# 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 01/01/2015 and ending 12/31/2015

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
ADVANCED DIAGNOSTIC IMAGING, P.C. 401(K) RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 053

**1c** Effective date of plan 01/01/2003

**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)
ADVANCED DIAGNOSTIC IMAGING, P.C.

PO BOX 249
GOODLETTSVILLE, TN 37070-0249

**2b** Employer Identification Number (EIN)
62-0874165

**2c** Plan Sponsor's telephone number
615-239-2058

**2d** Business code (see instructions)
621111

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2016 | JOY SWEENEY |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2016 | JOY SWEENEY |
| | **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 [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 465 |
| **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)** | 357 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 432 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 132 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 564 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 564 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 561 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 42 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2G 2J 2K 2R 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)** | [X] | 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)** | [X] | Trust |
| **(4)** | [ ] | General assets of the sponsor |

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2015**<br>**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
ADVANCED DIAGNOSTIC IMAGING, P.C. 401(K) RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 053

**C** Plan sponsor's name as shown on line 2a of Form 5500
ADVANCED DIAGNOSTIC IMAGING, P.C.

**D** Employer Identification Number (EIN)
62-0874165

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THOROUGHBRED FINANCIAL SERVICES LLC
5110 MARYLAND WAY, SUITE 300
BRENTWOOD, TN 37027

62-1784717

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

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

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

CAPITAL RESEARCH & MANAGEMENT CO.

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

95-1411037

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 64 | RECORDKEEPER | 2475 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

TD AMERITRADE, INC.

4211 S. 102ND ST.
OMAHA, NE 68127

| (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? |
|---|---|---|---|---|---|---|
| 33 | BROKERAGE SERVICES | 1059 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

EMPLOYEE BENEFIT SERVICES, INC.

5110 MARYLAND WAY
SUITE 300
BRENTWOOD, TN 37027

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 13 | CONTRACT ADMIN | 42152 | Yes [ ] No [X] | Yes [ ] No [X] | | Yes [ ] No [X] |

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**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
ADVANCED DIAGNOSTIC IMAGING, P.C. 401(K) RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 053

**C** Plan sponsor's name as shown on line 2a of Form 5500
ADVANCED DIAGNOSTIC IMAGING, P.C.

**D** Employer Identification Number (EIN)
62-0874165

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 1723793 | 2509689 |
| **(2)** Participant contributions | 1b(2) | 1076 | 2186 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 33763964 | 36259293 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 5084087 | 6241050 |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 40572920 | 45012218 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | 0 | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | 2336 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 2336 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 40572920 | 45009882 |

## 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) | 3587590 | |
| | **(B)** Participants | 2a(1)(B) | 2246514 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 582906 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 6417010 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 0 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 46569 |
| c Other income | 2c | | -70960 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 6392619 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1908923 | |
| (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) | | 1908923 |
| f Corrective distributions (see instructions) | 2f | | 2107 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 44627 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 0 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 44627 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1955657 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 4436962 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

(1) Name: FRASIER DEAN AND HOWARD PLLC (2) EIN: 62-1073578

**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.) | 4a | | X | | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | | |

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

**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.**

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

**A** Name of plan
ADVANCED DIAGNOSTIC IMAGING, P.C. 401(K) RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 053

**C** Plan sponsor's name as shown on line 2a of Form 5500
ADVANCED DIAGNOSTIC IMAGING, P.C.

**D** Employer Identification Number (EIN)
62-0874165

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1**

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 20-3691658

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part VII IRS Compliance Questions

| | | |
|---|---|---|
| **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 |

# ADVANCED DIAGNOSTIC IMAGING, P.C.
# 401(k) RETIREMENT PLAN

## FINANCIAL STATEMENTS

## December 31, 2015 and 2014

**ADVANCED DIAGNOSTIC IMAGING, P.C. 401(k) RETIREMENT PLAN**

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Schedules other than the ones listed above have been omitted due to the absence of conditions under which they are required.

