

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 2017 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: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div> <div style="margin-top: 5px;"> ☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div> </div>
B	This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>002</u>
1c	Effective date of plan <u>06/30/1972</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>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC</u> <u>6 NESHAMINY INTERPLEX SUITE 207</u> <u>TREVOSE, PA 19053</u>
2b	Employer Identification Number (EIN) <u>22-1917247</u>
2c	Plan Sponsor's telephone number <u>609-585-8800</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	RACHEL DESSER
	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 c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 136
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 122 6a(2) 131 6b 0 6c 36 6d 167 6e 1 6f 168 6g 150 6h
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 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) ☒ 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)** ☒ 2 **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 RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC	D Employer Identification Number (EIN) 22-1917247

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 NATIONWIDE LIFE INSURANCE 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
23-0990450	68225	PT856	4	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	

(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
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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	

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	177631

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	2850
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 ▶ DIRECT COST OF MAINTAINING THE CONTRACT	6d	3422

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. ▶

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 RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC	D Employer Identification Number (EIN) 22-1917247

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 ACCORDIA LIFE 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
42-0175020	61689	IL005	2	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
	(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	

(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	51365

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	1174
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
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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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) 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 RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC	D Employer Identification Number (EIN) 22-1917247

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 FIDELITY INVESTMENTS INSTITUTIONAL 04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 71	RECORDKEEPER	2042	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

INTERNAL REVENUE SERVICE

61-1785424

(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?
14	PLAN SPONSOR	764	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY SMITH BARNEY

26-4310632

(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?
27	ADVISOR	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
AB HIGH INCOME A- ALLIANCEBERNSTEIN 18 RUE EUGNE RUPPERT LUXEMBOURG, MA L-2453 LU	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
BLKRK GLOBAL A-BNY MELLON INV SER PO BOX 9793 PROVIDENCE, RI 02940	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
COLUMBIA BALANCED-COLUMBIA MGMT INV PO BOX 8081 BOSTON, MA 02266	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
DREYFUS INTL BOND A-DREYFUS TRANS 13-2614959	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
EV ATL CAP SMID-CP A BNY MELLON PO BOX 9793 PROVIDENCE, RI 02940	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
FKLN RISING DIVS A-FKLN TEMPL 94-3167260	0.25%	

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
FIDELITY INVESTMENT INSTITUTIONAL	60	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.	
HTFD DIV & GRTH R4- HARTFORD ADMIN 41-0679409	.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENT INSTITUTIONAL	60	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.	
INVS EQL WT S&P500 A- INVESCO 11 GREENWAY PLAZA HOUSTON, TX 77046	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENT INSTITUTIONAL	60	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.	
IVY INTL CORE EQ A-WI SVC CO PO BOX 29217 SHAWNEE MISSION, KS 66201	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
JPM CORE PLUS BOND A- BOSTON FNCL P.O. BOX 8480 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
JPM SMART RET INC A- BOSTON FNCL P.O. BOX 8480 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
JPM SMART RET 2020 A-BOSTON FNCL PO BOX 8480 BOSTON, MA 02266	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
JPM SMART RET 2025 A P.O. BOX 8480 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
JPM SMART RET 2030 P.O. BOX 8480 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
JPM SMART RET 2035 P.O. BOX 8480 BOSTON, MA 02266	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
JPM SMART RET 2040 P.O. BOX 8480 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
JPM SMART RET 2045 P.O. BOX 8480 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
JPM SMART RET 2050 PO BOX 8480 BOSTON, MA 02266	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
JPM SMART RET 2055 PO BOX 8480 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
JPM US SMALL CO A PO BOX 8480 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
MFS GLOIBAL EQUITY R3 04-2865649	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
MFS MID CAP VALUE R3 04-2865649	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
MFS UTILITIES R3 04-2865649	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
OPP INTL SM MID CO A 225 LIBERTY STREET NEW YORK, NY 10281	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
OPPHMR DEV MKTS A 225 LIBERTY STREET NEW YORK, NY 10281	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
OPPHMR INTL GROWTH A 225 LIBERTY STREET NEW YORK, NY 10281	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
PIM RE REAL RET A PO BOX 8480 BOSTON, MA 02266	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
PUTNUM HIGH YIELD ADV A 04-2539562	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
TRP US BOND ENH INX 52-2269240	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
VRS SMALL CAP GRTH A 4249 EASTON WAY COLUMBUS, OH 43219	0.25%	

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
MORGAN STANLEY SMITH BARNEY	61	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.
COLUMBIA BALANCED A	225 FRANKLIN STREET BOSTON, MA 02110	\$0-<\$3M=1.00% \$3M-<\$50M=0.50% \$50M+=0.25%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
MORGAN STANLEY SMITH BARNEY	61	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.
JPM CORE PLUS BOND A	13-2624428	\$0-<\$4M=0.75% \$4M-<\$50M=0.50% \$50M+=0.25%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
MORGAN STANLEY SMITH BARNEY	61	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.
JPM SMART RET INC A	13-2624428	\$0-<\$4M=1.00% \$4M-<\$10M=0.75% \$10M-<\$50M=0.50% \$50M+=0.25%

