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
MAIN STREET RADIOLOGY RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

2a Plan sponsor's name (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)
MAIN STREET RADIOLOGY AT BAYSIDE, LLC

32-25 FRANCIS LEWIS BLVD.
BAYSIDE, NY 11358

2b Employer Identification Number (EIN) 11-3545588

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

2d Business code (see instructions) 541990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2016	KENNETH SEEDORF
	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 [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**	207
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)**	199
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	199
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	48
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	247
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	247
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	214
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] 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)** [X] 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)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 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

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

A Name of plan
MAIN STREET RADIOLOGY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
11-3545588

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.

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT ISURANCE 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
71-0294708	86509	813894	214	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
12654	27094

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

ASSOCIATED PENSION CONSULTANTS INC
6800 JERICHO TURNPIKE
SUITE 200W
SYOSSET, NY 11791

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
0	27094	TPA PARTNERSHIP ALLIANCE PROGRAM	5

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

NY LIFE SECURITIES LLC
51 MADISON AVENUE
ROOM 251
NEW YORK, NY 10010

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
12654	0	COMMISSION	3

(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	150189
5	Current value of plan's interest under this contract in separate accounts at year end	5	25590445

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
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	

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 ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	4934		
	(2) Dividends and credits	7c(2)	861		
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)	365		
	(5) Other (specify below)	7c(5)	147324		
	▶ LOAN REPAYMENTS, TRANSFERRED ASSETS				
	(6) Total additions			7c(6)	153484
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	153484
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3293		
	(2) Administration charge made by carrier	7e(2)	1		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	3294
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	150190

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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
MAIN STREET RADIOLOGY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
11-3545588

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TD AMERITRADE

84-0519832

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

VOYA RETIREMENT INSURANCE ANNUITY

71-0294708

(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)

(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 ☐

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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

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
MAIN STREET RADIOLOGY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
11-3545588

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MAP CONTRACT SEPARATE ACCOUNT D

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	25590445

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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
MAIN STREET RADIOLOGY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
11-3545588

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	68180
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	265956	260056
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	0	25590445
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	14897480	150189
(15) Other	1c(15)	10048309	0

			(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	25211745	26068870
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	25211745	26068870

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)	1699128	
	(B) Participants	2a(1)(B)	528389	
	(C) Others (including rollovers)	2a(1)(C)	148534	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2376051
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)	10868	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		10868
	(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)	861	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		861
	(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)		457447
(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)		-510799
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2334428
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1469228	
(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)		1469228
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	8075	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		8075
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1477303
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		857125
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	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	X			
o	Did the plan trust incur unrelated business taxable income?	4o		X		
p	Were in-service distributions made during the plan year?	4p		X		

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

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

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

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
MAIN STREET RADIOLOGY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
11-3545588

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 84-0519832 71-0294708

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

MAIN STREET RADIOLOGY, INC.
RETIREMENT PLAN

FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2015

FRENDEL, BROWN & WEISSMAN LLP
Certified Public Accountants

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN

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FRENDEL, BROWN & WEISSMAN LLP
Certified Public Accountants

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New York, NY 10017 Fax: (212) 867-9644

INDEPENDENT AUDITORS' REPORT

To the Trustees
Main Street Radiology, Inc. Retirement Plan

We have audited the accompanying financial statements of Main Street Radiology, Inc. Retirement Plan ("the Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We have conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Main Street Radiology, Inc. Retirement Plan as of December 31, 2015 and 2014 and the changes in its net assets available for benefits for the year ended December 31, 2015, in accordance with accounting principles generally accepted in the United States of America.

To the Trustees
Main Street Radiology, Inc. Retirement Plan

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedule of assets held as of or for the year ended December 31, 2015, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Frendel, Brown & Weissman LLP

Certified Public Accountants

New York, New York
October 5, 2016

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS:	As of December 31, 2015	2014
Investments at fair value	$25,740,634	$24,945,789
Receivables:		
Employer contributions	68,180	-
Notes receivable from participants	260,056	265,956
Total receivables	328,236	265,956
Total assets	26,068,870	25,211,745
LIABILITIES	None	None
NET ASSETS AVAILABLE FOR BENEFITS	$26,068,870	$25,211,745

See accompanying independent auditors' report and notes to financial statements.

