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 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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

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

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

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MSR/RAMS 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.	10/11/2018	KEN 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

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name MAIN STREET RADIOLOGY AT BAYSIDE, LLC

c Plan Name MAIN STREET RADIOLOGY RETIREMENT PLAN

4b EIN 11-3545588

4d PN 001

5 Total number of participants at the beginning of the plan year	**5**	284
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)**	212
a(2) Total number of active participants at the end of the plan year	**6a(2)**	197
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	86
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	283
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	283
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	283
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	14
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2A 2E 2F 2G 2J 2K 2R 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

(1)	[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)	[ ]	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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
MSR/RAMS 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 INSURANCE 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	0	01/01/2017	12/31/2017

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
16711	2351

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
NORTHWESTERN MUTUAL INVESTMENT SERV
611 E WISCONSIN AVENUE
MILWAUKEE, WI 53202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16711			3

(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		(e) Organization code
	(c) Amount	(d) Purpose	
	2351	TPA PARTNERSHIP ALLIANCE PROGRAM	5

(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	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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	223116
c	Additions: (1) Contributions deposited during the year	7c(1)	11819		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	4748		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	176		
	▶ PARTICIPANT LOAN REPAYMENTS				
	(6) Total additions			7c(6)	16743
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	239859
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	16		
	(3) Transferred to separate account	7e(3)	239277		
	(4) Other (specify below)	7e(4)	566		
	▶ PARTICIPANT LOAN DISBURSEMENTS				
	(5) Total deductions			7e(5)	239859
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
MSR/RAMS 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).. . . . . ☐ 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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(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)

NORTHWESTERN MUTUAL

611 E. WISCONSIN AVE
MILWAUKEE, WI 53202

(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?
26 27 50 51	ADVISOR	13500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BENEFIT PRACTICE

13-4144565

(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 50 99	THIRD PARTY ADMIN	9075	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ASCENSUS

11-3665754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 37 50 64	RECORD KEEPER	7545	Yes [ ] No [X]	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)

ENVESTNET RETIREMENT SOLUTIONS

1801 CALIFORNIA STREET
DENVER, CO 80202

(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?
50 99	SERVICE PROVIDER	3213	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TD AMERITRADE

82-0543156

(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?
50 71	SERVICE PROVIDER	696	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VOYA RETIREMENT INSURANCE CO.

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 37 50 64	RECORD KEEPER	600	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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
MORNINGSTAR	27	1880

(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.
VOYA RETIREMENT INSURANCE & ANNUITY 71-0294708	INVESTMENT ADVISORY (PLAN)

(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

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(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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
MSR/RAMS 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	0

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

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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
MSR/RAMS 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	0	1252
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	47310	116184
(2) Participant contributions	1b(2)	0	18468
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	1624364
(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)	0	8443471
(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)	322558	458131
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	29994694	0
(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)	0	26910594
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	223116	0
(15) Other	1c(15)		

			(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	30587678	37572464
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	3818
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	3818
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	30587678	37568646

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)	1419726	
	(B) Participants	2a(1)(B)	1141628	
	(C) Others (including rollovers)	2a(1)(C)	39832	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2601186
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	446	
	(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)	16346	
	(F) Other	2b(1)(F)	4748	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		21540
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	162741	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	102950	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		265691
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	9059970	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8616769	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		443201
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	988008	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		988008

		(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)		3963756
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		8283382
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1267785	
(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)		1267785
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)	34629	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		34629
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1302414
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6980968
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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 sections 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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
MSR/RAMS 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): 71-0294708 11-3665754

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

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

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

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): _____

---

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):

MAIN STREET RADIOLOGY, INC.
RETIREMENT PLAN

FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2017

FRENDEL, BROWN & WEISSMAN LLP
Certified Public Accountants

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN

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FRENDEL, BROWN & WEISSMAN LLP
Certified Public Accountants

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

INDEPENDENT AUDITORS' REPORT

To the Trustees
Main Street Radiology, Inc. Retirement Plan

Report on the Financial Statements

We were engaged to audit 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, 2017 and 2016, the related statement of changes in net assets available for benefits for the year ended December 31, 2017, 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 conducting the 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 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 3 which was certified by Ascensus Trust Company and Voya Retirement Insurance and Annuity Company, the Custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that Ascensus Trust Company held the Plan's investment assets and executed investment transactions from April 1, 2017 to December 31, 2017, and that Voya Retirement Insurance and Annuity Company held the Plan's investments and executed investment transactions as of December 31, 2016 and for the period January 1, 2017 to March 31, 2017. The Plan Administrator has obtained certifications from the Custodians as of December 31, 2017 and 2016 and for the year ended December 31, 2017, that the information provided to the Plan Administrator by the Custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplementary schedule of assets held as of or for the year ended December 31, 2017 is required by the Department of Labor's (DOL) 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 this supplementary schedule.

