

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>DESERT RADIOLOGY EMPLOYEE RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>004</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1998</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>004</u>	1c Effective date of plan <u>01/01/1998</u>	
1b Three-digit plan number (PN) ▶	<u>004</u>				
1c Effective date of plan <u>01/01/1998</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ELLIS, BANDT, BIRKIN, KOLLINS & WONG, LLC.</u> <u>2020 PALOMINO LANE 100</u> <u>LAS VEGAS, NV 89106</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>88-0098322</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>702-759-8789</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621111</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>88-0098322</u>	2c Plan Sponsor's telephone number <u>702-759-8789</u>	2d Business code (see instructions) <u>621111</u>	
2b Employer Identification Number (EIN) <u>88-0098322</u>					
2c Plan Sponsor's telephone number <u>702-759-8789</u>					
2d Business code (see instructions) <u>621111</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	GREG NAINANI
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor 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 ELLIS, BANDT, BIRKIN, KOLLINS & WONG, P.C c Plan Name DESERT RADIOLOGISTS EMPLOYEE RETIREMENT PLAN	4b EIN 88-0098322 4d PN 004
5 Total number of participants at the beginning of the plan year	5 383
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) 383
a(2) Total number of active participants at the end of the plan year	6a(2) 403
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 60
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 463
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 1
f Total. Add lines 6d and 6e	6f 464
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 446
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 23
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2S 2T 3D 2A	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4B	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan DESERT RADIOLOGY EMPLOYEE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 ELLIS, BANDT, BIRKIN, KOLLINS & WONG, LLC.	D Employer Identification Number (EIN) 88-0098322	

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

(a) Name of insurance carrier PHOENIX LIFE INSURANCE COMPANY
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(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
06-0493340	67814	1194127	1	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

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

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

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

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

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

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. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

CASH VALUE OF LIFE INSURANCE AS OF 12/31/2017

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 DESERT RADIOLOGY EMPLOYEE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 ELLIS, BANDT, BIRKIN, KOLLINS & WONG, LLC.	D Employer Identification Number (EIN) 88-0098322	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB CO INC AND AFFIL
94-1737782

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

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

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

SCHWAB RETIREMENT PLAN SERVICES INC

34-1479833

(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 26 50 64	NONE	142164	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MATSON MONEY INC

31-1334658

(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 50	NONE	15374	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RNC GENTER CAPITAL MANAGEMENT

95-4670255

(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 50	NONE	13937	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

OAKWOOD CAPITAL MANAGEMENT LLC

95-4676409

(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 50	NONE	8048	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB & CO., INC

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 50 59 62 71 72	NONE	2448	Yes ☒ No ☐	Yes ☒ No ☐	14	Yes ☒ No ☐

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

CHARLES SCHWAB BANK

42-1558009

(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?
25 49 50 52 62	NONE	4	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO AND AFFILIATES	59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SEE ATTACHMENT 06-1349805	SEE ATTACHMENT

(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.

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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>DESERT RADIOLOGY EMPLOYEE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ELLIS, BANDT, BIRKIN, KOLLINS & WONG, LLC.</u>	D Employer Identification Number (EIN) <u>88-0098322</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	2718967	2901494
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2029820	2745268
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	514118	505402
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	30126415	35723594
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	101322	105482
	(15) Other	1c(15)	14773649	16431930

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	50264291	58413170

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	50264291	58413170
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2882344	
(B) Participants	2a(1)(B)	2166968	
(C) Others (including rollovers)	2a(1)(C)	85699	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5135011
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	13977	
(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)	26863	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		40840
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	506668	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		506668
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		3316686
c Other income	2c		1983096
d Total income. Add all income amounts in column (b) and enter total.....	2d		10982301

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2633577	
(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)		2633577
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)		
(3) Investment advisory and management fees	2i(3)	37359	
(4) Other	2i(4)	162486	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		199845
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2833422

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8148879
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **PIERCY BOWLER TAYLER KERN**

(2) EIN: **88-0265237**

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:

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.).....

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.)