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
MORGAN STANLEY SMITH BARNEY	61	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.	
JPM SMART RET 2020 A 13-2624428	\$0-<\$4M=1.00% \$4M-<\$10M=0.75% \$10M-<\$50M=0.50% \$50M+=0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	61	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.	
JPM SMART RET 2025 A 13-2624428	\$0-<\$4M=1.00% \$4M-<\$10M=0.75% \$10M-<\$50M=0.50% \$50M+=0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	61	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.	
JPM SMART RET 2030 A 13-2624428	\$0-<\$4M=1.00% \$4M-<\$10M=0.75% \$10M-<\$50M=0.50% \$50M+=0.25%	

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
MORGAN STANLEY SMITH BARNEY	61	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.	
JPM SMART RET 2035 A 13-2624428	\$0-<\$4M=1.00% \$4M-<\$10M=0.75% \$10M-<\$50M=0.50% \$50M+=0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	61	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.	
JPM SMART RET 2040 A 13-2624428	\$0-<\$4M=1.00% \$4M-<\$10M=0.75% \$10M-<\$50M=0.50% \$50M+=0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	61	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.	
JPM SMART RET 2045 A 13-2624428	\$0-<\$4M=1.00% \$4M-<\$10M=0.75% \$10M-<\$50M=0.50% \$50M+=0.25%	

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
MORGAN STANLEY SMITH BARNEY	61	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.	
JPM SMART RET 2050 A 13-2624428	\$0-<\$4M=1.00% \$4M-<\$10M=0.75% \$10M-<\$50M=0.50% \$50M+=0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	61	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.	
JPM US SMALL CO A 13-2624428	\$0-<\$4M=1.00% \$4M-<\$10M=0.75% \$10M-<\$50M=0.50% \$50M+=0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	55	18151
(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.	
NATIONAL FINANCIAL SERVICES 04-3523567	18151	

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
MORGAN STANLEY SMITH BARNEY	61	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.	
OPP INTL SM MID CO A 13-2953455	\$5M+ = 0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	61	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.	
OPPHMR DEV MKTS A 13-2953455	\$5M+ = 0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY	61	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.	
OPPHMR INTL GROWTH A 13-2953455	\$5M+ = 0.25%	

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
MORGAN STANLEY SMITH BARNEY	61	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.	
PUTN HGH YLD ADV A 04-1223767	\$0-<\$1M=1.00% \$1M-<\$2M=0.75% \$2M+=0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <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>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC</u>		D Employer Identification Number (EIN) <u>22-1917247</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)	1246960	1421683
	(2) Participant contributions	1b(2)	0	0
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1616836	1723943
	(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)	24343	24743
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	5251781	2508449
	(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)	165025	154659
	(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)	26106864	33594084
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	237104	228997
	(15) Other	1c(15)	5332	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	34654245 39656558
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	34654245 39656558

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1679426
	(B) Participants	2a(1)(B)	978866
	(C) Others (including rollovers)	2a(1)(C)	4898
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2663190
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	10698
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	600
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	7002
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	18300
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	25552
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1278555
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1304107
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1110884
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1065975
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	44909
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	432925
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	432925

		(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)		3352800
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		7816231

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2784139	
(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)		2784139
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		24643
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	3422	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1714	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		5136
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2813918

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5002313
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: SC&H ATTEST SERVICES PC

(2) EIN: 52-1743645

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.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?.....		X	
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.).....	X		
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.).....		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
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 RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC		D Employer Identification Number (EIN) 22-1917247
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): 04-2647786		
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): _____

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): _____

**RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C.
EMPLOYEE PROFIT SHARING PLAN**

**Financial Statements
Together with Independent Auditors' Report**

**As of December 31, 2017 and 2016 and
For the Year Ended December 31, 2017**



INDEPENDENT AUDITORS' REPORT

To the Administrator of the
Radiology Affiliates of Central New Jersey, P.C. Employee Profit Sharing Plan
and its Participants:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Radiology Affiliates of Central New Jersey, P.C. Employee Profit Sharing 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

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

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 Fidelity Management Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustee executes investment transactions. The Plan administrator has obtained a certification from the Trustee 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 Trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2017, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental 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 supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

SC & H Asset Services, P.C.

August 13, 2018

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

<i>As of December 31,</i>	<i>2017</i>	<i>2016</i>
<hr/>		
Assets		
Investments, at Fair Value	\$ 38,080,216	\$ 33,242,260
Receivables		
Notes receivable from participants	154,659	165,025
Company contributions receivable	1,421,683	1,246,960
<hr/>		
Total Receivables	1,576,342	1,411,985
<hr/>		
Total Assets	39,656,558	34,654,245
Liabilities	-	-
<hr/>		
Net Assets Available for Benefits	\$ 39,656,558	\$ 34,654,245
<hr/>		

The accompanying notes are an integral part of these financial statements.

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2017

Changes in Net Assets Available for Benefits Attributable to:

Contributions	
Participants	\$ 978,866
Company	1,679,426
Rollovers	4,898
<hr/>	
Total Contributions	2,663,190
Investment Income	
Interest and dividends	1,315,406
Net appreciation in fair value of investments	3,825,688
Increase in cash surrender value of life insurance policies	4,731
<hr/>	
Total Investment Income	5,145,825
Interest Income on Notes Receivable from Participants	7,216
Benefits Paid to Participants	(2,808,782)
Administrative Expenses	(5,136)
<hr/>	
Net Increase in Net Assets Available for Benefits	5,002,313
Net Assets Available for Benefits:	
Beginning of Year	34,654,245
<hr/>	
End of Year	\$ 39,656,558

The accompanying notes are an integral part of this financial statement.