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 supplementary schedule, other than that derived from the information certified by the Custodians, 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.

Frendel, Brown & Weissman LLP
Certified Public Accountants

New York, New York
October 1, 2018

MAIN STREET RADIOLOGY, INC. RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS:	As of December 31, 2017	2016
Investments at fair value	$36,979,681	$30,206,040
Receivables:		
Participants' contributions	18,468	-
Employer contributions	116,184	47,310
Notes receivable from participants	458,131	322,558
Total receivables	592,783	369,868
Total assets	37,572,464	30,575,908
LIABILITIES:		
Excess contributions payable	3,818	-
NET ASSETS AVAILABLE FOR BENEFITS	$37,568,646	$30,575,908

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, 2017

ADDITIONS:	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 5,406,735
Dividends	265,691
Interest	5,194
Total	5,677,620
Interest income on notes receivable from participants	16,346
Contributions:	
Employer	1,419,726
Rollover	39,832
Participants	1,141,628
Total	2,601,186
Total additions	8,295,152
DEDUCTIONS:	
Deductions from net assets attributed to:	
Benefits paid to participants	1,267,785
Administration expenses	34,629
Total deductions	1,302,414
Net increase	6,992,738
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	30,575,908
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$ 37,568,646

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, ("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" or "the Employer") 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 Trustee.

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 years ended December 31, 2017 and 2016, the Company made contributions to the Plan of $1,419,726 and $1,544,639, respectively.

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 the 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 immediately vested 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 interest rates ranging from 4.25% to 5.25%. 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

As of December 31, 2017 and 2016, forfeited non-vested accounts totaled $14,843 and $68,084, respectively. These accounts will be used to pay for administrative expenses and to reduce future Company contributions. For the years 2017 and 2016, the forfeitures used were $63,856 and $0, respectively.

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 accordance 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 the Custodian. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (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. No allowance for credit loss has been recorded as of December 31, 2017 and 2016.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Excess Contribution Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2017 excess contributions to the applicable participants in 2018.

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.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

Reclassifications

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

NOTE 3 - INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED)

The statements of net assets available for benefits as of December 31, 2017 and 2016, the investment activities included on the statement of changes in net assets available for benefits for the year ended December 31, 2017, and the accompanying notes to the financial statements were prepared in part or entirely from information certified as complete and accurate by the Custodians 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 Act of 1974.

The information certified is as follows:

	2017
INVESTMENTS	$36,979,681
TOTAL INVESTMENT INCOME	5,677,620
NOTES RECEIVABLE FROM PARTICIPANTS	458,131

During 2017, the Plan's investments, including gains and losses on investments bought and sold, as well as those held during the year, appreciated in value by $5,406,735.

NOTE 4 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 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.

NOTE 4 - FAIR VALUE MEASUREMENTS - Continued

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, 2017 and 2016.

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.

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.

NOTE 4 - FAIR VALUE MEASUREMENTS - Continued

Exchange Traded Funds (ETFs)

These are marketable securities that track a basket of assets similar to an index fund. Unlike mutual funds, these are traded similar to common stocks. They are valued at the closing price reported on the active market where the individual ETFs are traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016.

	Assets at fair value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	$23,636,883	$ -	$ -	$23,636,883
Brokerage account	13,342,798			13,342,798
Totals	$36,979,681	$ -	$ -	$36,979,681

	Assets at fair value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Brokerage account	$10,667,191	$ 223,116	$ -	$10,890,307
Total assets in the fair value hierarchy	$10,667,191	$ 223,116	$ -	10,890,307
Investments measured at net asset value				19,315,733
Total investments at fair value				$30,206,040

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, 2016. There are no participant redemption restrictions for those investments; the redemption notice period is applicable only to the Plan.