FRASIERDEAN HOWARDCPAs

## INDEPENDENT AUDITOR'S REPORT

To the Pension Committee of
Advanced Diagnostic Imaging, P.C. 401(k) Retirement Plan
Goodlettsville, Tennessee

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Advanced Diagnostic Imaging, P.C. 401(k) Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

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

**Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

**Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Capital Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

**Disclaimer of Opinion**

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

**Other Matter**

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2015, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

**Report on Form and Content in Compliance With DOL Rules and Regulations**

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

Frazier, Jon + Hood, PLLC

October 4, 2016
Nashville, Tennessee

**ADVANCED DIAGNOSTIC IMAGING, P.C. 401(k) RETIREMENT PLAN**
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**December 31, 2015 and 2014**

| | 2015 | 2014 |
|---|---|---|
| Assets: | | |
| Investments, at fair value: | | |
| Mutual funds | $ 36,259,293 | $ 33,763,964 |
| Self-directed brokerage accounts | 6,241,050 | 5,084,087 |
| Total investments, at fair value | 42,500,343 | 38,848,051 |
| Receivables: | | |
| Employee contributions receivable | 2,186 | 1,076 |
| Employer contributions receivable | 2,509,689 | 1,723,793 |
| Total receivables | 2,511,875 | 1,724,869 |
| Total assets | 45,012,218 | 40,572,920 |
| Liabilities: | | |
| Other liabilities | 2,336 | - |
| Total liabilities | 2,336 | - |
| Net assets available for benefits | $ 45,009,882 | $ 40,572,920 |

See accompanying notes and auditor's report.

**ADVANCED DIAGNOSTIC IMAGING, P.C. 401(k) RETIREMENT PLAN**
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**Year Ended December 31, 2015**

| | |
|---|---|
| Investment activity: | |
| Net depreciation in fair value of investments | $ (2,473,214) |
| Interest and dividend income | 2,448,823 |
| Total investment activity | (24,391) |
| Contributions: | |
| Employee | 2,246,514 |
| Employer | 3,587,590 |
| Rollover | 582,906 |
| Total contributions | 6,417,010 |
| Deductions: | |
| Benefits paid to participants | (1,911,030) |
| Administrative expenses | (44,627) |
| Total deductions | (1,955,657) |
| Increase in net assets available for benefits | 4,436,962 |
| Net assets available for benefits, beginning of year | 40,572,920 |
| Net assets available for benefits, end of year | $ 45,009,882 |

See accompanying notes and auditor's report.

**ADVANCED DIAGNOSTIC IMAGING, P.C. 401(k) RETIREMENT PLAN**
**NOTES TO FINANCIAL STATEMENTS**
**December 31, 2015 and 2014**

## NOTE 1 – DESCRIPTION OF RETIREMENT PLAN

The following description of Advanced Diagnostic Imaging, P.C. 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the summary plan document for a more complete description of the Plan's provisions. The Plan covers eligible employees of Advanced Diagnostic Imaging, P.C. (the "Company") and other participating employers. During 2015, the participating employers were Advanced Diagnostic Imaging, P.C., PhyData, LLC, and NOL, LLC.

### General

The Plan is a defined contribution plan originally effective January 1, 2003 and amended and restated effective January 1, 2008. The Plan provides for participation by employees over the age of 18 after completing one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

### Employee Contributions

The Plan allows participants to contribute a portion of their eligible compensation, as defined in the plan document, up to the maximum amount allowed by the Internal Revenue Code, which is $18,000 for 2015. Participants may elect two types of salary deferrals, pre-tax deferrals and Roth deferrals. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

### Employer Contributions

The Plan allows the Company to make various contributions to participant accounts.

In order to maintain safe harbor status, the Company may make a contribution equal to 3% of compensation. The Company made the 3% contribution during 2015 amounting to $1,081,878.

The Company may make a discretionary matching contribution equal to a uniform percentage of salary deferrals up to 6% of compensation contributed to the Plan. During 2015, there were no discretionary matching contributions.

The Company may also make a discretionary profit sharing contribution to the Plan. Profit sharing contributions are allocated to participants based upon provisions in the plan document. Profit sharing contributions amounted to $2,505,712 in 2015.