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Notes to the Financial Statements As of December 31, 2017 and 2016 For the Year Ended December 31, 2017

1. DESCRIPTION OF THE PLAN

The following description of the Radiology Affiliates of Central New Jersey, P.C. Employee Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the summary plan description for a complete description of the Plan's provisions.

General

The Plan is a defined contribution plan, which was established effective June 30, 1972 by Radiology Affiliates of Central New Jersey, P.C. (the Company). The Plan covers all eligible employees of the Company who have attained 21 years of age. All employees of the Company are eligible to participate in the Plan except for residents of Puerto Rico, employees covered by a collective bargaining agreement for which retirement benefits have been the subject of good faith negotiations, leased employees, and nonresident aliens with no income from a U.S. source. Eligible employees may participate in the Plan upon completion of one year with 1,000 hours of service. Once eligibility requirements are attained, participants may begin to contribute on the first day of the year or six months after (i.e. January 1st or July 1st). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was most recently amended and restated effective November 9, 2015.

Participant Contributions

Participants may contribute up to 75% of their annual W-2 compensation, as defined by the Plan, not to exceed the maximum allowable contributions under the Internal Revenue Code (the Code). The maximum allowable pre-tax contribution totaled \$18,000 for the year ended December 31, 2017. Participants may also elect a portion of their deferrals as a Roth contribution. If they elect to make Roth deferrals, the amount of their contribution will be included in income for tax purposes, and the income tax withholding amounts will be deducted from the remainder of their pay, not from the Roth deferral amount. Employees who have attained age 50 before the end of the Plan year may make additional catch-up contributions, subject to limitations imposed by the Code, which totaled \$6,000 for the year ended December 31, 2017. Participants are permitted to make rollover contributions into the Plan.

Company Contributions

The Company may, at its discretion, elect to match a portion of the eligible participant's contributions on a Plan year basis. For the year ended December 31, 2017, the Company provided a discretionary matching contribution of 50% of participant contributions up to 4% of their eligible compensation, which totaled \$232,742.

Prior to December 21, 2012, the Company made matching contributions in accordance with the 2012 Plan agreement. After December 21, 2012, the Plan was amended to replace the matching contributions with safe harbor contributions for eligible participants.

The Company also makes safe harbor non-elective contributions to eligible participants. For the year ended December 31, 2017, employees received a safe harbor match of 3% of their eligible compensation, which totaled \$474,994.

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Notes to the Financial Statements As of December 31, 2017 and 2016 For the Year Ended December 31, 2017

1. DESCRIPTION OF THE PLAN – cont’d.

Company Contributions – cont’d.

Employees are also eligible to receive non-elective profit sharing contributions made at the discretion of the Board of Directors each year upon satisfaction of the eligibility requirements, as defined by the Plan. Profit sharing contributions are allocated pro rata based on each employee’s compensation in relation to the compensation of all participants eligible to receive the contribution.

Participants must be employed by the Company on the last day of the year to receive the non-elective profit sharing contribution. For the year ended December 31, 2017, the Company contributed \$971,690 as qualified non-elective profit sharing contributions.

Participant Accounts

Each participant’s account is participant-directed and is credited with the participant’s contributions, withdrawals, and allocations of Company contributions, plan earnings and administrative expenses in accordance with the investment options selected by the participant. Any earnings, losses, and administrative expenses are allocated to participant accounts based upon the balance in each account. The benefit to which a participant is entitled is the benefit that can be provided from the vested portion of the participant’s account.

Vesting

Participants are immediately vested in their contributions, safe harbor contributions, and discretionary matching contributions made by the Company, plus earnings thereon. For Company matching contributions made prior to December 21, 2012 and non-elective profit sharing contributions, vesting is based on years of continuous service, as defined by the Plan, according to the following graduated vesting schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 2	0%
2	25%
3	50%
4	75%
5	100%

Participants become fully vested in their Company contributions upon attainment of normal retirement age, total disability or death.

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Notes to the Financial Statements As of December 31, 2017 and 2016 For the Year Ended December 31, 2017

1. DESCRIPTION OF THE PLAN – cont'd.

Forfeitures

Forfeitures of Company contributions may be used to pay administrative expenses or reduce future Company contributions. Forfeitures become available to the Plan as of the earlier of the last day of the Plan year in which a former employee incurs five consecutive one-year breaks in service or a distribution of the participant's entire vested account balance occurs. Forfeitures available as of December 31, 2017 and 2016 totaled \$26,303 and \$4,688, respectively. Forfeitures totaling \$25,000 were used to reduce Company contributions for the year ended December 31, 2017.

Notes Receivable from Participants

Participants may borrow up to 50% of their vested account balance, not to exceed \$50,000, without regard to the intended use of the funds. The minimum note amount is \$1,000 and each participant may not exceed two loans outstanding at a given time. The notes are collateralized by the participant's vested account balance and are accounted for as a specific investment of the borrowing participant's account. Note repayments are to be made at least quarterly with interest based on rates comparable to those offered by financial institutions at the time of note origination. Notes for reasons other than the purchase of a primary residence are to be repaid within five years. Notes used to purchase a primary residence are to be repaid over a ten year period.