NOTE 4 - FAIR VALUE MEASUREMENTS - Continued

December 31, 2016	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
American Funds EuroPacific Growth Fund Class R-6	$ 12,209	N/A	Daily	N/A
American Funds Capital income Builder Class R-6	1,143,758	N/A	Daily	N/A
American Funds New World Fund Class R-6	14,072	N/A	Daily	N/A
Oppenheimer Global Fund I	2,783,730	N/A	Daily	N/A
Oppenheimer International Growth Fund I	114,548	N/A	Daily	N/A
Vanguard Mid-Cap Index Fund Admiral Shares	1,995,742	N/A	Daily	N/A
Vanguard Small-Cap Index Fund Admiral Shares	109,522	N/A	Daily	N/A
ClearBridge Small Cap Growth Fund Class IS	175,217	N/A	Daily	N/A
American Funds Growth Fund of America - Class R-6	919,105	N/A	Daily	N/A
ClearBridge Aggressive Growth Fund Class IS	9,158	N/A	Daily	N/A
Vanguard 500 Index Fund Admiral Shares	526,818	N/A	Daily	N/A
Vanguard LifeStrategy Growth Fund Investor Shares	3,383	N/A	Daily	N/A
American Funds Washington Mutual Investors Fund Class R-6	44,173	N/A	Daily	N/A
Oppenheimer Equity Income Fund I	779,273	N/A	Daily	N/A
Oppenheimer Main Street Fund I	648,768	N/A	Daily	N/A
American Funds American Balanced Fund Class R-6	93,175	N/A	Daily	N/A
Vanguard Target Retirement 2015 Fund Investor Shares	9,316	N/A	Daily	N/A
Vanguard Target Retirement 2020 Fund Investor Shares	257,257	N/A	Daily	N/A
Vanguard Target Retirement 2025 Fund Investor Shares	23,300	N/A	Daily	N/A
Vanguard Target Retirement 2030 Fund Investor Shares	1,801,688	N/A	Daily	N/A
Vanguard Target Retirement 2035 Fund Investor Shares	231,676	N/A	Daily	N/A
Vanguard Target Retirement 2040 Fund Investor Shares	451,625	N/A	Daily	N/A
Vanguard Target Retirement 2045 Fund Investor Shares	207,343	N/A	Daily	N/A
Vanguard Target Retirement 2050 Fund Investor Shares	43,860	N/A	Daily	N/A
Vanguard Target Retirement 2055 Fund Investor Shares	24,815	N/A	Daily	N/A
Vanguard Target Retirement 2060 Fund Investor Shares	4,652	N/A	Daily	N/A

NOTE 4 - FAIR VALUE MEASUREMENTS - Continued

December 31, 2016	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Vanguard LifeStrategy Conservative Growth Fund Investor Shares	1,963,215	N/A	Daily	N/A
Vanguard LifeStrategy Moderate Growth Fund Investor Shares	2,816,150	N/A	Daily	N/A
Prudential High Yield Fund Class Q	86,262	N/A	Daily	N/A
PIMCO Real Return Fund Institutional Class	37,371	N/A	Daily	N/A
Oppenheimer International Bond Fund	6,072	N/A	Daily	N/A
Pioneer Strategic Income Fund Class K	490,790	N/A	Daily	N/A
Voya Intermediate Bond Fund Class R6	1,475,480	N/A	Daily	N/A
Voya Money Market Fund A	5,487	N/A	Daily	N/A
DFA Real Estate Securities Portfolio Institutional Class	3,490	N/A	Daily	N/A
American Century Mid Cap Value Fund R6 Class	3,233	N/A	Daily	N/A

NOTE 5 - RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

For the year ended December 31, 2016 and the period January 1, 2017 to March 31, 2017, certain Plan investments were managed by Voya Retirement Insurance and Annuity Company (Voya). Voya was the Custodian of the Plan and, therefore, these transactions qualify as party in interest transactions.

NOTE 6 - PLAN TERMINATION

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

NOTE 7 - TAX STATUS

The Plan uses a volume submitter profit-sharing plan sponsored by CCH Incorporated Company dba FtWilliam.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.

NOTE 7 - TAX STATUS - Continued

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, 2017, 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; currently an IRS audit is being conducted for the tax period ended December 31, 2015. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2014.