	Yes	No	Amount
4a		X	
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			

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.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan DESERT RADIOLOGY EMPLOYEE RETIREMENT PLAN		B Three-digit plan number (PN) ► 004
C Plan sponsor's name as shown on line 2a of Form 5500 ELLIS, BANDT, BIRKIN, KOLLINS & WONG, LLC.		D Employer Identification Number (EIN) 88-0098322
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): 42-1558009		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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): _____		

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**DESERT RADIOLOGISTS EMPLOYEE RETIREMENT
PLAN**

**FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULES**

**AS OF DECEMBER 31, 2017 AND 2016
AND
FOR THE YEAR ENDED DECEMBER 31, 2017**

DESERT RADIOLOGISTS EMPLOYEE RETIREMENT PLAN
TABLE OF CONTENTS
AS OF DECEMBER 31, 2017 AND 2016
AND FOR THE YEAR ENDED DECEMBER 31, 2017

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Desert Radiologists Employee Retirement Plan
Las Vegas, Nevada

Report on the Financial Statements. We were engaged to audit the accompanying financial statements of Desert Radiologists Employee Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the notes to the financial statements.

Management's Responsibility for the Financial Statements. Management (the Plan Administrator) is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States; 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. The Plan Administrator has informed us that the Plan Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Plan Custodian 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 Plan Custodian is complete and accurate. The Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to such information except for comparing it with the summarized information included in Note 3, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA).

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

Other Matter. The supplemental schedules, as listed on the table of contents, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules, which are the responsibility of the Plan Administrator.

Report on Form and Content in Compliance With DOL Rules and Regulations. We have audited in accordance with auditing standards generally accepted in the United States of America the form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Plan Custodian. In our opinion, the presentation of such information complies with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in blue ink that reads "Penny Bowler Taylor, CPA". The signature is fluid and cursive, with a long horizontal line extending from the end.

October 10, 2018

DESERT RADIOLOGISTS EMPLOYEE RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
ASSETS		
Investments		
Participant-directed, at estimated fair value	\$ <u>55,006,274</u>	\$ <u>47,031,206</u>
Receivables		
Employer contributions	2,901,494	2,718,967
Participant notes	<u>505,402</u>	<u>514,118</u>
	<u>3,406,896</u>	<u>3,233,085</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 58,413,170</u>	 <u>\$ 50,264,291</u>

DESERT RADIOLOGISTS EMPLOYEE RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2017

ADDITIONS

Investment income

Net appreciation in estimated fair value of investments	\$ 3,316,686
Interest, dividends and other	<u>2,503,741</u>
	<u>5,820,427</u>

Interest income on participant notes receivable	<u>26,863</u>
---	---------------

Contributions

Employer	2,882,344
Participant	2,166,968
Participant rollovers	<u>85,699</u>
	<u>5,135,011</u>

10,982,301

DEDUCTIONS

Benefits paid to participants	2,633,577
Administrative expenses	<u>199,845</u>
	<u>2,833,422</u>

NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	8,148,879
--	-----------

Net assets available for benefits, beginning of year	<u>50,264,291</u>
--	-------------------

Net assets available for benefits, end of year	<u>\$ 58,413,170</u>
--	----------------------

DESERT RADIOLOGISTS EMPLOYEE RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2017

1. Description of Plan

The following description of the Desert Radiologists Employee Retirement Plan (the Plan) provides only summarized information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General. The Plan is a defined contribution plan covering all eligible employees of Ellis, Bandt, Birkin, Kollins & Wong, LLC., d/b/a Desert Radiology (the Employer or Plan Sponsor). Eligible employees are those who have at least a three month period or 1,000 hours of service and have attained 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA)

Contributions. Each year, participants may elect to defer up to 85% of compensation, as defined in the Plan document, as pre-tax contributions to what is known as a "regular 401(k) deferral" or as after-tax contributions to what is known as a "Roth 401(k) deferral," subject to limits established by the Internal Revenue Service (IRS). Participants who have attained the age of 50 before the close of the Plan year may make "catch-up" contributions, also subject to the limits established by the IRS. Participant contributions may also include, without limitation, transfers from other qualified defined benefit or defined contribution plans.