Payment of Benefits

Upon termination of service due to death, disability, retirement (age 65), early retirement (55 years of age and 6 years of service) or attainment of age 59 ½, a participant or their beneficiary, in the event of death, is entitled to a distribution of their vested account balance. Distributions from the Plan are payable in the form of a lump sum payment or installment payments; however, distributions of accounts with balances less than \$1,000 must be in the form of a lump-sum distribution. Prior to retirement, distributions from the Plan are payable in the form of a lump sum payment. Upon proof, to the satisfaction of the Plan administrator, of an immediate and heavy financial need, amounts contributed by the participant may be withdrawn for a hardship purpose. Distributions are subject to the applicable provisions of the Plan agreement. Certain income taxes and penalties may apply to withdrawals or distributions prior to age 59 ½. As of December 31, 2017 and 2016, there were no net assets of the Plan allocated to the accounts of participants who had elected to withdraw from the Plan that had not received such distributions as of year-end.

Plan Expenses

Expenses incurred in the administration of the Plan are required to be paid by the Trustee with assets of the Plan unless the Company, at its discretion, elects to pay them. During the year ended December 31, 2017, the Company paid the majority of direct expenses related to the Plan's operations. Administrative expenses totaling \$5,136 were paid directly from the Plan for the year ended December 31, 2017. Loan and distribution fees are paid by the Plan and its participants. Investment related expenses are included in net appreciation in fair value of investments.

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Notes to the Financial Statements As of December 31, 2017 and 2016 For the Year Ended December 31, 2017

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan provides for investments in financial instruments that are exposed to risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities may occur in the near term and materially affect the amounts reported in the statements of net assets available for benefits.

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

Fair Value Measurement

Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, defines fair value and establishes a framework for measuring fair value. That framework 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 ASC 820 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.

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Notes to the Financial Statements As of December 31, 2017 and 2016 For the Year Ended December 31, 2017

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – cont’d.

Fair Value Measurement – cont’d

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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 upon 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.

The following is a description of the valuation methodologies used for assets measured at fair value:

Interest bearing cash: Shares of a money market portfolio are valued using amortized cost which approximates fair value.

Interests in registered investment companies: Valued at the closing price of the shares held by the Plan at year-end. Funds are traded on an active market.

Self-directed funds: Valued at the closing price of shares held by the Plan at year-end. Individual securities within the accounts are traded on an active market.

Cash surrender value of life insurance policies: Cash surrender values of life insurance policies are valued at their redemption values.

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 instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2017 and 2016.

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Notes to the Financial Statements As of December 31, 2017 and 2016 For the Year Ended December 31, 2017

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – cont’d.

Fair Value Measurement – cont’d.

The following table sets forth by level, within the fair value hierarchy, the Plan’s investments at fair value as of December 31, 2017:

	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 355,865	\$ -	\$ -	\$ 355,865
Interests in registered investment companies	19,241,794	-	-	19,241,794
Self-directed funds	18,253,560	-	-	18,253,560
Cash surrender value of life insurance policies	-	228,997	-	228,997
Total investments, at fair value	\$ 37,851,219	\$ 228,997	\$ -	\$ 38,080,216

The following table sets forth by level, within the fair value hierarchy, the Plan’s investments at fair value as of December 31, 2016:

	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 243,699	\$ -	\$ -	\$ 243,699
Interests in registered investment companies	15,353,777	-	-	15,353,777
Self-directed funds	17,407,680	-	-	17,407,680
Cash surrender value of life insurance policies	-	237,104	-	237,104
Total investments, at fair value	\$ 33,005,156	\$ 237,104	\$ -	\$ 33,242,260

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes are treated as distributions based on the terms of the Plan agreement.

Subsequent Events

The Plan evaluated for disclosure any subsequent events through August 13, 2018, the date the financial statements were available to be issued, and determined there were no material events that warrant disclosure.

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Notes to the Financial Statements As of December 31, 2017 and 2016 For the Year Ended December 31, 2017

3. INVESTMENTS

All investment information (excluding cash surrender value of life insurance policies on the statements of net assets available for benefits and the related change in value on the statement of changes in net assets available for benefits) disclosed in the accompanying financial statements and supplemental schedule, including assets held as of December 31, 2017 and 2016, and interest and dividend income and net appreciation in fair value of investments for the year ended December 31, 2017, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Trustee of the Plan, Fidelity Management Trust Company.

The following investment information was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by Fidelity Management Trust Company (Fidelity), the Trustee of the Plan. The fair value of the life insurance policies are not certified.

	2017	2016
Investment values certified by the Trustee:	\$ 38,005,878	\$ 33,170,180
Information not certified by the Trustee:		
Cash surrender value of life insurance policies	\$ 228,997	\$ 237,104

4. SELF-DIRECTED FUNDS

The Plan offers a self-directed program to participants allowing them to invest their account balances in any investment, as permitted by the Plan and in accordance with ERISA. Under this type of arrangement, participants can direct investments into the self-directed program in addition to, or in lieu of, the various investment alternatives offered by the Plan. The Plan's investment in self-directed accounts, consisting principally of interests in registered investment companies, cash and common stock, totaled \$18,253,560 and \$17,407,680 as of December 31, 2017 and 2016, respectively. Interest and dividends on self-directed funds totaled \$525,279 for the year ended December 31, 2017. Unrealized and realized gain (net) on self-directed funds totaled \$1,905,413 as of December 31, 2017.