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2015

ADDITIONS:	
Additions to net assets attributed to:	
Investment (loss) income:	
Net depreciation in fair value of investments	$ (269,575)
Dividends	216,970
Interest	114
Total	(52,491)
Interest income on notes receivable from participants	10,868
Contributions:	
Employer	1,699,128
Rollover	148,534
Participants	528,389
Total	2,376,051
Total additions	2,334,428
DEDUCTIONS:	
Deductions from net assets attributed to:	
Benefits paid to participants	1,469,228
Administration expenses	8,075
Total deductions	1,477,303
Net increase	857,125
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	25,211,745
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$ 26,068,870

See accompanying independent auditors' report and notes to financial statements.

NOTE 1 DESCRIPTION OF THE PLAN

General

The following description of Main Street Radiology, Inc. Retirement Plan, formerly known as Professional Billing Associates, Inc. Retirement Plan, ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is a participant-directed, defined contribution plan with elective deferral 401(k) arrangements. The Plan covers all full-time employees of Main St. Radiology at Bayside and Radiology Associates of Main St. (collectively "the Company") who are over twenty-one years old and have completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan's trustee oversees governance of the Plan. The Plan's Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Trustees.

Contributions

Each year, participants may contribute up to 100% of pre-tax annual compensation, as defined by the Plan. Participants may also contribute a minimum of 1% of Roth after-tax employee contributions. Participants who have attained age fifty before the end of the Plan year are eligible to make catch-up contributions. Contributions are subject to certain statutory limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollovers). Participants direct the investment of their contributions and the Company's contributions into various investment options offered by the Plan.

Employer Contributions

As per the Plan documents, the Company may decide to make matching contributions to the Plan at its own discretion. For the year ended December 31, 2015, the Company made contributions of $1,699,128 to the Plan.

Rollover Contributions

A participant may, with the consent of the Plan Administrator, make a rollover contribution to the Plan at any time. Rollover contributions are assets transferred to the Plan from a qualified savings plan in which employees participated prior to their employment by the Employer.

Participant Accounts

Each participant's account is credited with the participant's contributions and Company's matching contributions, as well as allocations of the Company's profit-sharing contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE 1 DESCRIPTION OF THE PLAN - Continued

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service, or upon death, or termination because of disability. The vesting schedule of the Company's contribution is stated as follows:

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

Notes Receivable from Participants

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

Payment of Benefits

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

Hardship Withdrawals

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

Forfeited Accounts

At December 31, 2015 and 2014, forfeited non-vested accounts totaled $64,981 and $53,874, respectively. These accounts will be used to pay for administrative expenses and to reduce future Company contributions. There were no forfeitures used in 2015 and 2014.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

Use of Estimates in the Preparation of Financial Statements

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and custodian. See Note 3 for discussion of fair value measurements.

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

Notes Receivable from Participants

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

Payment of Benefits

Benefits payments to participants are recorded when paid.

Expenses

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

Reclassifications

Certain amounts in the prior year financial statements have been reclassified to conform to the current year presentation.

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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820, Fair Value Measurement, 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:

a. Quoted prices for similar assets or liabilities in active markets,

b. Quoted prices for identical or similar assets or liabilities in inactive markets,

c. Inputs other than quoted prices that are observable for the asset or liability,

d. Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

Money Market Fund

Valued at unadjusted quoted market prices, which represent the net asset value of the shares owned by the Plan at year end.

Common Stocks

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

Mutual Funds

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

NOTE 3 FAIR VALUE MEASUREMENTS - Continued

Pooled Separate Accounts

Valued at their accumulation unit value ("AUV") which approximates fair value. The AUV is determined daily based on the NAV of shares of the underlying fund and the separate account charges (i.e., the daily asset charge). The Plan's investments in the pooled separate accounts may be redeemed daily. There are no redemption fees or notice periods and no unfunded commitments.

Fixed Income Account

Valued at fair value by using the credited rate which is communicated and credited to the Plan on a daily basis. The credited interest rate, account balances and formulas may be observable through the Plan's contract and related communications.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014.

	Assets at fair value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ -	$15,889,089	$ -	$15,889,089
Money market fund	1,153,010			1,153,010
Fixed income		150,189		150,189
Common stock	6,396,581			6,396,581
Mutual funds	1,570,053	581,712		2,151,765
Totals	$9,119,644	$16,620,990	$ -	$25,740,634

	Assets at fair value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 1,436,073	$ -	$ -	$ 1,436,073
Common stock	6,295,914			6,295,914
Mutual funds	16,455,785	758,017		17,213,802
Totals	$ 24,187,772	$ 758,017	$ -	$24,945,789

NOTE 3 FAIR VALUE MEASUREMENTS - Continued

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2015. There are no participant redemption restrictions for those investments; the redemption notice period is applicable only to the Plan.

