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
IMAGING HEALTHCARE SPECIALISTS, LLC 401(K) SALARY SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1992

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)
IMAGING HEALTHCARE SPECIALISTS, LLC

150 W WASHINGTON STREET
SAN DIEGO, CA 92103

2b Employer Identification Number (EIN)
20-3872122

2c Plan Sponsor's telephone number
866-558-4320

2d Business code (see instructions)
621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2016	ELISA GOLDBERG
	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**	311
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)**	228
a(2) Total number of active participants at the end of the plan year	**6a(2)**	270
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	69
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	339
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	339
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	285
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2H 2J 2R 2S 2T

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

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

A Name of plan IMAGING HEALTHCARE SPECIALISTS, LLC 401(K) SALARY SAVINGS PLAN	**B** Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 IMAGING HEALTHCARE SPECIALISTS, LLC	**D** Employer Identification Number (EIN) 20-3872122

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).. . . . . ☐ Yes ☒ No

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

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

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

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

MG TRUST COMPANY DBA MATRIX TRUST C

75-3182674

(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?
15 16 19 21 25 36 37 38 50 60 62 64 65	TRUSTEE/RECORD KEEPER	154359	Yes [X] No [ ]	Yes [X] No [ ]	61471	Yes [X] 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
MG TRUST COMPANY DBA MATRIX TRUST C	62	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MG TRUST COMPANY DBA MATRIX TRUST C 75-3182674	OPERATIONAL ACCOUNTS HELD WITH M&T BANK AND JP MORGAN CHASE N.A. MAY GENERATE FLOAT EARNINGS AT A RATE COMPARABLE TO THE EFFECTIVE FEDERAL FUNDS RATE (EST. 0.25% TO 0.50%).

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MG TRUST COMPANY DBA MATRIX TRUST C	68	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MG TRUST COMPANY DBA MATRIX TRUST C 75-3182674	MATRIX TRUST RECEIVES QUARTERLY, IN ARREARS, AN AMOUNT EQUAL TO 0.015% OF THE AVERAGE ASSETS HELD IN TDAMERITRADE ACCOUNTS DURING THE QUARTER.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TD AMERITRADE, INC.	59 60 63 68	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TD AMERITRADE, INC. 82-0543156	MAY RECEIVE REVENUE FROM THE FUNDS ANNUALLY NOT EXCEEDING 1% (12B-1), .25% TO .40% (SHAREHOLDER SERVICING), $3 TO $19 OR .10% TO .45% (SUBTA). MONTHLY FEE OF $300 MAY APPLY. TDA MAY RECEIVE FEES FROM FUND AFFILIATES (GENERAL MAX RATE OF .15%).

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
TD AMERITRADE, INC.	59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TD AMERITRADE, INC. 82-0543156	FEES OF UP TO AN AGGREGATE OF ~80BPS ARE PAID TO TD AMERITRADE FOR SWEEP, SUBDISTRIBUTION, SHAREHOLDER SERVICES, SUBTRANSFER AGENCY, RECORDKEEPING, AND ADMINISTRATIVE SERVICES. THE AMOUNT PAID MAY INCLUDE 12B-1 FEES.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TD AMERITRADE, INC.	68	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TD AMERITRADE, INC. 82-0543156	ORDER-FLOW PAYMENTS RECEIVED BY TDA RANGE FROM ~$.0005 TO ~$.0040/SHARE, AND $.40 TO $.50/OPTION CONTRACT. SWEEP VEHICLE FEE PAYMENTS, INCLUDING 12B-1 FEES, UP TO ~80BPS MAY BE PAID TO TDA.

(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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

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

A Name of plan
IMAGING HEALTHCARE SPECIALISTS, LLC 401(K) SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
IMAGING HEALTHCARE SPECIALISTS, LLC

D Employer Identification Number (EIN)
20-3872122

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	1154	1331
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1278906	466978
(2) Participant contributions	1b(2)	43058	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2323531	262235
(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)	223341	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	37595	0
(B) Common	1c(4)(B)	8262073	2497497
(5) Partnership/joint venture interests	1c(5)	116960	11371
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	473721	352308
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	28457604	15738838
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	20372	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	41238315	19330558
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	41238315	19330558

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)	466978	
(B) Participants	2a(1)(B)	955928	
(C) Others (including rollovers)	2a(1)(C)	28458	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1451364
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	270	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	5381	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	17704	
(F) Other	2b(1)(F)	3058	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		26413
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	949	
(B) Common stock	2b(2)(B)	106009	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1014775	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1121733
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	5625795	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5819663	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-193868
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	14014	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		14014

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-721962
c Other income	2c		-1200
d Total income. Add all **income** amounts in column (b) and enter total	2d		1696494
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9604448	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		9604448
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	43753	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	110605	
(4) Other	2i(4)	115	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		154473
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9758921
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-8062427
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		13845330

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CONSIDINE & CONSIDINE **(2)** EIN: 95-2694444

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
RADIOLOGY MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN	33-0735247	004

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
IMAGING HEALTHCARE SPECIALISTS, LLC 401(K) SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
IMAGING HEALTHCARE SPECIALISTS, LLC

D Employer Identification Number (EIN)
20-3872122

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): 27-1228437 75-3182674

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: 0.0% 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