## NOTE 1 – DESCRIPTION OF RETIREMENT PLAN (Continued)

### Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's contribution and Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### Vesting

Participants are immediately vested in their own contributions, qualified matching contributions, safe harbor contributions and qualified non-elective contributions and related earnings. A participant is vested in non-qualified employer matching and profit sharing contributions in accordance with the following schedule:

| Years of Service | Vesting Percentage |
|---|---|
| 1 year | 20% |
| 2 years | 40% |
| 3 years | 60% |
| 4 years | 80% |
| 5 or more years | 100% |

### Payment of Benefits

Upon termination of service or upon death, disability or retirement, a participant may receive payments based on Plan provisions. Married participants will automatically be paid via a joint and 50% survivor annuity, unless an alternative form of payment is elected. Unmarried participants will automatically receive a life annuity, unless an alternative form of payment is elected. Participants with vested account balances not exceeding $5,000 will be paid in a single lump-sum payment. Participants electing an alternative form of payment may receive a single lump-sum payment or may purchase a different form of annuity. Benefits are recorded when paid.

### Forfeited Accounts

At December 31, 2015 and 2014, forfeited non-vested accounts totaled $72,878 and $59,801, respectively. These account balances will primarily be used to pay administrative expenses of the Plan and to reduce employer matching and profit sharing contributions. Forfeitures of $848 were used in 2015 to offset the employer profit sharing contributions receivable at December 31, 2014.

## NOTE 1 – DESCRIPTION OF RETIREMENT PLAN (Continued)

### 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 termination of the Plan, participants will become 100% vested in their accounts.

## NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Basis of Accounting

The financial statements and supplemental schedule of the Plan are prepared on the accrual basis of accounting.

### Valuation of Investments

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. See Note 3 for discussion on fair value measurements.

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

### 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 changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

### Administrative Expenses

Certain direct expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the participant recordkeeping and participant withdrawals are charged directly to the participant's account and are included in administrative expenses. Indirect investment related expenses are included in net (depreciation) appreciation of fair value of investments.

## NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### Income Taxes

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is not subject to income tax examinations for years prior to 2012.

### Subsequent Events

Management of the Plan evaluated subsequent events through October 4, 2016 when these financial statements were available to be issued. Management was not aware of any significant events that occurred subsequent to the statement of net assets available for benefits date but prior to the filing of this report that would have a material impact on the financial statements.

## NOTE 3 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under the Fair Value Measurement and Disclosure Topic of the Financial Accounting Standards Board Accounting Standards Codification are described as follows:

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

Level 2 Inputs to the valuation methodology include the following:

- 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.

**NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)**

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 on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2015 and 2014. A description of the valuation methodologies used for assets measured at fair value is as follows:

Mutual funds – valued at the net asset values of shares held by the fund at year end.

Self-directed brokerage accounts – stated at fair value as determined by quoted market prices and quoted net asset values of the investments held therein.

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

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

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds: | | | | |
| Growth funds | $ 13,571,503 | $ - | $ - | $ 13,571,503 |
| Target date funds | 12,059,471 | - | - | 12,059,471 |
| Growth and income funds | 4,256,429 | - | - | 4,256,429 |
| Balanced funds | 2,922,144 | - | - | 2,922,144 |
| Fixed income funds | 2,112,887 | - | - | 2,112,887 |
| Cash equivalent funds | 1,336,859 | - | - | 1,336,859 |
| Total mutual funds | 36,259,293 | - | - | 36,259,293 |
| Self-directed brokerage accounts: | | | | |
| Mutual funds: | | | | |
| Large cap funds | 885,884 | - | - | 885,884 |
| Moderate allocation | 441,351 | - | - | 441,351 |
| Foreign large cap funds | 287,825 | - | - | 287,825 |
| Fixed income funds | 286,921 | - | - | 286,921 |
| Small cap funds | 233,149 | - | - | 233,149 |
| World stock funds | 167,496 | - | - | 167,496 |
| Diversified emerging markets | 144,126 | - | - | 144,126 |

**NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)**

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Self-directed brokerage accounts: (continued) | | | | |
| Mutual funds: (continued) | | | | |
| Conservative allocation | 76,391 | - | - | 76,391 |
| Mid cap funds | 46,537 | - | - | 46,537 |
| World bond funds | 38,745 | - | - | 38,745 |
| Miscellaneous | 28,353 | - | - | 28,353 |
| Global real estate funds | 27,098 | - | - | 27,098 |
| Total mutual funds | 2,663,876 | - | - | 2,663,876 |
| Money market funds | 1,111,740 | - | - | 1,111,740 |
| Exchange traded funds: | | | | |
| Large value funds | 441,617 | - | - | 441,617 |
| Real estate funds | 198,499 | - | - | 198,499 |
| Fixed income | 114,140 | - | - | 114,140 |
| Foreign large cap funds | 96,652 | - | - | 96,652 |
| Miscellaneous | 37,122 | - | - | 37,122 |
| Small blend funds | 29,844 | - | - | 29,844 |
| Mid cap funds | 4,084 | - | - | 4,084 |
| Small growth | 4,007 | - | - | 4,007 |
| Europe stock | 2,045 | - | - | 2,045 |
| Total exchange traded funds | 928,010 | - | - | 928,010 |
| Stocks: | | | | |
| Services | 744,393 | - | - | 744,393 |
| Consumer goods | 337,691 | - | - | 337,691 |
| Technology | 156,351 | - | - | 156,351 |
| Financial | 120,603 | - | - | 120,603 |
| Healthcare | 70,579 | - | - | 70,579 |
| Miscellaneous | 42,664 | - | - | 42,664 |
| Industrial goods | 40,100 | - | - | 40,100 |
| Basic materials | 25,043 | - | - | 25,043 |
| Total stocks | 1,537,424 | - | - | 1,537,424 |
| Total self-directed brokerage accounts | 6,241,050 | - | - | 6,241,050 |
| Total investments at fair value | $ 42,500,343 | $ - | $ - | $ 42,500,343 |

## NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

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 |
|---|---|---|---|---|
| Mutual funds: | | | | |
| Growth funds | $ 13,758,927 | $ - | $ - | $ 13,758,927 |
| Target date funds | 9,304,074 | - | - | 9,304,074 |
| Growth and income funds | 4,308,951 | - | - | 4,308,951 |
| Fixed income funds | 2,261,302 | - | - | 2,261,302 |
| Balanced funds | 2,140,218 | - | - | 2,140,218 |
| Cash equivalent funds | 1,990,492 | - | - | 1,990,492 |
| Total mutual funds | 33,763,964 | - | - | 33,763,964 |
| Self-directed brokerage accounts: | | | | |
| Mutual funds: | | | | |
| Large cap funds | 834,473 | - | - | 834,473 |
| Fixed income funds | 478,425 | - | - | 478,425 |
| Moderate allocation | 454,172 | - | - | 454,172 |
| Foreign large cap funds | 352,942 | - | - | 352,942 |
| Diversified emerging markets | 215,355 | - | - | 215,355 |
| Small cap funds | 212,302 | - | - | 212,302 |
| World stock funds | 181,723 | - | - | 181,723 |
| Miscellaneous | 83,314 | - | - | 83,314 |
| Conservative allocation | 76,944 | - | - | 76,944 |
| Mid cap funds | 73,086 | - | - | 73,086 |
| Global real estate funds | 28,124 | - | - | 28,124 |
| Total mutual funds | 2,990,860 | - | - | 2,990,860 |
| Money market funds | 707,889 | - | - | 707,889 |
| Exchange traded funds: | | | | |
| Large value funds | 154,404 | - | - | 154,404 |
| Real estate funds | 102,650 | - | - | 102,650 |
| Miscellaneous | 44,832 | - | - | 44,832 |
| Small blend funds | 31,699 | - | - | 31,699 |
| Total exchange traded funds | 333,585 | - | - | 333,585 |

## NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Stocks: | | | | |
| Services | 361,861 | - | - | 361,861 |
| Consumer goods | 231,732 | - | - | 231,732 |
| Technology | 120,021 | - | - | 120,021 |
| Financial | 103,366 | - | - | 103,366 |
| Basic materials | 89,093 | - | - | 89,093 |
| Healthcare | 54,650 | - | - | 54,650 |
| Miscellaneous | 53,490 | - | - | 53,490 |
| Industrial goods | 37,540 | - | - | 37,540 |
| Total stocks | 1,051,753 | - | - | 1,051,753 |
| Total self-directed brokerage accounts | 5,084,087 | - | - | 5,084,087 |
| Total investments at fair value | $ 38,848,051 | $ - | $ - | $ 38,848,051 |

## NOTE 4 – INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedule that was prepared by or derived from information prepared by Capital Bank and Trust Company, the trustee of the Plan, and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee that such information is complete and accurate.