December 31, 2015	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
American Funds EuroPacific R6	$ 13,133	N/A	Daily	N/A
American Funds Cap in Bid R6	1,005,022	N/A	Daily	N/A
American Funds New World R6	14,958	N/A	Daily	N/A
Oppenheimer Global Fund I	2,662,254	N/A	Daily	N/A
Oppenheimer International Growth Fund I	107,921	N/A	Daily	N/A
Vanguard Mid-Cap Index Fund Admin	1,681,508	N/A	Daily	N/A
Vanguard Small-Cap Index Fund Admin	48,054	N/A	Daily	N/A
ClearBridge Small Cap Growth Fund IS	113,077	N/A	Daily	N/A
American Funds Growth Fund R6	769,985	N/A	Daily	N/A
ClearBridge Aggressive Growth Fund IS	2,677	N/A	Daily	N/A
Vanguard 500 Index Fund Admin	216,419	N/A	Daily	N/A
Vanguard Life Strategy Growth Fund Inv	1,554	N/A	Daily	N/A
American Funds Washington Mutual R6	739	N/A	Daily	N/A
Oppenheimer Equity Income Fund I	625,847	N/A	Daily	N/A
Oppenheimer Main Street Fund I	534,879	N/A	Daily	N/A
American Funds American Balanced R6	13,755	N/A	Daily	N/A
Vanguard Target Retirement 2015 Fund Inv	4,119	N/A	Daily	N/A
Vanguard Target Retirement 2020 Fund Inv	121,148	N/A	Daily	N/A
Vanguard Target Retirement 2025 Fund Inv	6,475	N/A	Daily	N/A
Vanguard Target Retirement 2030 Fund Inv	1,439,084	N/A	Daily	N/A
Vanguard Target Retirement 2035 Fund Inv	108,639	N/A	Daily	N/A
Vanguard Target Retirement 2040 Fund Inv	203,380	N/A	Daily	N/A
Vanguard Target Retirement 2045 Fund Inv	74,998	N/A	Daily	N/A
Vanguard Target Retirement 2050 Fund Inv	16,121	N/A	Daily	N/A
Vanguard Target Retirement 2055 Fund Inv	6,752	N/A	Daily	N/A
Vanguard Target Retirement 2060 Fund Inv	1,817	N/A	Daily	N/A
Vanguard Life Strategy Conservative Growth Fund Inv	1,726,149	N/A	Daily	N/A
Vanguard Life Strategy Moderate Growth Fund Inv	2,515,832	N/A	Daily	N/A
Prudential High Yield Fund Q	20,219	N/A	Daily	N/A
PIMCO Real Return Fund Inst	6,559	N/A	Daily	N/A
Oppenheimer International Bond Fund	1,659	N/A	Daily	N/A
Pioneer Strategic Income Fund K	428,969	N/A	Daily	N/A
Voya Intermediate Bond Fund R6	1,392,020	N/A	Daily	N/A
Voya Money Market Fund A	3,367	N/A	Daily	N/A
Voya Fixed Account	150,189	N/A	Daily	N/A

NOTE 4 RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by the Voya Retirement Insurance and Annuity Company (Voya). Voya is the custodian of the Plan and, therefore, these transactions qualify as party in interest transactions.

NOTE 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 the Employee Retirement Income Security Act of 1974. In the event of Plan termination, participants would become 100% vested in their Company's contributions.

NOTE 6 TAX STATUS

The Plan uses a volume submitter profit-sharing plan sponsored by CCH Incorporated Company DBA FT William Com (CCH). CCH submitted that plan to the Internal Revenue Service (IRS) and received an opinion letter from the IRS, dated March 31, 2014, concluding that the form of the plan satisfied the qualification requirements under the applicable sections of the Internal Revenue Code (IRC). Because the Company has not deviated from the form of that document, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by federal, state or local authorities. The Plan Administrator has analyzed the tax position taken by the Plan and has concluded that, as of December 31, 2015, there were no uncertain 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 the Plan is no longer subject to income tax examinations for years prior to 2012.

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.

NOTE 8 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of investment income per the financial statements for the year ended December 31, 2015 to Form 5500:

NOTE 8 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 - Continued

Net decrease in investment income per the financial statements	$(52,491)
Interest and dividend income from brokerage accounts allocated to net appreciation	(861)
Net decrease in investment income per Form 5500	$(53,352)

NOTE 9 SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 5, 2016, the date on which the financial statements were available to be issued and has concluded that no events or transactions took place, which require disclosure herein.

