	xx	36,320
	Mainstay Icap Select Equity Fd Cl I	Interest in self-directed funds - equity	xx	30,785
	Market Vectors Tr Russia Etf	Interest in self-directed funds - equity	xx	5,860
	Matthews Asia Pacific Equity Income Fd	Interest in self-directed funds - equity	xx	30,336
	Matthews Pacific Tiger Fund	Interest in self-directed funds - equity	xx	50,108
	Mcdonalds Corp Nfs Is A Specialist	Interest in self-directed funds - equity	xx	26,436
	Netflix.Com, Inc.	Interest in self-directed funds - equity	xx	36,030
	New Oriental Ed & Technology Group Inc	Interest in self-directed funds - equity	xx	7,843
	Nintendo Co Ltd Unspn Adr New	Interest in self-directed funds - equity	xx	348
	Oakmark Global Fund I	Interest in self-directed funds - equity	xx	73,114
	Oakmark Internat'l	Interest in self-directed funds - equity	xx	46,203
	Organovo Hldgs Inc Com	Interest in self-directed funds - equity	xx	4,980
	Parnassus Equity Income Portfolio	Interest in self-directed funds - equity	xx	78,171
	Paychex Inc Nfs Llc Is A Market	Interest in self-directed funds - equity	xx	12,221
	Penney J C Inc Nfs Is A Specialist	Interest in self-directed funds - equity	xx	5,328
	Powershares Db Commodity Index	Interest in self-directed funds - equity	xx	1,403
	Powershares Qqq Trust Unit Ser	Interest in self-directed funds - equity	xx	73,268
	Ppl Corp	Interest in self-directed funds - equity	xx	14,445
	Primecap Odyssey Aggressive Growth Fund	Interest in self-directed funds - equity	xx	61,942
	Primecap Odyssey Growth Fund	Interest in self-directed funds - equity	xx	52,369
	Primecap Odyssey Sto Ck Fund	Interest in self-directed funds - equity	xx	53,670
	Qs Energy Inc Com Npv	Interest in self-directed funds - equity	xx	3,760
	Raytheon Co Com New	Interest in self-directed funds - equity	xx	20,298
	Royal Carribean Cruises Ltd	Interest in self-directed funds - equity	xx	14,169
	Royce Pennsylvania Mutual Invst Class	Interest in self-directed funds - equity	xx	13,029
	Royce Special Equity	Interest in self-directed funds - equity	xx	36,758
	S&P Depository Receipt	Interest in self-directed funds - equity	xx	94,223
	Schlumberger Limited Nfs Is A Specialist	Interest in self-directed funds - equity	xx	11,184
	Schwab S & P 500 Index Fd-Select Shs	Interest in self-directed funds - equity	xx	32,716
	Scout Mid Cap	Interest in self-directed funds - equity	xx	25,937
	Sector Spdr Tr Shs Ben Int Consumer	Interest in self-directed funds - equity	xx	23,050
	Sector Spdr Tr Shs Ben Int Energy	Interest in self-directed funds - equity	xx	25,086

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	Sector Spdr Tr Shs Ben Int Financial	Interest in self-directed funds - equity	xx	90,688
	Sector Spdr Tr Shs Ben Int Utilities	Interest in self-directed funds - equity	xx	20,242
	Shire Pharmaceutical Gr Adr	Interest in self-directed funds - equity	xx	10,476
	Sirius Xm Holdings, Inc. Com	Interest in self-directed funds - equity	xx	24,420
	Solarcity Corp Com Usd0.0001	Interest in self-directed funds - equity	xx	14,796
*	Spartan Ext Mkt Indx Fid Advantage Class	Interest in self-directed funds - equity	xx	390,566
*	Spartan Global Ex Us Index Fid Adv Cl	Interest in self-directed funds - equity	xx	740,888
*	Spartan Real Estate Index Fid Adv Class	Interest in self-directed funds - equity	xx	894,050
*	Spartan Us Eqty Indx Fid Advantage Class	Interest in self-directed funds - equity	xx	436,762
	Spdr Dow Jones Indl Average Etf Tr Unit	Interest in self-directed funds - equity	xx	103,217
	Spdr Ser Tr Kbw Regl Bkg Etf	Interest in self-directed funds - equity	xx	18,864
	Spdr Ser Tr S&P Homebuilders Etf	Interest in self-directed funds - equity	xx	17,945
	Spider Gold Trust Gold Shares	Interest in self-directed funds - equity	xx	10,146
	Starbucks Corp Nfs Llc Is A Market	Interest in self-directed funds - equity	xx	162,644
	Sterling Capital Stratton Sm Cp Val I	Interest in self-directed funds - equity	xx	162,428
	Suntrust Banks Inc Nfs Llc Is A	Interest in self-directed funds - equity	xx	8,996
	Synchrony Financial Com Usd0.001	Interest in self-directed funds - equity	xx	2,342
	T Rowe Price Real Estate Fund	Interest in self-directed funds - equity	xx	36,202
	Talen Energy Corp Com	Interest in self-directed funds - equity	xx	318
	Tesla Motors, Inc. Com Usd0.001	Interest in self-directed funds - equity	xx	80,403
	Thermo Electron Corp	Interest in self-directed funds - equity	xx	21,720
	Third Avenue Real Estate Value	Interest in self-directed funds - equity	xx	94,351
	Thornburg Global Value Class A	Interest in self-directed funds - equity	xx	35,257
	Three D Systems Corp New	Interest in self-directed funds - equity	xx	6,083
	Tractor Supply Co	Interest in self-directed funds - equity	xx	8,608
	Triangle Cap Corp	Interest in self-directed funds - equity	xx	45,744
	Tweedy Brown Global Value Fund	Interest in self-directed funds - equity	xx	87,570
	Twitter Inc Com Usd0.000005	Interest in self-directed funds - equity	xx	24,991
	Under Armour Inc Cl A	Interest in self-directed funds - equity	xx	130,588
	Union Pacific Corp Nfs Llc Is A	Interest in self-directed funds - equity	xx	12,328
	Us Bancorp Del Com New	Interest in self-directed funds - equity	xx	13,573
	Vanguard Emerging Markets Stock Index	Interest in self-directed funds - equity	xx	4,104
	Vanguard Energy	Interest in self-directed funds - equity	xx	19,314
	Vanguard Growth Index	Interest in self-directed funds - equity	xx	46,355
	Vanguard High Divid Yld Index Fd Inv Cl	Interest in self-directed funds - equity	xx	55,630
	Vanguard Index Fds Formerly Vanguard	Interest in self-directed funds - equity	xx	28,892
	Vanguard Index Fds Vanguard Small Cap	Interest in self-directed funds - equity	xx	4,442
	Vanguard Index Tr Vanguard Total Stk	Interest in self-directed funds - equity	xx	1,092,509
	Vanguard Intl Equity Index Fd Inc	Interest in self-directed funds - equity	xx	35,263
	Vanguard Primecap Core Fd Investor Cl	Interest in self-directed funds - equity	xx	34,724