NOTE 8 - RISKS AND UNCERTAINTIES

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

NOTE 9 - 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, 2017 to Form 5500:

Net increase per financial statements	$6,992,738
Net depreciation on investments in brokerage accounts	(11,770)
Net income per Form 5500	$6,980,968

NOTE 10 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 1, 2018, 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, 2017

(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	**	$1,625,680
	AllianceBernstein Concentrated Growth Advisor	Mutual Fund	**	41,841
	AllianceBernstein Discovery Growth Advisor	Mutual Fund	**	21,852
	AllianceBernstein Discovery Value Advisor	Mutual Fund	**	38,242
	AllianceBernstein Sustainable Global Thematic A	Mutual Fund	**	160,193
	AllianceBernstein Global Bond Advisor	Mutual Fund	**	160,682
	AllianceBernstein Global Core Equity Advisor	Mutual Fund	**	37,994
	AllianceBernstein International Value Advisor	Mutual Fund	**	125,519
	AllianceBernstein Large Cap Growth Advisor	Mutual Fund	**	180,668
	AllianceBernstein Value Advisor	Mutual Fund	**	349,265
	DFA Emerging Markets Value Portfolio I	Mutual Fund	**	13,418
	DFA International Core Equity Portfolio I	Mutual Fund	**	48,516
	DFA International Value Portfolio III	Mutual Fund	**	41,418
	DFA US Targeted Value I	Mutual Fund	**	144,964
	Payden Global Low Duration Fund	Mutual Fund	**	275,407
	Vanguard Inflation-Protected Securities Fund Investor Shares	Mutual Fund	**	434,924
	Vanguard International Explorer Fund Investor Shares	Mutual Fund	**	255,056
	Vanguard Intermediate-Term Bond Index Fund Investor Shares	Mutual Fund	**	38,756
	Vanguard Short-Term Bond Index Fund Admiral Shares	Mutual Fund	**	78,407
	Vanguard Short-Term Bond Index Fund Investor Shares	Mutual Fund	**	236,355
	PIMCO CommodityRealReturn Strategy Fund D	Mutual Fund	**	250,657
	Vanguard Global ex-U.S. Real Estate Index Fund Investor Shares	Mutual Fund	**	67,765
	Vanguard REIT Index Fund Investor Shares	Mutual Fund	**	271,813
	MFS New Discovery Value Fund Class R6	Mutual Fund	**	243,682
	Oppenheimer Global Fund	Mutual Fund	**	48,402
	Oppenheimer Global Opportunities Fund	Mutual Fund	**	3,428,185
	American Funds Capital Income Builder R6	Mutual Fund	**	1,264,542
	American Funds Growth Fund of America Class R6	Mutual Fund	**	1,176,447
	PIMCO Income Instl	Mutual Fund	**	549,625
	TRowe Price International Stock	Mutual Fund	**	170,708
	TCW Emerging Markets Income Fund Class I	Mutual Fund	**	19,156
	Sub-total forward			11,800,139

**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			$11,800,139
	Vanguard 500 Index Fund Admiral Shares	Mutual Fund	**	504,548
	Vanguard Money Market Reserves	Mutual Fund	**	177,083
	Vanguard High Dividend Yield ETF	Mutual Fund	**	1,893,806
	Vanguard High-Yield Corporate Fund Admiral Shares	Mutual Fund	**	127,023
	Vanguard LifeStrategy Conservative Growth Fund	Mutual Fund	**	1,891,558
	Vanguard LifeStrategy Growth Investor Shares	Mutual Fund	**	6,518
	Vanguard LifeStrategy Moderate Growth Investor Shares	Mutual Fund	**	2,773,907*
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Fund	**	16,449
	Vanguard Real Estate Index Fund Admiral Shares	Mutual Fund	**	5,446
	Vanguard S&P Mid-Cap 400 ETF	Mutual Fund	**	2,337,506
	Vanguard S&P Small-Cap 600 ETF	Mutual Fund	**	129,177
	Vanguard Short-Term Bond Index Fund Admiral Shares	Mutual Fund	**	107,465
	Vanguard Small-Cap Index Fund Admiral Shares	Mutual Fund	**	154,186
	Vanguard Target Retirement 2015 Fund Investor Shares	Mutual Fund	**	15,555
	Vanguard Target Retirement 2020 Fund Investor Shares	Mutual Fund	**	281,654
	Vanguard Target Retirement 2025 Fund Investor Shares	Mutual Fund	**	580,836
	Vanguard Target Retirement 2030 Fund Investor Shares	Mutual Fund	**	2,483,687
	Vanguard Target Retirement 2035 Fund Investor Shares	Mutual Fund	**	223,992
	Vanguard Target Retirement 2040 Fund Investor Shares	Mutual Fund	**	736,465
	Vanguard Target Retirement 2045 Fund Investor Shares	Mutual Fund	**	332,697
	Vanguard Target Retirement 2050 Fund Investor Shares	Mutual Fund	**	141,464
	Vanguard Target Retirement 2055 Fund Investor Shares	Mutual Fund	**	115,317
	Vanguard Target Retirement 2060 Fund Investor Shares	Mutual Fund	**	11,940
	Vanguard Total Bond Market Index Fund Admiral Shares	Mutual Fund	**	1,444,749
	Sub-total forward			28,293,167