Unless an eligible employee affirmatively elects not to participate, the Plan provides for automatic enrollment with default participant contributions of 3% of compensation and will be increased by 1% per annum on the 7th of April until the deferral percentage reaches 10%.

At the discretion of its Board of Directors, the Employer may make additional contributions to participants' accounts. Employer profit-sharing contributions are allocated among four groups, also determined by its Board of Directors. Participants must be employed on the last day of the Plan year to be eligible for an allocation of Employer profit-sharing contributions, with the exception of participants that terminate employment as a result of normal retirement, death, or disability who will receive allocated profit-sharing contributions for the period worked in the respective Plan year. Furthermore, the plan provides for a discretionary employer match to be considered on an annual basis. In 2017, the Board of Directors contributed both profit sharing and discretionary employer match contributions. The profit sharing contributions were a minimum of 3.5% of compensation for eligible employees. The discretionary contribution match was 50% of eligible employee contributions not to exceed 3% of each participant's compensation.

Participant accounts. Each participant account is credited with the participant's contribution and allocations of the Employer's discretionary contribution, if any, investment income and changes in investment value, and is charged with benefits paid to the participant and an allocation of any administrative expense absorbed by the Plan. Allocations are based on participants' earnings or account balances, as provided in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting and payment of benefits. Participants are immediately vested in their contributions, adjusted for investment earnings and changes in investment values allocated thereto. Vesting in the portion of the participants' account attributable to the Employers' contributions, also adjusted for investment earnings and changes in investment values allocated thereto, is based on years of service. A participant is fully vested after five years of credited service, or upon normal retirement age, as defined in the Plan document. If a participant's employment terminates as a result of death or disability, as defined in the Plan document, his or her account immediately becomes fully vested. In the event of Plan termination, all participants will become fully vested in their accounts. On termination of service, participants with vested benefits of \$5,000 or less will receive a single lump-sum cash payment of benefits, and those with vested benefits exceeding \$5,000 have the option of receiving a single lump-sum or partial cash payment of benefits, rollover or deferral until normal retirement age. Under certain specified circumstances, participants may receive an "in-service" payment or hardship distribution prior to termination for part or all of their vested accounts. Upon termination of employment for any reason other than as a result of death or disability, participants forfeit their non-vested balances

(Continued)

DESERT RADIOLOGISTS EMPLOYEE RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2017

Investment options. Upon enrollment in the Plan, participants may direct the investment of their accounts, in whole percentage increments, to any of the Plan's investment options selected by the Plan Trustees. Participants may change their investment options at any time.

Participant notes receivable. Participants may borrow a minimum of \$1,000 to a maximum equal to the lesser of 50% of their vested account balance or \$50,000. Each participant is allowed only one outstanding loan at a time. Notes are secured by the balance in the participants' accounts and bear interest at a rate selected and deemed reasonable by the Plan Custodian, which rates are fixed on the date the loan is originated for the life of the loan. Principal and interest are amortized over a period not to exceed five years and are payable through payroll deductions

Administrative expense. Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. During 2017, the Employer absorbed certain expenses totaling \$20,346 on behalf of the Plan, which are reported as both employer contributions and administrative expense in the accompanying financial statements

Forfeited accounts. At December 31, 2017 and 2016, forfeited nonvested accounts totaled \$20,374 and \$43,407, respectively. These accounts will be used to reduce employer contributions and pay expenses. In 2017, employer contributions and expenses were reduced by \$44,857 from forfeited nonvested accounts.

2. Summary of Significant Accounting Policies

Basis of accounting. The Plan's financial statements are prepared on an accrual basis, pursuant to applicable accounting principles generally accepted in the United States (GAAP).

Use of estimates. Timely preparation of financial statements in conformity with GAAP requires the use of management estimates that affect the reported amounts of assets and changes therein, which estimates may require revision in future periods. The Plan invests in various investment securities that are inherently exposed to varying degrees of market, credit and interest rate risk. Due to the risks typically associated with certain investment securities and the economic conditions discussed in the following paragraph, it is reasonably possible for material adverse changes in estimated investment values to occur within the next year.