IMAGING HEALTHCARE SPECIALISTS, LLC
401(K) SALARY SAVINGS PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014

IMAGING HEALTHCARE SPECIALISTS, LLC 401(K) SALARY SAVINGS PLAN

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	- Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	18 - 31

CONSIDINE & CONSIDINE
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Retirement Administrative Committee of
the Imaging Healthcare Specialists, LLC 401(k) Salary Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Imaging Healthcare Specialists, LLC 401(k) Salary Savings Plan which comprise the statements of net assets available for plan benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

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

Department of Labor Rules and Regulations and generally accepted accounting principles require plan investments to be valued at fair value as of the end of the Plan year. As described in Note 5, investments totaling $13,396 and $21,121 (0.07% and 0.06% of net assets available for benefits, respectively) as of December 31, 2015 and 2014, have been valued at estimated fair value as determined by the Retirement Administrative Committee. Plan management does not have adequate procedures to properly value certain investments as of year end and therefore these investments may not be presented in compliance with Department of Labor Rules and Regulations or in conformity with generally accepted accounting principles. The effects on the financial statements and supplemental schedules of not applying adequate procedures to determine the fair value of these investments has not been determined.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of or for the year ended December 31, 2015 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Considine & Considine

CONSIDINE & CONSIDINE
An Accountancy Corporation

October 13, 2016

IMAGING HEALTHCARE SPECIALISTS, LLC 401(K) SALARY SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2015 AND 2014

	2015	2014
ASSETS		
INVESTMENTS AT FAIR VALUE		
Nonsegregated (Notes 4 and 6)	$ 14,417,715	$ 32,131,959
Segregated (Notes 4 and 6)	4,072,613	7,193,711
Segregated - Partnerships and Other Assets (Notes 4, 5 and 6)	22,969	116,960
	18,513,297	39,442,630
RECEIVABLES		
Employer Contributions	522,065	1,278,906
Employee Contributions	-	43,058
Notes Receivable from Participants (Note 4)	352,308	473,721
	874,373	1,795,685
TOTAL ASSETS	19,387,670	41,238,315
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 19,387,670	$ 41,238,315

See Accompanying Notes

IMAGING HEALTHCARE SPECIALISTS, LLC 401(K) SALARY SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

	2015	2014
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME		
Net (Depreciation)/Appreciation in Fair Value of Investments (Notes 4 and 5)	$ (896,533)	$ 227,149
Interest and Dividends	1,130,698	1,988,749
Other Income	9,034	42,930
Investment Advisory Fees	(110,605)	(89,792)
	132,594	2,169,036
Interest Income on Notes Receivable from Participants (Note 4)	18,184	18,119
CONTRIBUTIONS		
Employee	955,926	1,251,963
Employer	522,065	1,278,906
Rollover	28,458	-
	1,506,449	2,530,869
TOTAL ADDITIONS	1,657,227	4,718,024
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants (Note 1)	23,463,484	11,485,667
Administration Fees	44,388	63,293
	23,507,872	11,548,960
NET DECREASE	(21,850,645)	(6,830,936)
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
BEGINNING OF YEAR	41,238,315	48,069,251
END OF YEAR	$ 19,387,670	$ 41,238,315

See Accompanying Notes

NOTE 1 DESCRIPTION OF PLAN

The following description of the Imaging Healthcare Specialists, LLC 401(k) Salary Savings Plan ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan is a defined contribution plan established and sponsored by Imaging Healthcare Specialists, LLC (the "Company"). The Plan was established on January 1, 1992 to enable eligible employees to share in the Company's earnings and permit employees to make pre-tax contributions to the Plan; thereby, providing employees with an opportunity to accumulate funds for their retirement. The Plan Trustee has the authority and responsibility for the management and investment of plan assets. The Plan is administered by the Plan's Retirement Administrative Committee. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

During April 2015, there was a Company ownership change that resulted in the Plan being amended ("2015 Plan Amendment") to remove two previously included commonly owned entities. Participant distributions from these entities are included in benefits paid to participants on the Statements of Changes in Net Assets Available for Benefits.

ELIGIBILITY

An employee is eligible to participate in the profit sharing portion of the Plan on the earliest of either January 1 or July 1, following the completion of twelve consecutive months of service with 1,000 hours of service or greater. A participant must be employed as of the last day of the Plan year in order to share in any contributions, unless termination was due to death, disability, or retirement.

An employee is eligible to participate in the employee elective deferral portion of the Plan on the first January 1, April 1, July 1, or October 1, following the completion of three consecutive months of service with not less than 250 hours of service.

An employee is not eligible to participate in the Plan if the employee is a member of a collective bargaining agreement with the Company or is a nonshareholder employee of Physician Radiology Medical Group, Inc.

NOTE 1 DESCRIPTION OF PLAN (Continued)

CONTRIBUTIONS

Contributions to the Plan are as follows:

1) Employee Contributions - Participants may elect to contribute up to 100% of compensation received from the Company for the portion of the Plan year in which the employee was a participant, subject to the Internal Revenue Service annual maximum limit of $18,000 and $17,500 ($24,000 and $23,000 for participants age 50 or older) in 2015 and 2014, respectively.

2) Rollover Contributions - The Plan allows for participants in a former employer's qualified plan to contribute direct rollovers to this plan.