SUPPLEMENTARY SCHEDULE

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN

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

EIN: 11-3545588 PLAN NO: 001

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
	TDAM Money Market Portfolio	Money Market Fund	**	$1,153,010
	Payden Global Low Duration Fund	Mutual Fund	**	353,648
	Vanguard Inflation-Protected Secs Inv	Mutual Fund	**	449,493
	Vanguard International Explorer Inv	Mutual Fund	**	110,001
	Vanguard U.S. Value Inv	Mutual Fund	**	10,887
	Vanguard Interm-Term Bond Index Inv	Mutual Fund	**	36,349
	Vanguard Short-Term Bond Index Admiral	Mutual Fund	**	76,382
	Vanguard Short-Term Bond Index Inv	Mutual Fund	**	313,385
	Vanguard Total Market Index Inv	Mutual Fund	**	49,079
	PIMCO Commodity Real Ret Strat D	Mutual Fund	**	221,303
	Vanguard 500 Index Inv	Mutual Fund	**	54,394
	Vanguard Mid Cap Index Inv	Mutual Fund	**	5,247
	Vanguard Small Cap Value Index Inv	Mutual Fund	**	111,188
	Vanguard Global ex-US Estate Index Inv	Mutual Fund	**	62,302
	Vanguard REIT Index Inv	Mutual Fund	**	298,107
*	American Funds EuroPacific R6	Pooled Separate Account	**	13,133
*	American Funds Cap In Bld R6	Pooled Separate Account	**	1,005,022
*	American Funds New World R6	Pooled Separate Account	**	14,958
*	Oppenheimer Global Fund I	Pooled Separate Account	**	2,662,254
*	Oppenheimer International Growth Fund I	Pooled Separate Account	**	107,921
*	Vanguard Mid-Cap Index Fund Admin	Pooled Separate Account	**	1,681,508
*	Vanguard Small-Cap Index Fund Admin	Pooled Separate Account	**	48,054
*	ClearBridge Small Cap Growth Fund IS	Pooled Separate Account	**	113,077
*	American Funds Growth Funds R6	Pooled Separate Account	**	769,985
*	ClearBridge Aggressive Growth Fund IS	Pooled Separate Account	**	2,677
*	Vanguard 500 Index Fund Admin	Pooled Separate Account	**	216,419
*	Vanguard Life Strategy Growth Fund Inv	Pooled Separate Account	**	1,554
*	American Funds Washington Mutual R6	Pooled Separate Account	**	739
*	Oppenheimer Equity Income Fund I	Pooled Separate Account	**	625,847
*	Oppenheimer Main Street Fund I	Pooled Separate Account	**	534,879
*	American Funds American Balanced R6	Pooled Separate Account	**	13,755
*	Vanguard Target Retirement 2015 Fund Inv	Pooled Separate Account	**	4,119
*	Vanguard Target Retirement 2020 Fund Inv	Pooled Separate Account	**	121,148
*	Vanguard Target Retirement 2025 Fund Inv	Pooled Separate Account	**	6,475
*	Vanguard Target Retirement 2030 Fund Inv	Pooled Separate Account	**	1,439,084
*	Vanguard Target Retirement 2035 Fund Inv	Pooled Separate Account	**	108,639
*	Vanguard Target Retirement 2040 Fund Inv	Pooled Separate Account	**	203,380
*	Vanguard Target Retirement 2045 Fund Inv	Pooled Separate Account	**	74,998
*	Vanguard Target Retirement 2050 Fund Inv	Pooled Separate Account	**	16,121
	Sub-total forward			13,090,521