Risks and uncertainties. Investments in marketable securities are inherently subject to significant volatility in the stock market and other investment values. The probable effect of this volatility on the value of the Plan's investments cannot be predicted at this time, but may be substantial.

Cash equivalents. Cash equivalents consist of highly liquid investments with original maturities of three months or less. As of December 31, 2017, \$2,745,268 originally included among cash and equivalents has been retroactively reclassified to investments (interest-bearing deposits) to conform to the current presentation.

Investment valuation and income recognition. The Plan's investments are stated at estimated fair value (Note 3).

The estimated fair value of a financial instrument is the price that would likely be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GAAP provides a fair value hierarchy that prioritizes inputs to valuation techniques used to measure estimated fair value. Estimated fair value measurement within levels 1-3 of the fair value hierarchy set forth in GAAP is based on the lowest level of input that is significant to the estimate. GAAP requires that valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. There were no changes in valuation techniques and related inputs used as of the dates, or during, the period presented.

(Continued)

DESERT RADIOLOGISTS EMPLOYEE RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2017

The estimated fair value of registered investment companies, self-directed brokerage accounts and interest bearing cash accounts is based on quoted market prices (level 1 inputs).

The estimated fair value of the life insurance policy is calculated by the present value of discounted cash flows related to the policy (level 3 inputs).

The net appreciation in the estimated fair value of investments includes gains and losses on investments sold during the year, the net change in the estimated fair value of investments held at year end, and is reported net of investment-related expenses. Interest income is recorded on the accrual basis, when earned, and dividends are recorded on the ex-dividend date.

Participant notes receivable. Notes receivable from participants are measured at their unpaid principal balance plus any unpaid accrued interest. Loan origination and related fees are deducted at loan origination, paid to the Plan Administrator and recorded as administrative expense as incurred. If a participant were to cease making payments, and the Plan Administrator deems the participant note to be in default, the participant note receivable balance would be reduced and a benefit payment recorded. Accordingly, no allowance for credit losses has been recorded as of December 31, 2017 and 2016.

Payment of benefits. Benefit payments are recorded when paid. At December 31, 2017, there were no benefits requested that had not been paid.

Income tax. As discussed in Note 6, the Plan is exempt from federal income tax. GAAP requires the Plan Administrator to evaluate any tax positions taken by the Plan. In the unlikely event any income tax, related penalty and/or interest, including relative to uncertain tax positions (as defined in GAAP) taken by the Plan, are deemed probable of assessment, the Plan's policy is to record them as administrative expense. Tax years that remain open to examination include 2014 through the current period.

3. Investments

All of the Plan's investments as of December 31, 2017 and 2016, were certified by the Plan Custodian as complete and accurate. In addition, the net change in estimated fair value of the Plan's investments for the year ended December 31, 2017, including realized and unrealized gains and losses, interest and dividends, was also certified as complete and accurate by the Plan Custodian.

The following table set forth the Plan's investments by type and input level within the fair value hierarchy as of December 31, 2017 and 2016:

	2017	2016
Participant-directed investments, at estimated fair value using level 1 inputs:		
Registered investment companies (mutual funds)	\$ 35,723,594	\$ 30,126,415
Self-directed brokerage accounts	16,431,930	14,773,649
Interest bearing cash accounts	2,745,268	2,029,820
Participant-directed investments, at estimated fair value using level 3 inputs:		
Life insurance policy	105,482	101,322
	<u>\$ 55,006,274</u>	<u>\$ 47,031,206</u>

(Continued)

DESERT RADIOLOGISTS EMPLOYEE RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2017

Changes in the Plan's level 3 investments for the year ended December 31, 2017, are summarized as follows:

Balance January 1, 2017	\$ 101,322
Investment income, including \$568 attributable to net unrealized gains and losses	5,860
Cost of insurance policy	(1,700)
Balance December 31, 2017	<u>\$ 105,482</u>