3) Non-elective Employer Contributions - Each year, as of the last day of the Plan year, discretionary contributions made by the Company will be allocated, as defined in the Plan, to eligible participants. This contribution is determined annually by the Company's Retirement Administrative Committee. Non-elective Employer Contributions totaled $522,065 and $1,278,906 for the years ended December 31, 2015 and 2014, respectively.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution, an allocation of the Company's contributions, the Plan earnings or losses, and charged with an allocation of administrative expenses. Allocations are based on the participant's compensation or account balance, as defined in the Plan. 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 PLAN (Continued)

VESTING

Participants are 100% vested in their deferral contributions and rollover contributions. Non-elective employer contributions, including earnings, vest at the following rates:

Years of Service	% Vested
2 Years	20%
3 Years	40%
4 Years	60%
5 Years	80%
6 Years	100%

A participant is 100% vested in their employer contributions upon events such as death, permanent disability, or reaching normal retirement age.

NOTES RECEIVABLE FROM PARTICIPANTS

A participant may borrow from his/her 401(k) account. The loan is available only from the elective employee contributions. The amount of the loan may not exceed the lesser of $50,000 or one half of the participant's vested account balance. The loans are secured by the balance in the participant's account and bear an interest rate of 4.25% which is commensurate with similar loans from commercial lending institutions.

NOTE 1 DESCRIPTION OF PLAN (Continued)

PAYMENT OF BENEFITS

The Plan provides for benefits to be distributed in periodic installments, in a lump sum, or a combination thereof, or may be deferred to a later time. Participants are entitled to receive the full value of their vested benefits when they retire, die, or become permanently disabled. Participants who terminate employment for any other reason are entitled to the value of their vested interest.

Participants may withdraw any or all of their salary deferred account balances at any time during the Plan year provided certain hardship conditions, as defined in the Plan, have been met.

In the event of a mandatory distribution greater than $1,000, but no more than $5,000, in accordance with the payment provisions of the Plan, if the Participant does not elect to have such distributions paid directly to an eligible retirement plan specified by the Participant in a direct rollover or to receive the distribution directly under any form of payment allowed under the Plan, then the distribution will be paid in a direct rollover to an individual retirement plan designated by the plan administrator. Mandatory distributions of $1,000 or less will continue to be paid in cash as directed by the plan administrator, unless the Participant elects a direct rollover or elects to receive the distribution under another form permitted by the Plan.

ADMINISTRATIVE EXPENSES

Direct fees and expenses related to the operation of the Plan may be paid with forfeitures. Expenses not covered by forfeitures are paid from plan assets. Substantially all of the administrative expenses of the Plan were paid by the Plan for the years ended December 31, 2015 and 2014. Amounts totaling $44,388 and $63,293, were paid directly by the plan for fees and expenses relating to the operation of the Plan for the years ended December 31, 2015 and 2014, respectively.

FORFEITED ACCOUNTS

The Plan provides that forfeited amounts in participants' Company contribution accounts are used to reduce future contributions of the Company or pay administrative expenses at the discretion of the Retirement Administrative Committee. During 2015 and 2014, there were $55,087 and $49,183, respectively, of forfeitures used to reduce employer contributions. As of December 31, 2015 and 2014, there were $0 of unallocated forfeitures.

NOTE 1 DESCRIPTION OF PLAN (Continued)

INVESTMENT OPTIONS

All participants may segregate their funds or choose from the investment alternatives in the trust established by the Retirement Administrative Committee. There are no non-participant directed investments. All earnings and losses are credited directly to the participants' accounts.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared using the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America (GAAP).

Estimates - The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are valued at current market value or estimated fair value as certified by the institution that holds the Plan's assets as an investment manager and are under the custody of the Plan's trustee. The limited partnership interests are valued using fair value and are not certified by the Plan's trustee. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair Value Measurement - The Plan follows accounting standards consistent with the FASB codification which defines fair value, establishes a framework for measuring fair value and enhances disclosures about fair value measurements for all financial assets and liabilities.

Notes Receivable from Participants - Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Payment of Benefits - Benefits are recorded when paid.

Income Taxes - The pension plan is tax exempt under the Internal Revenue Code Section 401(A) and consequently pays no income tax.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The Plan obtained its latest determination letter on March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan follows accounting standards for uncertainty in income taxes recognized in the Plan's financial statements and prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. It also provides guidance on derecognition and measurement of a tax position taken or to be taken in a tax return. As of December 31, 2015 and 2014, the Plan has not accrued interest or penalties related to uncertain tax positions. The Plan files tax returns in the U.S. Federal jurisdiction.

NOTE 3 PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, the rights of all employees to account balances accrued to the date of the termination are fully vested and non-forfeitable.

NOTE 4 INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The Company has obtained certification from City National Bank (“CNB”), the trustee of the Plan, that all of the information provided to the Company by CNB is complete and accurate. CNB certification applies to substantially all of the Plan’s investment assets, transactions, and supplemental schedules. CNB reports such information primarily on the cash basis while the accompanying financial statements and supplemental schedules are presented on the accrual basis. Therefore, certain amounts reflected in the financial statements and supplemental schedules may differ from the information certified by CNB.