**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			$28,293,167
	Vanguard Total International Bond Market Index Fund Admiral Shares	Mutual Fund	**	12,246
	Vanguard Balanced Index Fund Admiral Shares	Mutual Fund	**	108,674
	Vanguard Inflation-Protected Securities Fund Admiral Shares	Mutual Fund	**	122,188
	Air Lease Corporation	Common Stock	**	24,045
	Alcoa Corp.	Common Stock	**	29,898
	Alphabet Inc. Class A	Common Stock	**	231,748
	Alphabet Inc. Class C	Common Stock	**	78,480
	Allergan plc	Common Stock	**	4,090
	Amazon.com, Inc.	Common Stock	**	315,757
	Apache Corp.	Common Stock	**	8,444
	Apple Inc.	Common Stock	**	80,069
	Aptiv PLC	Common Stock	**	16,966
	Arconic Inc.	Common Stock	**	61,749
	Bank of America Corp.	Common Stock	**	17,712
	BankUnited Inc.	Common Stock	**	20,360
	BB&T Corporation	Common Stock	**	19,888
	BHP Billiton Ltd.	Common Stock	**	137,970
	Bristol-Myers Squibb Co.	Common Stock	**	15,320
	Celgene Corporation	Common Stock	**	20,872
	Cerner Corporation	Common Stock	**	20,217
	Cimarex Energy Co.	Common Stock	**	6,101
	Cisco Systems, Inc.	Common Stock	**	22,980
	Citigroup Inc.	Common Stock	**	104,174
	Credit Suisse Group AG	Common Stock	**	81,396
	Danaher Corp.	Common Stock	**	13,923
	Delphi Automotive PLC	Common Stock	**	3,463
	Delta Air Lines, Inc.	Common Stock	**	33,600
	DENTSPLY SIRONA Inc.	Common Stock	**	19,749
	Diageo plc	Common Stock	**	21,905
	Discovery Communications Inc.	Common Stock	**	12,702
	Envision Healthcare Corp.	Common Stock	**	10,368
	Equinix, Inc.	Common Stock	**	22,689
	Expedia, Inc.	Common Stock	**	17,966
	Sub-total forward			30,010,876

**Cost omitted for participant-directed investments

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	Facebook, Inc.	Common Stock	**	255,867
	First Republic Bank	Common Stock	**	10,830
	Ford Motor Co.	Common Stock	**	8,743
	Fortune Brands Home & Security, Inc.	Common Stock	**	20,532
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	Morgan Stanley	Common Stock	**	18,365
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	Premier, Inc.	Common Stock	**	11,676
	Prudential Financial, Inc.	Common Stock	**	28,745
	QUALCOMM, Inc.	Common Stock	**	32,010
	Rio Tinto plc	Common Stock	**	158,790
	Royal Dutch Shell plc	Common Stock	**	133,420
	Sub-total forward			31,404,157