*Permitted party in interest

**Cost omitted for participant-directed investments

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
EIN: 11-3545588 PLAN NO: 001
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
	Sub-total forwarded			$13,090,521
*	Vanguard Target Retirement 2055 Fund Inv	Pooled Separate Account	**	6,752
*	Vanguard Target Retirement 2060 Fund Inv	Pooled Separate Account	**	1,817
*	Vanguard Life Strategy Conservative Growth Fund Inv	Pooled Separate Account	**	1,726,149
*	Vanguard Life Strategy Moderate Growth Fund Inv.	Pooled Separate Account	**	2,515,832
*	Prudential High Yield Fund Q	Pooled Separate Account	**	20,219
*	PIMCO Real Return Fund Inst	Pooled Separate Account	**	6,559
*	Oppenheimer International Bond Fund	Pooled Separate Account	**	1,659
*	Pioneer Strategic Income Fund K	Pooled Separate Account	**	428,969
*	Voya Intermediate Bond Fund R6	Pooled Separate Account	**	1,392,020
*	Voya Money Market Fund A	Pooled Separate Account	**	3,367
*	Voya Fixed Account	Fixed Income Account	**	150,189
	Air Products & Chemicals Inc.	Common Stock	**	9,758
	Alcoa Inc.	Common Stock	**	61,194
	Linn Energy, LLC	Common Stock	**	2,257
	Noranda Aluminum Holding Corp.	Common Stock	**	1,829
	Praxair Inc.	Common Stock	**	5,120
	Rio Tinto plc	Common Stock	**	87,360
	Vale S.A.	Common Stock	**	62,510
	Breitburn Energy Partners LP	Common Stock	**	659
	BHP Billiton Limited	Common Stock	**	77,280
	Valero Energy Corporation	Common Stock	**	8,839
	Marathon Petroleum Company	Common Stock	**	7,776
	Amazon.com Inc.	Common Stock	**	50,692
	BankUnited Inc.	Common Stock	**	10,818
	BB&T Corporation	Common Stock	**	11,343
	HollyFrontier Corporation	Common Stock	**	7,978
	Nordstrom Inc.	Common Stock	**	7,472
	PayPal Holdings, Inc.	Common Stock	**	10,860
	Pentair PLC	Common Stock	**	9,906
	PJT Partners Inc.	Common Stock	**	1,216
	Prudential Financial Inc.	Common Stock	**	12,212
	Pyxis Tankers Inc.	Common Stock	**	1,014
	Royal Dutch Shell plc Class A	Common Stock	**	45,790
	South 32 Limited	Common Stock	**	4,578
	Synchrony Financial	Common Stock	**	20,131
	The J.M. Smucker Company	Common Stock	**	6,167
	Sub-total forward			19,868,812

*Permitted party in interest

**Cost omitted for participant-directed investments

(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
	Sub-total forwarded			$19,868,812
	Vanguard Consumer Staples ETF	Common Stock	**	152,303
	Vanguard Information Technology ETF	Common Stock	**	146,192
	Vanguard S&P 500 Growth ETF	Common Stock	**	145,292
	V.F. Corporation	Common Stock	**	9,338
	The Walt Disney Company	Common Stock	**	15,762
	Apple Inc.	Common Stock	**	58,946
	BorgWarner Inc.	Common Stock	**	15,131
	Delphi Automotive plc	Common Stock	**	17,146
	Diageo plc	Common Stock	**	10,907
	Ecolab Inc.	Common Stock	**	11,438
	Ford Motor Co.	Common Stock	**	23,953
	General Motors Company	Common Stock	**	23,807
	Haman International Industries, Incorporated	Common Stock	**	9,421
	PepsiCo, Inc.	Common Stock	**	14,988
	Tesla Motors, Inc.	Common Stock	**	1,920
	VeriFone Systems, Inc.	Common Stock	**	11,208
	American Express Company	Common Stock	**	13,910
	AvalonBay Communities Inc.	Common Stock	**	13,810
	Barclays Bank PLC iPath Dow Jones-AIG Commodity	Common Stock	**	966
	Citigroup Inc.	Common Stock	**	51,750
	Credit Suisse Group AG	Common Stock	**	55,526
	HSBC Holdings plc	Common Stock	**	118,410
	iShares 1-3 Year Treasury Bond	Common Stock	**	420,788
	iShares 3 Year International Treasury Bond ETF	Common Stock	**	226,969
	iShares International Treasury Bond	Common Stock	**	40,800
	iShares Micro-Cap	Common Stock	**	45,063
	iShares Russell 1000	Common Stock	**	60,054
	iShares Russell 1000 Value	Common Stock	**	38,165
	iShares Russell 2000 Value	Common Stock	**	51,303
	iShares TIPS Bond	Common Stock	**	145,107
	JPMorgan Chase & Co.	Common Stock	**	16,508
	MasterCard Incorporated	Common Stock	**	9,736
	ProShares UltraShort Financials	Common Stock	**	5,733
	SPDR DB International Government Inflation Protection Bond ETF	Common Stock	**	403,333
	The Blackstone Group L.P.	Common Stock	**	51,170
	U.S. Bancorp	Common Stock	**	8,534
	Sub-total forward			22,314,199