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Notes to the Financial Statements As of December 31, 2017 and 2016 For the Year Ended December 31, 2017

5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the Plan termination, participants will become 100% vested in their accounts.

6. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Fidelity Investments Institutional Operations Company, Inc., who acts as Custodian for the Plan. The Custodian is a related entity to the Trustee. The Plan loans funds to its participants according to the applicable provisions of the Plan agreement. The Company provides the Plan with certain accounting and administrative services for which no fees are charged. All such transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

7. INCOME TAX STATUS

The Plan has adopted a standardized prototype plan which received a favorable opinion letter from the Internal Revenue Service dated July 23, 2014, stating that the Plan is qualified in accordance with applicable sections of the Code. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan was amended and restated subsequent to receiving the opinion letter; however, the Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

ASC 740, *Income Taxes*, prescribes a recognition threshold and a measurement attribute for the financial statement recognition and measurement of tax positions taken or expected to be taken in a tax return as well as guidance on de-recognition, classification, interest and penalties and financial statement reporting disclosures. For these benefits to be recognized, a tax position must be more-likely-than-not to be sustained upon examination by taxing authorities. As the Plan is tax exempt and has no unrelated business taxable income, the provisions of ASC 740 do not have an impact on the Plan's financial statements. The Plan recognizes interest and penalties accrued on any unrecognized tax exposures as a component of income tax expense. The Plan does not have any amounts accrued relating to interest and penalties as of December 31, 2017 and 2016.

The Plan is subject to routine audits by the IRS and Department of Labor; however, there are currently no audits for any periods in progress.

SUPPLEMENTAL SCHEDULE PROVIDED
PURSUANT TO THE DEPARTMENT OF LABOR'S
RULES AND REGULATIONS

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Plan Sponsor EIN: 22-1917247

Plan Number: 002

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) As of 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
	* Fidelity Government Money Market DM	Interest bearing cash	xx \$	355,865
	AllianceBernstein High Income Fund A	Interest in registered investment companies	xx	188,030
	Blackrock Global Allocation A	Interest in registered investment companies	xx	158,920
	Columbia Balanced Fund A	Interest in registered investment companies	xx	61,674
	Dreyfus International Bond A	Interest in registered investment companies	xx	98,863
	Eaton Vance Atlanta Cap SMID-CP A	Interest in registered investment companies	xx	630,228
	* Fidelity Advisor Diversified Stock Fund A	Interest in registered investment companies	xx	498,532
	* Fidelity Advisor New Insights A	Interest in registered investment companies	xx	1,158,294
	* Fidelity Advisor Strategic Income A	Interest in registered investment companies	xx	383,507
	Franklin Rising Dividends Fund A	Interest in registered investment companies	xx	480,906
	Hartford Dividend & Growth R4	Interest in registered investment companies	xx	559,143
	Invesco Equally Weighted S&P 500 Fund A	Interest in registered investment companies	xx	946,845
	Ivy International Core Equities A	Interest in registered investment companies	xx	45,724
	J.P. Morgan Core Plus Bond Fund A	Interest in registered investment companies	xx	517,292
	J.P. Morgan Smart Retirement 2020 A	Interest in registered investment companies	xx	3,974,241
	J.P. Morgan Smart Retirement 2025 A	Interest in registered investment companies	xx	1,761,899
	J.P. Morgan Smart Retirement 2030 A	Interest in registered investment companies	xx	637,807
	J.P. Morgan Smart Retirement 2035 A	Interest in registered investment companies	xx	614,001
	J.P. Morgan Smart Retirement 2040 A	Interest in registered investment companies	xx	2,443,796
	J.P. Morgan Smart Retirement 2045 A	Interest in registered investment companies	xx	258,524
	J.P. Morgan Smart Retirement 2050 A	Interest in registered investment companies	xx	717,576
	J.P. Morgan Smart Retirement 2055 A	Interest in registered investment companies	xx	77,864
	J.P. Morgan Smart Retirement Income A	Interest in registered investment companies	xx	1,153,752
	J.P. Morgan U.S. Small Company Fund A	Interest in registered investment companies	xx	333,814
	MFS Global Equity Fund R3	Interest in registered investment companies	xx	359,316
	MFS Mid Cap Value Fund	Interest in registered investment companies	xx	130,641
	MFS Utilities R3	Interest in registered investment companies	xx	97,243
	Oppenheimer Developing Markets Fund A	Interest in registered investment companies	xx	170,133
	Oppenheimer International Growth A	Interest in registered investment companies	xx	185,060
	Oppenheimer International Small-Mid Co Fund A	Interest in registered investment companies	xx	95,907
	PIMCO Real Estate Real Return Strategy Fund A	Interest in registered investment companies	xx	235,286
	Putnam High Yield Advantage A	Interest in registered investment companies	xx	27,353
	T Rowe Price US Bond Enhanced Index Fund	Interest in registered investment companies	xx	209,033
	Victory RS Small Cap Growth Fund A	Interest in registered investment companies	xx	30,590
				19,241,794

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Plan Sponsor EIN: 22-1917247