NOTE 4 INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE (Continued)

The December 31, 2015 and 2014 Statements of Net Assets Available for Plan Benefits, the investment activities included on the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2015 and 2014, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by CNB in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The following is information certified by CNB, which is included in the Statements of Net Assets Available for Benefits as of December 31, 2015 and 2014:

	2015	2014
Notes Receivable from Participants	$ 352,308	$ 473,721

	2015	2014
Investments at Fair Value:		
Mutual Funds	$ 14,770,147	$ 28,457,604
Equities	2,487,924	8,299,668
Cash and Cash Equivalents	1,232,257	2,324,685
Partnerships	9,573	95,839
Corporate Obligations	-	223,341
Other Assets	-	20,372
	$ 18,499,901	$ 39,421,509

	2015	2014
Investment Income:		
Net Change in Fair Value of Investments	$ (888,808)	$ 399,453
Interest and Dividends	1,130,698	1,988,749
Interest on Notes Receivable from Participants	18,184	18,119
Other Income	9,034	42,930
Investment Fees	(110,605)	(89,792)
	$ 158,503	$ 2,359,459

NOTE 4 INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE (Continued)

During 2015 and 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the years) (depreciated)/appreciated in value as follows:

	2015	2014
Equities	$ (149,497)	$ 425,290
Partnerships	(14,006)	(1,123)
Mutual Funds	(724,323)	(10,682)
Corporate Obligations	(982)	(14,032)
	$ (888,808)	$ 399,453

The following certified investments represent more than 5% of net assets available for plan benefits at December 31, 2015:

Dreyfus S&P 500 Index	$ 1,048,744
Vanguard Interm Term Invst Grade Admiral	1,014,140
	$ 2,062,884

The following certified investments represent more than 5% of net assets available for plan benefits at December 31, 2014:

William Blair Small Mid C	$ 2,473,410
Vanguard Interm Term Invs	2,387,893
City National Rochdale	2,166,629
	$ 7,027,933

NOTE 5 INVESTMENTS PREPARED AND UNCERTIFIED BY THE TRUSTEE

City National Bank attempts to determine the fair market value of certain segregated funds based on the tax basis of the interest. The following is a summary of the value of investments:

	Cost	Fair Value
Investments at Estimated Fair Value at December 31, 2015:		
Prime Steaks III, LLC	$ 50,000	$ 13,396

	Cost	Fair Value
Investments at Estimated Fair Value at December 31, 2014:		
Prime Steaks III, LLC	$ 50,000	$ 21,121

NOTE 5 INVESTMENTS PREPARED AND UNCERTIFIED BY THE TRUSTEE (Continued)

During the years ended December 31, 2015 and 2014, the Plan's uncertified investments (including investments bought, sold and held during the year) depreciated in value as follows:

	2015	2014
Prime Steaks III, LLC	$ (7,725)	$ 2,696
Premiere Equity Development Fund, LLC	-	(75,000)
CalPacific Equity Fund, LLC	-	(100,000)
	$ (7,725)	$ (172,304)

NOTE 6 FAIR VALUE MEASUREMENT

The Plan follows the methods of fair value measurement to value its financial assets and liabilities. Fair value is based on 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. In order to increase consistency and comparability in fair value measurements, a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels has been established, which are described below:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in inactive markets; or model-derived valuations in which all significant inputs are observable or can be derived principally from or corroborated with observable market data.

Level 3: Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

Mutual Funds, Equities, Publicly Traded Partnerships and Cash and Cash Equivalents: The shares are valued at quoted market prices in an exchange and active market, which represent the net asset values of shares held by the Plan at year end and are classified as Level 1 investments.

Government and Agencies, Corporate Bonds and Other Assets: These are valued using a bid-evaluation method which compares the corroborated indicative quotes and other observable market-based data and are classified as Level 2 investments.

NOTE 6 FAIR VALUE MEASUREMENT (Continued)

Non-Publicly Traded Partnerships: These partnership investments are valued at estimated fair market value by the Plan's retirement administrative committee on an annual basis and are classified as Level 3 investments.

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

The following table presents the Plan's investments on the statement of net assets available for benefits measured at fair value on a recurring basis by level within the valuation hierarchy as of December 31, 2015:

	Level 1	Level 2	Level 3	Total
Assets				
Mutual Funds				
Equity Funds	$ 8,556,758	$ -	$ -	8,556,758
Debt Funds	3,319,561	-	-	3,319,561
Asset Allocation	2,893,828	-	-	2,893,828
Equities				
Common Stocks	2,399,108	-	-	2,399,108
REIT	88,816	-	-	88,816
Cash and Cash Equivalents	1,232,257	-	-	1,232,257
Partnerships	9,573	-	13,396	22,969
	$ 18,499,901	$ -	$ 13,396	$ 18,513,297

The following sets forth a summary of changes in the fair value of the Plan's partnership investments classified within Level 3 for the year ended December 31, 2015:

	Partnerships
Balance at December 31, 2014	$ 21,121
Gains or Losses (Realized/Unrealized) Included in Earnings	(7,725)
Purchases	-
Issuances	-
Settlements	-
Transfers In/Out of Level 3	-
Balance at December 31, 2015	$ 13,396

NOTE 6 FAIR VALUE MEASUREMENT (Continued)

The following table presents the Plan's investments on the statement of net assets available for benefits measured at fair value on a recurring basis by level within the valuation hierarchy as of December 31, 2014:

	Level 1	Level 2	Level 3	Total
Assets				
Mutual Funds				
Equity Funds	$ 16,963,503	$ -	$ -	$ 16,963,503
Debt Funds	6,497,050	-	-	6,497,050
Asset Allocation	4,997,051	-	-	4,997,051
Equities				
Common Stocks	8,023,772	-	-	8,023,772
REIT	238,301	-	-	238,301
Preferred Stock	37,595	-	-	37,595
Cash and Cash Equivalents	2,324,685	-	-	2,324,685
Partnerships	95,839	-	21,121	116,960
Corporate Obligations				
Domestic	-	113,515	-	113,515
Global	-	109,826	-	109,826
Other Assets	-	20,372	-	20,372
	$ 39,177,796	$ 243,713	$ 21,121	$ 39,442,630

The following sets forth a summary of changes in the fair value of the Plan's partnership investments classified within Level 3 for the year ended December 31, 2014:

	Partnerships
Balance at December 31, 2013	$ 193,425
Gains or Losses (Realized/Unrealized) Included in Earnings	(172,304)
Purchases	-
Issuances	-
Settlements	-
Transfers In/Out of Level 3	-
Balance at December 31, 2014	$ 21,121

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 Plan Benefits.

NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by the trustee, City National Bank, which qualifies these transactions as party-in-interest transactions. Administrative fees incurred by the Plan to City National Bank totaled $43,754 and $61,184 for the years ended December 31, 2015 and 2014, respectively. The Company also pays certain administrative fees of the Plan, which are not reimbursed. In addition the Company provides administrative services to the Plan at no cost to the Plan.

NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of total administration fees per the financial statements for the year December 31, 2015 and 2014 to Form 5500:

	2015	2014
Administration Fees per the Financial Statements	$ 154,993	$ 153,085
Accrued Administration Fees	-	21,061
Administrative Fees per Form 5500	$ 154,993	$ 174,146

NOTE 10 SUBSEQUENT EVENTS

The Company has evaluated subsequent events through October 13, 2016, the date which the financial statements were available to be issued. There were no material subsequent events which affected the amounts or disclosures in the financial statements.

IMAGING HEALTHCARE SPECIALISTS, LLC 401(K) SALARY SAVINGS PLAN
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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2015

Plan Sponsor's EIN: 20-3872122
Plan Number: 003

(a)	(b) Identity of issuer, 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
	Dreyfus S&P 500 Index	Mutual Fund	**	$ 1,048,744
	Vanguard Interm Term Invst Grade Admiral	Mutual Fund	**	1,014,140
*	City National Rochdale Prime Money Market Fund	Money Market	**	886,208
	William Blair Small Mid Cap	Mutual Fund	**	877,119
	William Blair Growth	Mutual Fund	**	786,859
	American Balanced Fund	Mutual Fund	**	641,977
	Prudential Total Ret Bond	Mutual Fund	**	617,608
*	City National Rochdale Government Bond Fund	Mutual Fund	**	454,946
	Columbia Value & Restructuring	Mutual Fund	**	453,663
	Fidelity Advisor Freedom 2045	Mutual Fund	**	453,294
	T Rowe Price Blue Chip	Mutual Fund	**	387,491
	Dreyfus Midcap Index	Mutual Fund	**	385,406
	Fidelity Adv H/I Advant	Mutual Fund	**	374,376
	Eagle Small Cap Growth	Mutual Fund	**	330,695
	Amer Funds Europac R4	Mutual Fund	**	321,046
	Fidelity Adv Freedom 2040	Mutual Fund	**	319,542
	Janus Enterprise Fund	Mutual Fund	**	294,592
	John Hancock III Discpln	Mutual Fund	**	273,079
	Templeton Global Bond	Mutual Fund	**	269,197
	Columbia Acorn International Fund	Mutual Fund	**	241,506
	Harbor Intl Growth	Mutual Fund	**	240,052
	Fidelity Adv Freedom 2030	Mutual Fund	**	215,507

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DECEMBER 31, 2015

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	Fidelity Advisor Freedom 2020	Mutual Fund	**	214,815
	Deutsche Real Estate Securities Fund	Mutual Fund	**	213,169
	JPMorgan Large Cap Growth Fund Select	Mutual Fund	**	204,132
	Fidelity Adv Freedom 2025	Mutual Fund	**	186,972
	Fidelity Adv Freedom 2035	Mutual Fund	**	183,272
	Fidelity Advisor Freedom 2050	Mutual Fund	**	172,899
	Cullen High Dividend Equity	Mutual Fund	**	159,761
	Delaware Small Cap Value	Mutual Fund	**	157,865
	Amer Funds Inc Fund	Mutual Fund	**	152,994
	Amer Funds Washington	Mutual Fund	**	151,362
	Goldman Sachs L/C Value Fund	Mutual Fund	**	146,692
	American Capital Income Builder	Mutual Fund	**	139,438
	Fidelity Adv Tech	Mutual Fund	**	134,229
	Davis NY Venture	Mutual Fund	**	131,509
	American New World Fund	Mutual Fund	**	124,595
	Dreyfus Sm Cap Stk Indx	Mutual Fund	**	109,468
	American Europacific Growth	Mutual Fund	**	107,818
*	City National Rochdale Fixed Income Opportunities Fund	Mutual Fund	**	105,948
	Pershing Cash & Money Market Account	Money Market	**	105,308
	Fidelity Adv Freedom 2015	Mutual Fund	**	97,875
*	City National Rochdale Corp Bd	Mutual Fund	**	96,906
*	City National Rochdale Emerging Markets Fund	Mutual Fund	**	81,874