*Permitted party in interest

**Cost omitted for participant-directed investments

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
EIN: 11-3545588 PLAN NO: 001
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
	Sub-total forwarded			$22,314,199
	Vanguard Consumer Discretionary ETF	Common Stock	**	153,190
	Vanguard Dividend Appreciation ETF	Common Stock	**	138,412
	Vanguard FTSE Europe ETF	Common Stock	**	4,988
	Vanguard Mid-Cap ETF	Common Stock	**	153,741
	Vanguard REIT ETF	Common Stock	**	231,615
	Vanguard S&P 500 ETF	Common Stock	**	427,882
	Vanguard Small-Cap ETF	Common Stock	**	355,485
	Vanguard Small Cap Value ETF	Common Stock	**	202,478
	Vanguard Total International Stock ETF	Common Stock	**	100,595
	Vanguard Value ETF	Common Stock	**	217,087
	Vanguard FTSE Emerging Markets ETF	Common Stock	**	10,860
	Visa Inc.	Common Stock	**	15,510
	KKR & Co. L.P.	Common Stock	**	6,236
	MetLife, Inc.	Common Stock	**	16,874
	The Toronto-Dominion Bank	Common Stock	**	117,510
	Vanguard FTSE Developed Markets ETS	Common Stock	**	15,569
	Vanguard FTSE All-World ex-US Small-Cap ETF	Common Stock	**	21,360
	Vanguard Total International Bond	Common Stock	**	29,084
	Vanguard Short-Term Inflation-Protected	Common Stock	**	50,768
	Amgen Inc.	Common Stock	**	16,233
	Illumina Inc.	Common Stock	**	19,195
	Merck & Co., Inc.	Common Stock	**	7,923
	Novartis AG	Common Stock	**	8,604
	Thermo Fisher Scientific Inc.	Common Stock	**	14,185
	Celgene Corporation	Common Stock	**	11,976
	Vanguard Health Care ETF	Common Stock	**	126,236
	Sanofi	Common Stock	**	6,398
	Danaher Corp.	Common Stock	**	13,932
	Eaton Corporation Plc	Common Stock	**	7,806
	General Electric Company	Common Stock	**	17,133
	Honeywell International Inc.	Common Stock	**	10,357
	Illinois Tool Works Inc.	Common Stock	**	9,268
	Stericycle, Inc.	Common Stock	**	6,030
	DigitalGlobe, Inc.	Common Stock	**	9,396
	Delta Air Lines, Inc.	Common Stock	**	30,414
	Dunkin' Brands Group, Inc.	Common Stock	**	10,648
	eBay Inc.	Common Stock	**	8,244
	Sub-total forward			24,917,421

*Permitted party in interest

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	Sub-total forwarded			$24,917,421
	Hain Celestial Group, Inc.	Common Stock	**	8,078
	Luxottica Group SpA	Common Stock	**	9,729
	Qiagen NV	Common Stock	**	16,590
	Southwest Airlines Co.	Common Stock	**	12,918
	Starbucks Corporation	Common Stock	**	12,006
	United Continental Holdings	Common Stock	**	22,920
	Verisk Analytics, Inc.	Common Stock	**	9,610
	Yum! Brands, Inc.	Common Stock	**	14,610
	Air Lease Corporation	Common Stock	**	16,740
	The Advisory Board Company	Common Stock	**	9,922
	XPO Logistics, Inc.	Common Stock	**	13,625
	Whole Foods Market, Inc.	Common Stock	**	11,725
	Accenture PLC	Common Stock	**	20,900
	Cemer Corporation	Common Stock	**	18,051
	Cisco Systems, Inc.	Common Stock	**	16,293
	Equinix, Inc.	Common Stock	**	23,606
	Facebook, Inc.	Common Stock	**	324,446
	Google Inc. Cl A	Common Stock	**	15,560
	IHS Inc.	Common Stock	**	14,804
	International Business Machines Corporation	Common Stock	**	55,048
	Microchip Technology Inc.	Common Stock	**	9,308
	Microsoft Corporation	Common Stock	**	16,644
	QUALCOMM Incorporated	Common Stock	**	17,495
	Yahoo! Inc.	Common Stock	**	9,978
	Google Inc. Cl C	Common Stock	**	56,916
	Manhattan Associates, Inc.	Common Stock	**	13,234
	NCR Corporation	Common Stock	**	12,230
	Nielsen Holdings PLC	Common Stock	**	13,980
	Premier, Inc.	Common Stock	**	7,054
	Stratasys Ltd.	Common Stock	**	7,044
	TD Ameritrade Holding Corp.	Common Stock	**	12,149
	Total			25,740,634
	Notes receivable from participants (interest rate at 4.25%) due through 2020		0	260,056
	TOTAL			$26,000,690

*Permitted party in interest

**Cost omitted for participant-directed investments

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
Main Street Radiology Retirement Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

2a Plan sponsor's name (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)
Main Street Radiology at Bayside, LLC

32-25 Francis Lewis Blvd.