| | 2015 | 2014 |
|---|---|---|
| Statements of Net Assets Available for Benefits: | | |
| Mutual funds | $ 36,259,293 | $ 33,763,964 |
| Self-directed brokerage accounts | 6,241,050 | 5,084,087 |
| Statement of Changes in Net Assets Available for Benefits: | | |
| Net depreciation in fair value of investments | (2,473,214) | |
| Interest and dividend income | 2,448,823 | |

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

## NOTE 4 – INFORMATION CERTIFIED BY THE TRUSTEE (Continued)

The following individual investments represent 5% or more of the Plan's net assets at December 31:

| | 2015 | 2014 |
|---|---|---|
| Ameritrade Self Directed Brokerage Accounts | $ 6,241,050 | $ 5,084,087 |
| American Funds 2030 Target Date Fund R4 | 3,221,981 | * |
| American Funds American Balanced Fund R4 | 2,922,144 | 2,140,218 |
| American Funds Growth Fund of America R4 | 2,724,259 | 2,666,655 |
| American Funds Fundamental Investors R4 | 2,430,973 | 2,456,913 |
| American Funds 2025 Target Date Fund R4 | 2,357,855 | 2,203,137 |
| American Funds EuroPacific Growth Fund R4 | 2,305,685 | 2,181,955 |
| American Funds 2020 Target Date Fund R4 | * | 2,437,128 |
| American Funds AMCAP Fund R4 | * | 2,306,701 |

* Investment does not meet the 5% threshold.

## NOTE 5 – INCOME TAX STATUS

The Plan obtained its latest determination letter on September 10, 2010, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

## NOTE 6 – TRANSACTIONS WITH PARTIES-IN-INTEREST

Transactions with parties-in-interest include purchases and sales of assets through the trustee, contributions made by the Company and fees paid for the trustee, accounting and other services. The Plan invests in shares of mutual funds managed by the Plan's recordkeeper. Fees incurred by the Plan for the Trustee's investment management services are included in net (depreciation) appreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment. The Plan pays directly any other fees related to Plan operations, including Plan recordkeeping fees.

## NOTE 7 – RISKS AND UNCERTAINTIES

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

# SUPPLEMENTAL SCHEDULE

**ADVANCED DIAGNOSTIC IMAGING, P.C. 401(k) RETIREMENT PLAN**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**EIN #62-0874165 PLAN NUMBER 053**
**December 31, 2015**

| (a) | (b) | (c) | (e) |
|---|---|---|---|
| | **Identity of Issue, Borrower, Lessor or Similar Party** | **Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value** | **Current Value** |
| | Ameritrade | Self Directed Brokerage Accounts | $ 6,241,050 |
| * | American Funds | 2030 Target Date Fund R4 | 3,221,981 |
| * | American Funds | American Balanced R4 | 2,922,144 |
| * | American Funds | Growth Fund of America R4 | 2,724,259 |
| * | American Funds | Fundamental Investors R4 | 2,430,973 |
| * | American Funds | 2025 Target Date Fund R4 | 2,357,855 |
| * | American Funds | EuroPacific Growth R4 | 2,305,685 |
| * | American Funds | AMCAP R4 | 2,185,495 |
| * | American Funds | Washington Mutual R4 | 1,825,456 |
| * | American Funds | 2035 Target Date Fund R4 | 1,811,810 |
| * | American Funds | 2040 Target Date Fund R4 | 1,708,901 |
| * | American Funds | New Perspective R4 | 1,633,360 |
| | PIMCO | Total Return A | 1,431,486 |
| * | American Funds | Money Market Fund R4 | 1,336,860 |
| | Columbia | Mid Cap Value Fund A | 1,330,121 |
| | Victory | Sycamore Established Value A | 1,323,016 |
| | Oppenheimer | Main Street Mid Cap A | 1,282,832 |
| * | American Funds | 2020 Target Date Fund R4 | 970,200 |
| * | American Funds | 2045 Target Date Fund R4 | 811,042 |
| | Columbia | Mid Cap Growth A | 786,735 |
| * | American Funds | Intermediate Bond Fund of America R4 | 681,401 |
| * | American Funds | 2015 Target Date Fund R4 | 434,558 |
| * | American Funds | 2050 Target Date Fund R4 | 355,209 |
| * | American Funds | 2055 Target Date Fund R4 | 215,203 |
| * | American Funds | 2010 Target Date Fund R4 | 172,711 |
| | | | $ 42,500,343 |

* Represents a party-in-interest to the Plan
Column (d) is not included since all investments are participant directed.