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(a)	(b) Identity of issuer, 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
	SPDR S&P 500 ETF Trust	Mutual Fund	**	81,548
	Apexcm Small/Mid Cap Growth	Mutual Fund	**	80,993
	Merrill Lynch Bank Advantage	Money Market	**	77,619
	Consumer Staples Select Sector	Mutual Fund	**	75,735
	Wilmington Prime Money Market Fund Select	Money Market	**	75,704
	iShares S&P 500 Growth ETF	Mutual Fund	**	72,607
	Alphabet Inc CL	Common Stock	**	69,243
	Apple Inc	Common Stock	**	67,577
	Select Sector Consumer Discretionary	Mutual Fund	**	66,437
	Microsoft Corporation	Common Stock	**	61,860
	Technology Select Sector Spdr	Mutual Fund	**	55,679
	iShares MSCI EAFE ETF	Mutual Fund	**	53,142
	Blackrock Cre Bd T/R Ins	Mutual Fund	**	48,178
	Fidelity Advisor Freedom 2055 Fund	Mutual Fund	**	47,473
	Tweedy Browne Global Value	Mutual Fund	**	47,170
	iShares S&P 500 Value ETF	Mutual Fund	**	46,921
	Kar Auction Services Inc	Common Stock	**	46,695
	Ingredion Inc	Common Stock	**	46,387
	Waste Connections Inc	Common Stock	**	46,126
	Facebook Inc	Common Stock	**	45,004
	Home Depot Incorporated	Common Stock	**	44,965
	Amazon Com Inc	Common Stock	**	42,581

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	JPMorgan Chase & Co	Common Stock	**	40,939
	Boeing Company	Common Stock	**	39,762
	General Electric Co	Common Stock	**	38,626
	Idex Corp	Common Stock	**	38,611
	Copart Inc	Common Stock	**	37,744
*	City National Rochdale Prime MM Fund	Money Market	**	37,361
	Bank Of America Corp	Common Stock	**	36,774
	Heico Corp New Cl	Common Stock	**	36,408
	Spdr Barclays Short-Term	Mutual Fund	**	35,966
	Gilead Sciences Inc	Common Stock	**	35,417
	CVS Health Corp	Common Stock	**	35,197
	Citigroup Inc	Common Stock	**	35,138
	American Global Bal	Mutual Fund	**	35,104
	Qualcomm	Common Stock	**	34,990
	Energy Select Sector Spdr	Mutual Fund	**	34,684
	Visa Inc Class A Shares	Common Stock	**	34,122
	iShares Russell 2000 ETF	Mutual Fund	**	33,786
	Vanguard High Yield Corp Admiral	Mutual Fund	**	33,491
	Mastercard Inc	Common Stock	**	33,102
	Columbia Mid Cap Value	Mutual Fund	**	33,063
	Exxon-Mobil Corporation	Common Stock	**	32,739
	Lord Abbett Sht Dur Income	Mutual Fund	**	32,320

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	UBS Bank USA Deposit Account	Money Market	**	32,255
	American International Group	Common Stock	**	32,224
	RBC Bearings Inc	Common Stock	**	31,972
	Ugi Corp New	Common Stock	**	31,937
	Select Sector Spdr Tr - Industrial	Mutual Fund	**	31,806
	Celgene Corp	Common Stock	**	31,377
	Pimco High Yield Fund	Mutual Fund	**	30,008
	Pimco Dynamic Credit Income	Mutual Fund	**	28,848
	Comcast Corp	Common Stock	**	28,215
	iShares S&P Mid-Cap 400 Value	Mutual Fund	**	28,128
	Woodward Inc	Common Stock	**	26,767
	Graco Inc	Common Stock	**	26,738
	Berkshire Hathaway Inc	Common Stock	**	26,408
	Clean Harbors Inc	Common Stock	**	25,990
	Ivy High Income Fund	Mutual Fund	**	25,679
	Entegris Inc	Common Stock	**	25,585
	Esterline Technologies	Common Stock	**	25,515
	Schlumberger Ltd	Common Stock	**	25,459
	Davis Financial	Mutual Fund	**	25,299
	Eaton Vance Floating Rate	Mutual Fund	**	24,854
	Rli Corp.	Common Stock	**	24,762
	Fidelity Contrafund	Mutual Fund	**	24,527