Plan Number: 002

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd. As of 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
	Aim Diversified Dividend Investor Cl	Self-directed funds	xx	305,784
	Alibaba Group Hldg Ltd	Self-directed funds	xx	51,729
	Ally Bank Midvale Utah CD	Self-directed funds	xx	18,910
	Alphabet Inc Cap Stk Cl C	Self-directed funds	xx	5,232
	Altria Group Inc Nfs Llc Is A	Self-directed funds	xx	966
	Amazon.Com Inc Nfs Llc Is A Market	Self-directed funds	xx	219,860
	American Amcap Fund Class F	Self-directed funds	xx	54,297
	American Century Equity Income	Self-directed funds	xx	102,455
	American Century Inflation Adj Treas	Self-directed funds	xx	60,599
	American Europacific Growth Class F	Self-directed funds	xx	52,758
	American Mutual Fund Class F	Self-directed funds	xx	29,124
	American Washington Mutual Investors Fid Fund	Self-directed funds	xx	29,740
	Amg Managers Fair Pointe Mid Cap Cl N	Self-directed funds	xx	34,201
	Amg Yacktman Fund Service Class	Self-directed funds	xx	100,901
	Annaly Mortgage Management Inc	Self-directed funds	xx	129,087
	Antares Pharma Inc	Self-directed funds	xx	2,189
	Apollo Invt Corp Com Sh Ben Int	Self-directed funds	xx	11,320
	Apple Computer Inc Nfs Llc Is A Market	Self-directed funds	xx	165,221
	Apple Inc Note	Self-directed funds	xx	24,743
	Artisan Global Value Fd Invt Shares	Self-directed funds	xx	102,827
	AT&T Inc Com	Self-directed funds	xx	19,109
	Baird Aggregate Bond Fund Instl	Self-directed funds	xx	50,491
	Bank of America Corp	Self-directed funds	xx	82,840
	Bank of China New York City BR CD	Self-directed funds	xx	152,969
	Berkshire Hathaway Inc Dell Cl B New	Self-directed funds	xx	91,379
	Bitcoin Invt Tr Shs ISIN #US09173T1088	Self-directed funds	xx	14,112
	Blackrock Kelso Cap Cooperation	Self-directed funds	xx	13,767
	BP Plc Spon ADR Repsntg	Self-directed funds	xx	13,019
	Brown Capital Mgt Small Company Inv	Self-directed funds	xx	49,542
	Capital One Bank USA National Association CD	Self-directed funds	xx	53,950
	Chevrontexaco Corp	Self-directed funds	xx	11,215
	Chimera Invt Corp Com New	Self-directed funds	xx	25,101
	China Unicom Ltd Spons Adr	Self-directed funds	xx	4,423
	Citigroup Inc Com New	Self-directed funds	xx	72,259
	Consolidated Edison Hldg Co Inc	Self-directed funds	xx	19,409
	Costco Wholesale Corp	Self-directed funds	xx	11,223
	Cys Invt Inc Com	Self-directed funds	xx	28,809
	Discover Finl Svcs	Self-directed funds	xx	12,307
	Disney Walt Co Del (Holding Company)	Self-directed funds	xx	67,831
	Dodge & Cox Income	Self-directed funds	xx	205,217
	Dodge & Cox Internatl Stock Fund	Self-directed funds	xx	515,795
	Dodge & Cox Stock	Self-directed funds	xx	54,972
	Edwards Lifesciences Corp	Self-directed funds	xx	195,552
	El Pollo Loco Holdings Inc Com	Self-directed funds	xx	9,405
	Exxon Mobil Corp Nfs Is A Specialist	Self-directed funds	xx	30,923

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Plan Sponsor EIN: 22-1917247

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd. As of 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
	Facebook Inc Class A	Self-directed funds	xx	162,343
*	Fidelity Cash Reserves	Self-directed funds	xx	712,751
*	Fidelity Contrafund	Self-directed funds	xx	169,277
*	Fidelity Floating Rate High Income	Self-directed funds	xx	153,525
*	Fidelity Int'l Enhanced Index Fund	Self-directed funds	xx	8,569
*	Fidelity New Markets Income	Self-directed funds	xx	39,687
*	Fidelity Small Cap Retirement	Self-directed funds	xx	4,354
*	Fidelity Total Bond	Self-directed funds	xx	125,411
	First Eagle Us Value Class A	Self-directed funds	xx	20,626
	Fmi Common Stock Fund	Self-directed funds	xx	50,859
	Fmi International	Self-directed funds	xx	51,370
	Fmi Large Cap Fund	Self-directed funds	xx	363,749
	Foot Locker Inc	Self-directed funds	xx	5,579
	Ford Mtr Co Del Com	Self-directed funds	xx	12,490
	Fpa Crescent Instl	Self-directed funds	xx	133,540
	Franklin Age High Income Class A	Self-directed funds	xx	24,219
	Fundamental Investors	Self-directed funds	xx	35,586
	General Electric Co Nfs Is A Specialist	Self-directed funds	xx	7,420
	Gilead Sciences Inc	Self-directed funds	xx	77,828
	Global X Fds Global X Ftse Greece 20 Etf	Self-directed funds	xx	6,168
	Glu Mobile Inc	Self-directed funds	xx	3,640
	Goldman Sachs Bank USA NY CD	Self-directed funds	xx	100,000
	Goldman Sachs Group Inc	Self-directed funds	xx	49,849
	Gopro Inc. Class A	Self-directed funds	xx	1,665
	Growth Fund Of America Class A	Self-directed funds	xx	104,427
	Gsi Technology Inc	Self-directed funds	xx	796
	Harbor Bond	Self-directed funds	xx	231,659
	Harding Loevner Emerging Mkt Port	Self-directed funds	xx	32,394
	Harding Loevner Internatl Eq Inv Cl	Self-directed funds	xx	52,250
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	Instl Advisor Cl Leverged Co Stock	Self-directed funds	xx	42,595
	IRobot Corp Com	Self-directed funds	xx	36,049
	Ishares Comex Gold Trust Ishares Etf	Self-directed funds	xx	36,216
	Ishares Inc Msci Eafe Minimum	Self-directed funds	xx	3,387
	Ishares Inc Msci Emerging Mkts	Self-directed funds	xx	1,380
	Ishares Inc Msci Japan Etf New	Self-directed funds	xx	13,484
	Ishares Tr Dow Jones Us Home Constn Index	Self-directed funds	xx	60,028
	Ishares Tr Ftse Xinhau Hk China 25	Self-directed funds	xx	18,844
	Ishares Tr Lehman U S Aggregate Bd Fd	Self-directed funds	xx	190,343
	Ishares Tr Nasdaq Biotechnology Index	Self-directed funds	xx	19,219