Information related to significant, unobservable inputs used in the valuation of the Plan's level 3 investments for the year ended December 31, 2017, is as follows:

<u>Investment</u>	<u>Estimated Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Significant Unobservable Input</u>	<u>Range</u>
Phoenix life insurance policy	\$ 105,482	Cash value of base policy plus cash value of paid up additional Insurance	None	N/A

Information related to significant, unobservable inputs used in the valuation of the Plan's level 3 investments for the year ended December 31, 2016, is as follows:

<u>Investment</u>	<u>Estimated Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Significant Unobservable Input</u>	<u>Range</u>
Phoenix life insurance policy	\$ 101,322	Cash value of base policy plus cash value of paid up additional Insurance	None	N/A

4. Party-in-interest Transactions

All of the Plan's investments are managed by the Plan Custodian; and therefore, the related transactions qualify under ERISA as exempt party-in-interest transactions.

5. Plan Termination

The Plan Sponsor has the right to terminate the Plan subject to the provisions of ERISA.

6. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan Sponsor that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since this determination, the Plan Sponsor believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC; and therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

7. Subsequent Events

The Plan Administrator has evaluated events subsequent to December 31, 2017, for possible recognition or disclosure in the accompanying financial statements through October 10, 2018, the date the financial statements were available for issuance. No such events were identified.

SUPPLEMENTAL SCHEDULES

DESERT RADIOLOGISTS EMPLOYEE RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN SPONSOR EIN: 88-0098322, PLAN NUMBER: 004
AS OF DECEMBER 31, 2017

(a) Party-in-interest	(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
*	Schwab Retirement Advantage Money Fund	Registered investment company	\$ N/A	\$ 2,745,268
*	Schwab Small Cap Index Fund	Registered investment company	N/A	321,398
*	Schwab International Index Fund	Registered investment company	N/A	3,636,844
*	Schwab Treasury Inflation Protected Secs Index	Registered investment company	N/A	2,963,541
*	Schwab S&P 500 Index Fund	Registered investment company	N/A	3,158,584
	Vanguard Emerging Markets Index ADM	Registered investment company	N/A	1,699,473
	Vanguard Growth Index Admiral	Registered investment company	N/A	1,913,700
	Vanguard Mid Cap Growth Index ADM	Registered investment company	N/A	190,585
	Vanguard Mid Cap Index Admiral	Registered investment company	N/A	1,763,209
	Vanguard Mid Cap Value Index ADM	Registered investment company	N/A	2,317,714
	Vanguard REIT Index Admiral	Registered investment company	N/A	1,199,031
	Vanguard Small Cap Value Index ADM	Registered investment company	N/A	1,572,254
	Vanguard Small Cap Growth Index	Registered investment company	N/A	177,387
	Vanguard Total Bond Market Index Inst	Registered investment company	N/A	12,156,608
	Vanguard Value Index ADM	Registered investment company	N/A	2,653,266
*	Schwab Personal Choice, Retirement Accounts	Self-directed brokerage accounts	N/A	16,431,930
	Phoenix Life Insurance Company	Cash value insurance policy	<u>N/A</u>	<u>105,482</u>
				55,006,274

DESERT RADIOLOGISTS EMPLOYEE RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
PLAN SPONSOR EIN: 88-0098322, PLAN NUMBER: 004
AS OF DECEMBER 31, 2017

<u>(a) Party-in-</u> <u>interest</u>	<u>(b) Identity of issue, borrower,</u> <u>lessor, or similar party</u>	<u>(c) Description of investment</u> <u>including maturity date, rate of</u> <u>interest, collateral, par, or</u> <u>maturity value</u>	<u>(d) Cost</u>	<u>(e) Current</u> <u>value</u>
	Participant notes receivable	Rates vary from 5.25% - 6.25% and various maturity dates (through 2022)		<u>505,402</u>
			\$ <u>N/A</u>	<u>\$55,511,676</u>