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(a)	(b) Identity of issuer, 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
	Select Sector Spdr Utilities	Mutual Fund	**	24,453
	iShares Russell 2000 Value ETF	Mutual Fund	**	24,364
	Blackrock Gl L/S Credit-Ins	Mutual Fund	**	23,991
	Biomed Realty Trust Inc	Common Stock	**	23,690
	Touchstone Small Cap Fund	Mutual Fund	**	23,153
	Eaton Vance Tax - Managed Glob	Mutual Fund	**	23,010
	Alibaba Group Holding-Sp ADR	Common Stock	**	22,756
	Fidelity Blue Chip Growth Fd 312	Mutual Fund	**	22,522
	Cardtronics Inc	Common Stock	**	22,142
	Simpson Mfg. Co. Inc	Common Stock	**	21,958
	Teledyne Inc	Common Stock	**	21,643
	Disney Walt Co	Common Stock	**	21,541
	Dow Chemical Corp	Common Stock	**	20,849
	Third Avenue Realest Val	Mutual Fund	**	20,240
	Fidelity Select Telecommunications	Mutual Fund	**	19,802
	Templeton Global Bond Fd	Mutual Fund	**	19,791
	Delta Air Lines Inc	Common Stock	**	19,769
	Power Integrations	Common Stock	**	19,160
	SPDR Barclays High Yield Bond ETF	Mutual Fund	**	18,651
	Mid America Apt Community	Common Stock	**	18,434
	Welltower Inc	Common Stock	**	18,368
	American Tower REIT Inc	Common Stock	**	17,936

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(a)	(b) Identity of issuer, 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
	Adobe Systems Inc	Common Stock	**	17,849
	Allergan plc	Common Stock	**	17,813
	Fidelity Small Cap Growth	Mutual Fund	**	17,439
	Pfizer Incorporated	Common Stock	**	17,431
	Syntel Inc	Common Stock	**	17,331
	Fidelity Business & Outsource	Mutual Fund	**	16,989
	Fidelity Balanced	Mutual Fund	**	16,507
	American Express Co	Common Stock	**	16,344
	Thermo Fisher Scientific Inc	Common Stock	**	16,313
	Amgen Inc.	Common Stock	**	16,233
	Kaman Corp	Common Stock	**	16,202
	Fidelity Select Electronics	Mutual Fund	**	15,919
	Harbor Intl	Mutual Fund	**	15,853
	Cabot Corp	Common Stock	**	15,698
	iShares MSCI Emerging Markets	Mutual Fund	**	15,612
	Boston Scientific	Common Stock	**	15,582
	Wells Fargo & Co New	Common Stock	**	15,493
	Covanta Holding Corp	Common Stock	**	15,490
	Dorman Products Inc	Common Stock	**	15,475
	Eaton Vance Fl Rate Adv	Mutual Fund	**	15,434
	Blackrock Multi-Sector Incom	Common Stock	**	15,020
	Essendant Inc	Common Stock	**	14,890

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	Danaher Corp Del	Common Stock	**	14,861
	Fidelity Pacific Basin	Mutual Fund	**	14,708
	Raytheon Co	Common Stock	**	14,321
	Unitedhealth Group Inc	Common Stock	**	14,117
	Honeywell International	Common Stock	**	13,982
	Generac Holdings Inc	Common Stock	**	13,754
	Thermon Group Holdings Inc	Common Stock	**	13,587
	T-Mobile US Inc	Common Stock	**	13,496
	Prime Steaks III LLC	Partnership	**	13,396
	Ascena Retail Group Inc	Common Stock	**	13,179
	Cisco Systems Inc	Common Stock	**	13,170
	Fidelity Capital & Inc	Mutual Fund	**	13,053
	Chevron Corp	Common Stock	**	13,044
	American Water Works Co Inc	Common Stock	**	12,846
	Precision Castparts	Common Stock	**	12,761
	Prudential Finl Inc	Common Stock	**	12,619
	iShares 3-7 Year Treasury Bond	Mutual Fund	**	12,261
	BlackRock Equity Dividend Fund Inst	Mutual Fund	**	12,257
	Salesforce.Com Inc	Common Stock	**	12,152
	Alphabet Inc Cl C	Common Stock	**	12,142
	Costco Wholesale Corp-New	Common Stock	**	12,113
	American Electric Power Co	Common Stock	**	11,945

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(a)	(b) Identity of issuer, 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
	Cabot Microelectronics	Common Stock	**	11,777
	Legacy Texas Financial Group	Common Stock	**	11,759
	Verizon Communications	Common Stock	**	11,694
	Hexcel Corp New	Common Stock	**	11,613
	Cognex Corp	Common Stock	**	11,414
	Eli Lilly & Company	Common Stock	**	11,375
	Merck & Company Inc	Common Stock	**	11,356
	Helen Of Troy Corp Ltd	Common Stock	**	11,310
	Vanguard Reit ETF	Mutual Fund	**	11,162
	iShares TIPS Bond ETF	Mutual Fund	**	10,968
	Goldman Sachs Group Inc	Common Stock	**	10,814
	Vanguard Glbl Ex-Us Real Est	Mutual Fund	**	10,731
	Wabtec	Common Stock	**	10,668
	Charles Schwab Corporation	Common Stock	**	10,538
	HCA Holdings Inc	Common Stock	**	10,483
	iShares 1-3 Year Credit Bond ETF	Mutual Fund	**	10,460
	Seniors Housing Properties Trust	Common Stock	**	10,388
	Cigna Corp	Common Stock	**	10,243
	Magna Int'l Inc	Common Stock	**	10,140
	Fidelity Evt Driven Opport	Mutual Fund	**	10,091
	Whitewave Foods Co	Common Stock	**	10,078
	Fidelity Mid Cap Value	Mutual Fund	**	10,032