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd. As of December 31, 2017

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	Ishares Tr S&P 500 Index Fd	Self-directed funds	xx	205,824
	Ishares Tr S&P Euro Plus 350 Index	Self-directed funds	xx	15,123
	Ishares Tr S&P Global Clean Energy	Self-directed funds	xx	2,353
	Ishares Tr S&P US Pfd Stk Index Fd	Self-directed funds	xx	4,885
	Ishares Trust Core Msci Eafe Etf	Self-directed funds	xx	13,786
	Ishares Trust Core Msci Europe	Self-directed funds	xx	160,737
	Ishares Trust Core Short-Term Us Bd Etf	Self-directed funds	xx	95,354
	Ishares Trust Core Total USD Bd Mkt Etf	Self-directed funds	xx	20,405
	J P Morgan Chase & Co	Self-directed funds	xx	37,429
	Jensen Portfolio, Inc.	Self-directed funds	xx	285,440
	Johnson & Johnson Nfs Is A Specialist	Self-directed funds	xx	70,383
	Kinder Morgan Inc Delaware Com	Self-directed funds	xx	7,619
	Las Vegas Sands Corp	Self-directed funds	xx	11,813
	Lazard Emerging Mkts Open Class	Self-directed funds	xx	51,136
	Loomis Sayles Bond Retail Shares	Self-directed funds	xx	411,059
	Mairs and Power Small Cap Fund	Self-directed funds	xx	50,000
	Matthews Asia Pacific Equity Income Fd	Self-directed funds	xx	54,646
	Matthews Pacific Tiger Fund	Self-directed funds	xx	52,312
	Mcdonalds Corp Nfs Is A Specialist	Self-directed funds	xx	40,708
	Metropolitan West Total Return Bond	Self-directed funds	xx	189,852
	Microsoft Corp NFS LLC Is A Market	Self-directed funds	xx	16,222
	Monsanto Co New	Self-directed funds	xx	4,671
	Morgan Stanley Bank N A Utah CD	Self-directed funds	xx	1,000
	Netflix.Com, Inc.	Self-directed funds	xx	80,623
	New Oriental Ed & Technology Group Inc	Self-directed funds	xx	23,500
	Nintendo Co Ltd Unspn Adr New	Self-directed funds	xx	3,199
	Nvidia Corp Nfs Llc Is A Market	Self-directed funds	xx	50,372
	Oakmark Internat'l	Self-directed funds	xx	64,693
	Organovo Hldgs Inc Com	Self-directed funds	xx	2,680
	Parnassus Equity Income Portfolio	Self-directed funds	xx	101,947
	Paychex Inc Nfs Llc Is A Market	Self-directed funds	xx	30,635
	Pimco High Income Fd Com Shs	Self-directed funds	xx	38,422
	Powershares QQQ Tr Unit Ser 1 Corp Bd	Self-directed funds	xx	130,994
	Ppl Corp	Self-directed funds	xx	18,939
	Primecap Odyssey Aggressive Growth Fund	Self-directed funds	xx	96,097
	Primecap Odyssey Growth Fund	Self-directed funds	xx	59,541
	Primecap Odyssey Sto Ck Fund	Self-directed funds	xx	61,516
	Qs Energy Inc Com Npv	Self-directed funds	xx	3,760
	Royal Carribean Cruises Ltd	Self-directed funds	xx	16,699
	Royce Special Equity	Self-directed funds	xx	50,392
	S&P Depository Receipt	Self-directed funds	xx	6,426
	Schwab S & P 500 Index Fd-Select Shs	Self-directed funds	xx	44,554