DESERT RADIOLOGISTS EMPLOYEE RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
PLAN SPONSOR EIN: 88-0098322, PLAN NUMBER: 004
AS OF DECEMBER 31, 2017

<u>(a) Identity of issue, borrower, lessor, or similar party</u>	<u>(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>(c) Cost of acquisitions</u>	<u>(d) Proceeds of dispositions</u>
Plan participants	5.25% to 6.25% loans, secured by vested benefits	\$ --	\$ --

Desert Radiology Employee Retirement Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2017

EIN: 88-0098322
Plan Number: 004

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)

Fund Family/Provider	EIN	Formula
Allianz Funds	06-1349805	Rate of 0.35% of average daily balance of asset(s)
Alpine	13-3982412	Rate of 0.10% of average daily balance of asset(s)
American Century Investments	43-0821857	Range of 0.24 - 0.35% of average daily balance of assets
Davis Funds	52-1346931	Rate of 0.40% of average daily balance of asset(s)
Dreyfus	Not Available	Rate of 0.48% of average daily balance of asset(s)
Fidelity Investments	06-1194217	Rate of 0.10% of average daily balance of asset(s)
Hartford Mutual Funds	13-3317783	Rate of 0.40% of average daily balance of asset(s)
ICON Funds	75-2676133	Rate of 0.40% of average daily balance of asset(s)
Jensen	93-0978027	Rate of 0.40% of average daily balance of asset(s)
Kinetics	13-3878346	Rate of 0.40% of average daily balance of asset(s)
Laudus Funds	94-3106735	Rate of 0.10% of average daily balance of asset(s)
Matthews Asia Funds	94-3250972	Rate of 0.40% of average daily balance of asset(s)
Oakmark	52-2257782	Rate of 0.35% of average daily balance of asset(s)
Schwab Funds	94-3106735	Range of 0.02 - 0.25% of average daily balance of assets
T. Rowe Price	52-2264646	Rate of 0.15% of average daily balance of asset(s)
USAA	74-0959140	Rate of 0.33% of average daily balance of asset(s)
Wells Fargo Funds	41-0449260	Rate of 0.55% of average daily balance of asset(s)

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

NAME OF PLAN SPONSOR:	Ellis, Bandt, Birkin, Kollins & Wong, LLC
NAME OF PLAN:	Desert Radiology Employee Retirement Plan
EIN:	88-0098322
PLAN NUMBER:	004

(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
*	PARTICIPANT LOANS	Loans (5.25% - 6.25%)		505,402
*	SCHWAB BANK SAVINGS	Money Market / Cash Equivalent		2,745,268
	PCRA	Self-Directed Brokerage Account		16,431,930
*	SCH TREAS INFL PRO SECS IDX	Registered Investment Company		2,963,541
*	SCHWAB INTERNATIONAL INDEX FD	Registered Investment Company		3,636,844
*	SCHWAB S&P 500 INDEX FUND	Registered Investment Company		3,158,584
*	SCHWAB SMALL-CAP INDEX FUND	Registered Investment Company		321,398
	VANGUARD EMRG MKTS INDEX ADM	Registered Investment Company		1,699,473
	VANGUARD GROWTH INDEX ADMIRAL	Registered Investment Company		1,913,700
	VANGUARD MDCP GRTH INDEX ADM	Registered Investment Company		190,585
	VANGUARD MID CAP INDEX ADMIRAL	Registered Investment Company		1,763,209
	VANGUARD MID CAP VALUE IDX ADM	Registered Investment Company		2,317,714
	VANGUARD REIT INDEX ADMIRAL	Registered Investment Company		1,199,032
	VANGUARD SM CAP VAL INDEX ADM	Registered Investment Company		1,572,254
	VANGUARD SMALL CAP GRTH INDEX	Registered Investment Company		177,387
	VANGUARD TOTAL BD MKT IDX INST	Registered Investment Company		12,156,607
	VANGUARD VALUE INDEX ADM	Registered Investment Company		2,653,266
	CASH VALUE OF LIFE INSURANCE	Life Insurance		100,190

* Party-in-interest