**Cost omitted for participant-directed investments

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	Sub-total forwarded			$31,404,157
	South32 Limited	Common Stock	**	16,230
	Southwest Airlines Co.	Common Stock	**	19,635
	Stratasys, Ltd.	Common Stock	**	7,984
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	J.M. Smucker Company/The	Common Stock	**	18,636
	Toronto-Dominion Bank	Common Stock	**	175,740
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	Vale SA	Common Stock	**	232,370
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	Visa Inc.	Common Stock	**	17,103
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	XPO Logistics, Inc.	Common Stock	**	45,795
	Yelp Inc.	Common Stock	**	10,490
	Yum! Brands, Inc.	Common Stock	**	24,483
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	iPath Bloomberg Commodity Index Total Return ETN	Exchange Traded Fund	**	1,098
	iShares 1-3 Year Treasury Bond	Exchange Traded Fund	**	203,504
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	SPDR Citi International Government Inflation-Protected Bond	Exchange Traded Fund	**	423,059
	Vanguard Consumer Discretionary ETF	Exchange Traded Fund	**	194,962
	Vanguard Consumer Staples ETF	Exchange Traded Fund	**	238,494
	Vanguard Dividend Appreciation ETF	Exchange Traded Fund	**	181,613
	Vanguard FTSE All-World ex-US Small-Cap ETF	Exchange Traded Fund	**	27,872
	Vanguard FTSE Developed Markets ETF	Exchange Traded Fund	**	29,056
	Vanguard FTSE Emerging Markets ETF	Exchange Traded Fund	**	15,342
	Vanguard Health Care ETF	Exchange Traded Fund	**	146,433
	Vanguard Information Technology ETF	Exchange Traded Fund	**	465,575
	Sub-total forward			34,491,134

**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			$34,491,134
	Vanguard Mid-Cap ETF	Exchange Traded Fund	**	198,118
	Vanguard REIT ETF	Exchange Traded Fund	**	313,917
	Vanguard S&P 500 ETF	Exchange Traded Fund	**	539,961
	Vanguard S&P Growth ETF	Exchange Traded Fund	**	280,022
	Vanguard Short-Term Inflation-Protected Securities ETF	Exchange Traded Fund	**	51,261
	Vanguard Small-Cap ETF	Exchange Traded Fund	**	482,814
	Vanguard Small-Cap Value ETF	Exchange Traded Fund	**	283,196
	Vanguard Total International Bond ETF	Exchange Traded Fund	**	29,903
	Vanguard Value ETF	Exchange Traded Fund	**	309,355
	Total			36,979,681
	*Notes receivable from participants (interest rates range from 4.25% to 5.25%) due through 2021		0	458,131
	TOTAL			$37,437,812

*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)

EIN: 11-3545588 PLAN NO: 001

DECEMBER 31, 2017

(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	**	$1,625,680
	AllianceBernstein Concentrated Growth Advisor	Mutual Fund	**	41,841
	AllianceBernstein Discovery Growth Advisor	Mutual Fund	**	21,852
	AllianceBernstein Discovery Value Advisor	Mutual Fund	**	38,242
	AllianceBernstein Sustainable Global Thematic A	Mutual Fund	**	160,193
	AllianceBernstein Global Bond Advisor	Mutual Fund	**	160,682
	AllianceBernstein Global Core Equity Advisor	Mutual Fund	**	37,994
	AllianceBernstein International Value Advisor	Mutual Fund	**	125,519
	AllianceBernstein Large Cap Growth Advisor	Mutual Fund	**	180,668
	AllianceBernstein Value Advisor	Mutual Fund	**	349,265
	DFA Emerging Markets Value Portfolio I	Mutual Fund	**	13,418
	DFA International Core Equity Portfolio I	Mutual Fund	**	48,516
	DFA International Value Portfolio III	Mutual Fund	**	41,418
	DFA US Targeted Value I	Mutual Fund	**	144,964
	Payden Global Low Duration Fund	Mutual Fund	**	275,407
	Vanguard Inflation-Protected Securities Fund Investor Shares	Mutual Fund	**	434,924
	Vanguard International Explorer Fund Investor Shares	Mutual Fund	**	255,056
	Vanguard Intermediate-Term Bond Index Fund Investor Shares	Mutual Fund	**	38,756
	Vanguard Short-Term Bond Index Fund Admiral Shares	Mutual Fund	**	78,407
	Vanguard Short-Term Bond Index Fund Investor Shares	Mutual Fund	**	236,355
	PIMCO CommodityRealReturn Strategy Fund D	Mutual Fund	**	250,657
	Vanguard Global ex-U.S. Real Estate Index Fund Investor Shares	Mutual Fund	**	67,765
	Vanguard REIT Index Fund Investor Shares	Mutual Fund	**	271,813
	MFS New Discovery Value Fund Class R6	Mutual Fund	**	243,682
	Oppenheimer Global Fund	Mutual Fund	**	48,402
	Oppenheimer Global Opportunities Fund	Mutual Fund	**	3,428,185
	American Funds Capital Income Builder R6	Mutual Fund	**	1,264,542
	American Funds Growth Fund of America Class R6	Mutual Fund	**	1,176,447
	PIMCO Income Instl	Mutual Fund	**	549,625
	TRowe Price International Stock	Mutual Fund	**	170,708
	TCW Emerging Markets Income Fund Class I	Mutual Fund	**	19,156
	Sub-total forward			11,800,139