IMAGING HEALTHCARE SPECIALISTS, LLC 401(K) SALARY SAVINGS PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2015

Plan Sponsor's EIN: 20-3872122
Plan Number: 003

(a)	(b) Identity of issuer, 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
	Analogic Corp	Common Stock	**	9,995
	Bristol-Myers Squibb Co	Common Stock	**	9,975
	Fidelity Otc	Mutual Fund	**	9,707
	Starbucks Corp	Common Stock	**	9,605
	Energy Transfer Partners	Partnership	**	9,444
	Marsh & Mclennan Inc.	Common Stock	**	9,427
	Genesco Inc	Common Stock	**	9,377
	Nike Inc	Common Stock	**	9,375
	Medtronic PLC	Common Stock	**	9,230
	Morgan Stanley	Common Stock	**	9,066
	Azz Inc	Common Stock	**	9,002
	Reynolds American Inc	Common Stock	**	8,999
	Union Pacific Corp	Common Stock	**	8,993
	Pepsico Inc	Common Stock	**	8,993
	Pdf Solutions Inc	Common Stock	**	8,921
	Janus Triton	Mutual Fund	**	8,527
	Emergent Biosolutions Inc	Common Stock	**	8,522
	United Parcel Service	Common Stock	**	8,180
	Fidelity Stock Selector Small Cap Fund	Mutual Fund	**	8,142
	Doubleline Income Solutions	Common Stock	**	8,110
	PG&E Corp	Common Stock	**	7,979
	Cerner Corp	Common Stock	**	7,822

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	Textron Inc	Common Stock	**	7,772
	Ishares Core S&P Mid-Cap ETF	Mutual Fund	**	7,663
	Fidelity Adv Str Dvd & Inc	Mutual Fund	**	7,599
	NXP Semiconductors	Common Stock	**	7,161
	Pulte Group Inc	Common Stock	**	7,128
	Synchrony Financial	Common Stock	**	6,842
	Dollar General Corp	Common Stock	**	6,828
	TDAM Money Market Portfolio Select	Money Market	**	6,778
	Fidelity Telecomm Etf	Mutual Fund	**	6,680
	Royal Caribbean Cruises Ltd	Common Stock	**	6,579
	Kinder Morgan Inc	Common Stock	**	6,535
	FBC Financial Holdings-Cl	Common Stock	**	6,514
	Fidelity Sel Health Care	Mutual Fund	**	6,121
	Fidelity Sel Natural Gas	Mutual Fund	**	6,005
	Paypal Holdings Inc	Common Stock	**	5,973
	Orthofix International	Common Stock	**	5,019
	Fidelity Low-Priced Stk	Mutual Fund	**	4,881
	Fidelity Stock Selector All Cap	Mutual Fund	**	4,663
	Omnicell Inc	Common Stock	**	4,631
	Fidelity Growth Strategies	Mutual Fund	**	4,600
	UBS Cash Account	Money Market	**	4,570
	General Motors Co	Common Stock	**	4,421

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	Fidelity Leverage Co Stk	Mutual Fund	**	4,380
	Fidelity Puritan Fd 4	Mutual Fund	**	4,279
	Eog Resources Inc	Common Stock	**	4,247
	Fidelity Global Balanced	Mutual Fund	**	3,986
	Wilmington Trust Cash	Money Market	**	3,946
	BB&T Corp	Common Stock	**	3,781
	Vanguard Health Care ETF	Mutual Fund	**	3,455
	Fidelity Strategic Inc	Mutual Fund	**	3,316
	Wasatch Emerging Mkt Sel	Mutual Fund	**	3,102
	Fidelity Sel Insurance	Mutual Fund	**	3,036
	Telka Healthcare Investors	Common Stock	**	2,966
	Fidelity Sel Transportation	Mutual Fund	**	2,921
	Main Street Capital Corp	Common Stock	**	2,908
	Fidelity Select Chemicals Pt	Mutual Fund	**	2,822
	Sotheby's	Common Stock	**	2,756
	Spartan S/C Index-Inv	Mutual Fund	**	2,735
	Fidelity Equity-Inc	Mutual Fund	**	2,551
	Principal Cash	Cash	**	1,332
	ISHARES SILVER TRUST ISHARES	Mutual Fund	**	1,319
	Merrill Lynch Cash Account	Money Market	**	1,116
	Fidelity Adv Freedom Income A	Mutual Fund	**	294
	Linn Energy LLC - Units	Partnership	**	129

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2015

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	RMR Group Inc	Common Stock	**	101
	Cytori Therapeutics Inc	Common Stock	**	93
	Ameritrade Cash Account	Money Market	**	59
	Vanguard Inflation Protected Ad	Mutual Fund	**	20
	Pimco High-Yield Instl	Mutual Fund	**	14
	Fidelity Adv Freedom 2005-A	Mutual Fund	**	1
				$ 18,513,297

* Indicates an identified person known to be a party-in-interest to the Plan.
** Cost has been omitted as investment is participant directed.

IMAGING HEALTHCARE SPECIALISTS, LLC 401(K) SALARY SAVINGS PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2015

Plan Sponsor's EIN: 20-3872122
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(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
*	Notes Receivable from Participants	Various Maturity Dates Interest rates 4.25%	$ -	$ 352,308

* Indicates an identified person known to be a party-in-interest to the Plan.

SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)*
DECEMBER 31, 2015

*See attached financial statements with auditor report.