**ADVANCED DIAGNOSTIC IMAGING, P.C. 401(k) RETIREMENT PLAN**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**EIN #62-0874165 PLAN NUMBER 053**
**December 31, 2015**

| (a) | (b) | (c) | (e) |
|---|---|---|---|
| | **Identity of Issue, Borrower, Lessor or Similar Party** | **Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value** | **Current Value** |
| | Ameritrade | Self Directed Brokerage Accounts | $ 6,241,050 |
| * | American Funds | 2030 Target Date Fund R4 | 3,221,981 |
| * | American Funds | American Balanced R4 | 2,922,144 |
| * | American Funds | Growth Fund of America R4 | 2,724,259 |
| * | American Funds | Fundamental Investors R4 | 2,430,973 |
| * | American Funds | 2025 Target Date Fund R4 | 2,357,855 |
| * | American Funds | EuroPacific Growth R4 | 2,305,685 |
| * | American Funds | AMCAP R4 | 2,185,495 |
| * | American Funds | Washington Mutual R4 | 1,825,456 |
| * | American Funds | 2035 Target Date Fund R4 | 1,811,810 |
| * | American Funds | 2040 Target Date Fund R4 | 1,708,901 |
| * | American Funds | New Perspective R4 | 1,633,360 |
| | PIMCO | Total Return A | 1,431,486 |
| * | American Funds | Money Market Fund R4 | 1,336,860 |
| | Columbia | Mid Cap Value Fund A | 1,330,121 |
| | Victory | Sycamore Established Value A | 1,323,016 |
| | Oppenheimer | Main Street Mid Cap A | 1,282,832 |
| * | American Funds | 2020 Target Date Fund R4 | 970,200 |
| * | American Funds | 2045 Target Date Fund R4 | 811,042 |
| | Columbia | Mid Cap Growth A | 786,735 |
| * | American Funds | Intermediate Bond Fund of America R4 | 681,401 |
| * | American Funds | 2015 Target Date Fund R4 | 434,558 |
| * | American Funds | 2050 Target Date Fund R4 | 355,209 |
| * | American Funds | 2055 Target Date Fund R4 | 215,203 |
| * | American Funds | 2010 Target Date Fund R4 | 172,711 |
| | | | $ 42,500,343 |

* Represents a party-in-interest to the Plan
Column (d) is not included since all investments are participant directed.

**ADVANCED DIAGNOSTIC IMAGING, P.C. 401(k) RETIREMENT PLAN**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**EIN #62-0874165 PLAN NUMBER 053**
**December 31, 2015**

| (a) | (b) | (c) | (e) |
|---|---|---|---|
| | **Identity of Issue, Borrower, Lessor or Similar Party** | **Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value** | **Current Value** |
| | Ameritrade | Self Directed Brokerage Accounts | $ 6,241,050 |
| * | American Funds | 2030 Target Date Fund R4 | 3,221,981 |
| * | American Funds | American Balanced R4 | 2,922,144 |
| * | American Funds | Growth Fund of America R4 | 2,724,259 |
| * | American Funds | Fundamental Investors R4 | 2,430,973 |
| * | American Funds | 2025 Target Date Fund R4 | 2,357,855 |
| * | American Funds | EuroPacific Growth R4 | 2,305,685 |
| * | American Funds | AMCAP R4 | 2,185,495 |
| * | American Funds | Washington Mutual R4 | 1,825,456 |
| * | American Funds | 2035 Target Date Fund R4 | 1,811,810 |
| * | American Funds | 2040 Target Date Fund R4 | 1,708,901 |
| * | American Funds | New Perspective R4 | 1,633,360 |
| | PIMCO | Total Return A | 1,431,486 |
| * | American Funds | Money Market Fund R4 | 1,336,860 |
| | Columbia | Mid Cap Value Fund A | 1,330,121 |
| | Victory | Sycamore Established Value A | 1,323,016 |
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| * | American Funds | 2015 Target Date Fund R4 | 434,558 |
| * | American Funds | 2050 Target Date Fund R4 | 355,209 |
| * | American Funds | 2055 Target Date Fund R4 | 215,203 |
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* Represents a party-in-interest to the Plan
Column (d) is not included since all investments are participant directed.