Bayside NY 11358

2b Employer Identification Number (EIN)
11-3545588

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

2d Business code (see instructions)
541990

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

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

SIGN HERE	Kenneth Seedorf	10/14/16	Kenneth Seedorf
	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 [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**	207
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)**	199
a(2) Total number of active participants at the end of the plan year	**6a(2)**	199
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	48
d Subtotal. Add lines 6a(2), 6b, and 6c.	**6d**	247
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	00
f Total. Add lines 6d and 6e	**6f**	247
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	214
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [X] **A** (Insurance Information) — 1

(4) [X] **C** (Service Provider Information)

(5) [X] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN

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

EIN: 11-3545588 PLAN NO: 001

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
	TDAM Money Market Portfolio	Money Market Fund	**	$1,153,010
	Payden Global Low Duration Fund	Mutual Fund	**	353,648
	Vanguard Inflation-Protected Secs Inv	Mutual Fund	**	449,493
	Vanguard International Explorer Inv	Mutual Fund	**	110,001
	Vanguard U.S. Value Inv	Mutual Fund	**	10,887
	Vanguard Interm-Term Bond Index Inv	Mutual Fund	**	36,349
	Vanguard Short-Term Bond Index Admiral	Mutual Fund	**	76,382
	Vanguard Short-Term Bond Index Inv	Mutual Fund	**	313,385
	Vanguard Total Market Index Inv	Mutual Fund	**	49,079
	PIMCO Commodity Real Ret Strat D	Mutual Fund	**	221,303
	Vanguard 500 Index Inv	Mutual Fund	**	54,394
	Vanguard Mid Cap Index Inv	Mutual Fund	**	5,247
	Vanguard Small Cap Value Index Inv	Mutual Fund	**	111,188
	Vanguard Global ex-US Estate Index Inv	Mutual Fund	**	62,302
	Vanguard REIT Index Inv	Mutual Fund	**	298,107
*	American Funds EuroPacific R6	Pooled Separate Account	**	13,133
*	American Funds Cap In Bld R6	Pooled Separate Account	**	1,005,022
*	American Funds New World R6	Pooled Separate Account	**	14,958
*	Oppenheimer Global Fund I	Pooled Separate Account	**	2,662,254
*	Oppenheimer International Growth Fund I	Pooled Separate Account	**	107,921
*	Vanguard Mid-Cap Index Fund Admin	Pooled Separate Account	**	1,681,508
*	Vanguard Small-Cap Index Fund Admin	Pooled Separate Account	**	48,054
*	ClearBridge Small Cap Growth Fund IS	Pooled Separate Account	**	113,077
*	American Funds Growth Funds R6	Pooled Separate Account	**	769,985
*	ClearBridge Aggressive Growth Fund IS	Pooled Separate Account	**	2,677
*	Vanguard 500 Index Fund Admin	Pooled Separate Account	**	216,419
*	Vanguard Life Strategy Growth Fund Inv	Pooled Separate Account	**	1,554
*	American Funds Washington Mutual R6	Pooled Separate Account	**	739
*	Oppenheimer Equity Income Fund I	Pooled Separate Account	**	625,847
*	Oppenheimer Main Street Fund I	Pooled Separate Account	**	534,879
*	American Funds American Balanced R6	Pooled Separate Account	**	13,755
*	Vanguard Target Retirement 2015 Fund Inv	Pooled Separate Account	**	4,119
*	Vanguard Target Retirement 2020 Fund Inv	Pooled Separate Account	**	121,148
*	Vanguard Target Retirement 2025 Fund Inv	Pooled Separate Account	**	6,475
*	Vanguard Target Retirement 2030 Fund Inv	Pooled Separate Account	**	1,439,084
*	Vanguard Target Retirement 2035 Fund Inv	Pooled Separate Account	**	108,639
*	Vanguard Target Retirement 2040 Fund Inv	Pooled Separate Account	**	203,380
*	Vanguard Target Retirement 2045 Fund Inv	Pooled Separate Account	**	74,998
*	Vanguard Target Retirement 2050 Fund Inv	Pooled Separate Account	**	16,121
	Sub-total forward			13,090,521