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	Vanguard Reit Index Fund	Interest in self-directed funds - equity	xx	717,497
	Vanguard Sector Index Fds Vanguard	Interest in self-directed funds - equity	xx	104,370
	Vanguard Selected Value Fund	Interest in self-directed funds - equity	xx	47,661
	Vanguard Specialized Portfolios Div	Interest in self-directed funds - equity	xx	23,662
	Vanguard Target Retirement 2030 Invt	Interest in self-directed funds - equity	xx	367,042
	Vanguard Utilities Income	Interest in self-directed funds - equity	xx	135,869
	Visa Inc Com Cl A	Interest in self-directed funds - equity	xx	46,530
	Wasatch Small Cap Growth	Interest in self-directed funds - equity	xx	44,017
	Wells Fargo & Co New Wt Exp 10/28/2018	Interest in self-directed funds - equity	xx	5,123
	Whole Foods Mkt Inc	Interest in self-directed funds - equity	xx	8,932
	Wisdomtree Tr Emerging Mkts High	Interest in self-directed funds - equity	xx	1,012
	World Wrestling Federation Entmt	Interest in self-directed funds - equity	xx	8,458
	Zillow Group Inc Cl A	Interest in self-directed funds - equity	xx	3,125
	Zillow Group Inc Cl C Cap Stk	Interest in self-directed funds - equity	xx	5,635
				12,094,505
	American Century Inflation Adj Treas	Interest in self-directed funds - fixed income	xx	56,136
	Apple Inc Note	Interest in self-directed funds - fixed income	xx	24,359
*	Fidelity High Income	Interest in self-directed funds - fixed income	xx	46,778
*	Fidelity Total Bond	Interest in self-directed funds - fixed income	xx	100,125
	Franklin Age High Income Class A	Interest in self-directed funds - fixed income	xx	19,019
	Harbor Bond	Interest in self-directed funds - fixed income	xx	213,908
	Ishares Tr Lehman U S Aggregate Bd Fd	Interest in self-directed funds - fixed income	xx	99,078
	Loomis Sayles Bond Retail Shares	Interest in self-directed funds - fixed income	xx	359,051
	Metropolitan West Total Return Bond	Interest in self-directed funds - fixed income	xx	170,547
	Pimco High Income Fd Com Shs	Interest in self-directed funds - fixed income	xx	27,963
*	Spartan Us Bond Indx Fidelity Adv Class	Interest in self-directed funds - fixed income	xx	311,853
	Templeton Global Bond Class A	Interest in self-directed funds - fixed income	xx	46,440
	Vanguard Bd Index Fd Inc Total Bd Market	Interest in self-directed funds - fixed income	xx	95,879
	Vanguard Bond Index Short Term	Interest in self-directed funds - fixed income	xx	154,779
	Vanguard Bond Index Total Market	Interest in self-directed funds - fixed income	xx	10,471
	Vanguard Fixed Inc High Yield Corp	Interest in self-directed funds - fixed income	xx	139,431
	Vanguard Gnma	Interest in self-directed funds - fixed income	xx	150,423
	Vanguard Short Term Corporate	Interest in self-directed funds - fixed income	xx	125,243
	Vanguard Short Term Federal	Interest in self-directed funds - fixed income	xx	102,060
				2,253,543
*	Fidelity Cash Reserves	Interest in self-directed funds - cash	xx	1,124,014
	Life Insurance Contracts			223,541
*	Participant Loans	Interest rates of 4.25% maturing at various dates through November 2019	\$	123,309

* Denotes a party-in-interest as defined by ERISA

xx Not required as investment is participant-directed