**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			$11,800,139
	Vanguard 500 Index Fund Admiral Shares	Mutual Fund	**	504,548
	Vanguard Money Market Reserves	Mutual Fund	**	177,083
	Vanguard High Dividend Yield ETF	Mutual Fund	**	1,893,806
	Vanguard High-Yield Corporate Fund Admiral Shares	Mutual Fund	**	127,023
	Vanguard LifeStrategy Conservative Growth Fund	Mutual Fund	**	1,891,558
	Vanguard LifeStrategy Growth Investor Shares	Mutual Fund	**	6,518
	Vanguard LifeStrategy Moderate Growth Investor Shares	Mutual Fund	**	2,773,907*
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Fund	**	16,449
	Vanguard Real Estate Index Fund Admiral Shares	Mutual Fund	**	5,446
	Vanguard S&P Mid-Cap 400 ETF	Mutual Fund	**	2,337,506
	Vanguard S&P Small-Cap 600 ETF	Mutual Fund	**	129,177
	Vanguard Short-Term Bond Index Fund Admiral Shares	Mutual Fund	**	107,465
	Vanguard Small-Cap Index Fund Admiral Shares	Mutual Fund	**	154,186
	Vanguard Target Retirement 2015 Fund Investor Shares	Mutual Fund	**	15,555
	Vanguard Target Retirement 2020 Fund Investor Shares	Mutual Fund	**	281,654
	Vanguard Target Retirement 2025 Fund Investor Shares	Mutual Fund	**	580,836
	Vanguard Target Retirement 2030 Fund Investor Shares	Mutual Fund	**	2,483,687
	Vanguard Target Retirement 2035 Fund Investor Shares	Mutual Fund	**	223,992
	Vanguard Target Retirement 2040 Fund Investor Shares	Mutual Fund	**	736,465
	Vanguard Target Retirement 2045 Fund Investor Shares	Mutual Fund	**	332,697
	Vanguard Target Retirement 2050 Fund Investor Shares	Mutual Fund	**	141,464
	Vanguard Target Retirement 2055 Fund Investor Shares	Mutual Fund	**	115,317
	Vanguard Target Retirement 2060 Fund Investor Shares	Mutual Fund	**	11,940
	Vanguard Total Bond Market Index Fund Admiral Shares	Mutual Fund	**	1,444,749
	Sub-total forward			28,293,167

**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			$28,293,167
	Vanguard Total International Bond Market Index Fund Admiral Shares	Mutual Fund	**	12,246
	Vanguard Balanced Index Fund Admiral Shares	Mutual Fund	**	108,674
	Vanguard Inflation-Protected Securities Fund Admiral Shares	Mutual Fund	**	122,188
	Air Lease Corporation	Common Stock	**	24,045
	Alcoa Corp.	Common Stock	**	29,898
	Alphabet Inc. Class A	Common Stock	**	231,748
	Alphabet Inc. Class C	Common Stock	**	78,480
	Allergan plc	Common Stock	**	4,090
	Amazon.com, Inc.	Common Stock	**	315,757
	Apache Corp.	Common Stock	**	8,444
	Apple Inc.	Common Stock	**	80,069
	Aptiv PLC	Common Stock	**	16,966
	Arconic Inc.	Common Stock	**	61,749
	Bank of America Corp.	Common Stock	**	17,712
	BankUnited Inc.	Common Stock	**	20,360
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	Equinix, Inc.	Common Stock	**	22,689
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