*Permitted party in interest

**Cost omitted for participant-directed investments

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
EIN: 11-3545588 PLAN NO: 001
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
	Sub-total forwarded			$13,090,521
*	Vanguard Target Retirement 2055 Fund Inv	Pooled Separate Account	**	6,752
*	Vanguard Target Retirement 2060 Fund Inv	Pooled Separate Account	**	1,817
*	Vanguard Life Strategy Conservative Growth Fund Inv	Pooled Separate Account	**	1,726,149
*	Vanguard Life Strategy Moderate Growth Fund Inv.	Pooled Separate Account	**	2,515,832
*	Prudential High Yield Fund Q	Pooled Separate Account	**	20,219
*	PIMCO Real Return Fund Inst	Pooled Separate Account	**	6,559
*	Oppenheimer International Bond Fund	Pooled Separate Account	**	1,659
*	Pioneer Strategic Income Fund K	Pooled Separate Account	**	428,969
*	Voya Intermediate Bond Fund R6	Pooled Separate Account	**	1,392,020
*	Voya Money Market Fund A	Pooled Separate Account	**	3,367
*	Voya Fixed Account	Fixed Income Account	**	150,189
	Air Products & Chemicals Inc.	Common Stock	**	9,758
	Alcoa Inc.	Common Stock	**	61,194
	Linn Energy, LLC	Common Stock	**	2,257
	Noranda Aluminum Holding Corp.	Common Stock	**	1,829
	Praxair Inc.	Common Stock	**	5,120
	Rio Tinto plc	Common Stock	**	87,360
	Vale S.A.	Common Stock	**	62,510
	Breitburn Energy Partners LP	Common Stock	**	659
	BHP Billiton Limited	Common Stock	**	77,280
	Valero Energy Corporation	Common Stock	**	8,839
	Marathon Petroleum Company	Common Stock	**	7,776
	Amazon.com Inc.	Common Stock	**	50,692
	BankUnited Inc.	Common Stock	**	10,818
	BB&T Corporation	Common Stock	**	11,343
	HollyFrontier Corporation	Common Stock	**	7,978
	Nordstrom Inc.	Common Stock	**	7,472
	PayPal Holdings, Inc.	Common Stock	**	10,860
	Pentair PLC	Common Stock	**	9,906
	PJT Partners Inc.	Common Stock	**	1,216
	Prudential Financial Inc.	Common Stock	**	12,212
	Pyxis Tankers Inc.	Common Stock	**	1,014
	Royal Dutch Shell plc Class A	Common Stock	**	45,790
	South 32 Limited	Common Stock	**	4,578
	Synchrony Financial	Common Stock	**	20,131
	The J.M. Smucker Company	Common Stock	**	6,167
	Sub-total forward			19,868,812

*Permitted party in interest

**Cost omitted for participant-directed investments

(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
	Sub-total forwarded			$19,868,812
	Vanguard Consumer Staples ETF	Common Stock	**	152,303
	Vanguard Information Technology ETF	Common Stock	**	146,192
	Vanguard S&P 500 Growth ETF	Common Stock	**	145,292
	V.F. Corporation	Common Stock	**	9,338
	The Walt Disney Company	Common Stock	**	15,762
	Apple Inc.	Common Stock	**	58,946
	BorgWarner Inc.	Common Stock	**	15,131
	Delphi Automotive plc	Common Stock	**	17,146
	Diageo plc	Common Stock	**	10,907
	Ecolab Inc.	Common Stock	**	11,438
	Ford Motor Co.	Common Stock	**	23,953
	General Motors Company	Common Stock	**	23,807
	Haman International Industries, Incorporated	Common Stock	**	9,421
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	JPMorgan Chase & Co.	Common Stock	**	16,508
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	SPDR DB International Government Inflation Protection Bond ETF	Common Stock	**	403,333
	The Blackstone Group L.P.	Common Stock	**	51,170
	U.S. Bancorp	Common Stock	**	8,534
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**Cost omitted for participant-directed investments

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
EIN: 11-3545588 PLAN NO: 001
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	Sub-total forwarded			$24,917,421
	Hain Celestial Group, Inc.	Common Stock	**	8,078
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	Manhattan Associates, Inc.	Common Stock	**	13,234
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	Total			25,740,634
	Notes receivable from participants (interest rate at 4.25%) due through 2020		0	260,056
	TOTAL			$26,000,690

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