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd. As of 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
	Seafarer Overseas Growth & Income Inv	Self-directed funds	xx	43,233
	Sector Spdr Tr Shs Ben Int Consumer	Self-directed funds	xx	26,458
	Sector Spdr Tr Shs Ben Int Energy	Self-directed funds	xx	30,587
	Sector Spdr Tr Shs Ben Int Financial	Self-directed funds	xx	110,249
	Sector Spdr Tr Shs Ben Int Utilities	Self-directed funds	xx	25,624
	Select Sector Spdr Tr RI Est Sel Sec	Self-directed funds	xx	18,545
	Shake Shack Inc Cl A	Self-directed funds	xx	4,320
	Shire Pharmaceutical Gr Adr	Self-directed funds	xx	15,769
	Sirius Xm Holdings, Inc. Com	Self-directed funds	xx	32,160
	Snap Inc Cl A	Self-directed funds	xx	4,383
*	Spartan Ext Mkt Indx Fid Advantage Class	Self-directed funds	xx	491,521
*	Spartan Us Bond Indx Fidelity Adv Class	Self-directed funds	xx	1,473,211
*	Spartan Us Eqty Indx Fid Advantage Class	Self-directed funds	xx	598,376
	Spdr Dow Jones Indl Average Etf Tr Unit	Self-directed funds	xx	222,033
	Spdr Ser Tr Kbw Regl Bkg Etf	Self-directed funds	xx	26,483
	Spdr Ser Tr S&P Homebuilders Etf	Self-directed funds	xx	23,237
	Spider Gold Trust Gold Shares	Self-directed funds	xx	74,190
	Starbucks Corp Nfs Llc Is A Market	Self-directed funds	xx	166,670
	Sterling Capital Stratton Sm Cp Val I	Self-directed funds	xx	230,293
	Suntrust Banks Inc Nfs Llc Is A	Self-directed funds	xx	13,564
	Synchrony Financial Com	Self-directed funds	xx	12,965
	T Rowe Price Intl Discovery Fund	Self-directed funds	xx	55,350
	T Rowe Price Real Estate Fund	Self-directed funds	xx	40,080
	Templeton Global Bond Class A	Self-directed funds	xx	50,491
	Tesla Motors, Inc. Com	Self-directed funds	xx	126,097
	Third Avenue Real Estate Value	Self-directed funds	xx	105,054
	Three D Systems Corp New	Self-directed funds	xx	1,728
	Triangle Cap Corp	Self-directed funds	xx	35,130
	Tweedy Brown Global Value Fund	Self-directed funds	xx	51,550
	Twitter Inc Com	Self-directed funds	xx	25,931
	Under Armour Inc Cl A	Self-directed funds	xx	24,820
	Under Armour Inc Cl C	Self-directed funds	xx	23,063
	United States Steel Corp	Self-directed funds	xx	14,124
	Valeant Pharmaceuticals Intl	Self-directed funds	xx	1,455
	Vaneck Vectors Etf Tr Russia Etf	Self-directed funds	xx	8,484
	Vanguard Bd Index Fd Inc Total Bd Market	Self-directed funds	xx	107,765
	Vanguard Bond Index Short Term	Self-directed funds	xx	158,634
	Vanguard Bond Index Total Market	Self-directed funds	xx	113,409

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd. As of 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
	Vanguard Dividend Growth Investor Cl	Self-directed funds	xx	155,594
	Vanguard Emerging Markets Stock Index	Self-directed funds	xx	6,005
	Vanguard Energy	Self-directed funds	xx	26,516
	Vanguard Fixed Inc High Yield Corp	Self-directed funds	xx	268,184
	Vanguard Gnma	Self-directed funds	xx	145,994
	Vanguard Growth Index	Self-directed funds	xx	76,833
	Vanguard High Divid Yld Index Fd Inv Cl	Self-directed funds	xx	75,579
	Vanguard Index Fds Formerly Vanguard	Self-directed funds	xx	39,298
	Vanguard Index Fds Vanguard Small Cap	Self-directed funds	xx	6,114
	Vanguard Index Tr Vanguard Total Stk	Self-directed funds	xx	1,296,907
	Vanguard Intl Equity Index Fd Inc	Self-directed funds	xx	102,388
	Vanguard Primecap Core Fd Investor Cl	Self-directed funds	xx	49,242
	Vanguard Scottsdale Fds Vanguard Russell	Self-directed funds	xx	469,598
	Vanguard Selected Value Fund	Self-directed funds	xx	51,159
	Vanguard Short Term Corporate	Self-directed funds	xx	131,248
	Vanguard Short Term Federal	Self-directed funds	xx	103,901
	Vanguard Specialized Portfolios Div	Self-directed funds	xx	32,387
	Vanguard Target Retirement 2030 Inv	Self-directed funds	xx	465,236
	Vanguard Total Intl Stock Index Fund	Self-directed funds	xx	443,171
	Visa Inc Com Cl A	Self-directed funds	xx	68,412
	Wasatch Core Growth	Self-directed funds	xx	51,394
	Wells Fargo Bank National Association CD	Self-directed funds	xx	328,499
	Welltower Inc Com	Self-directed funds	xx	16,542
	Wisdomtree Tr Emerging Mkts High	Self-directed funds	xx	1,564
	World Wrestling Federation Entmt	Self-directed funds	xx	14,829
	Zillow Group Inc Cl A	Self-directed funds	xx	4,889
	Zillow Group Inc Cl C Cap Stk	Self-directed funds	xx	9,821
				18,253,560
	Life Insurance Contracts	Cash surrender of life insurance policies		228,997
*	Participant Loans	Interest rates of 4.25% - 5.25% maturing at various dates through May 2025	\$	154,659

* Denotes a party-in-interest as defined by ERISA

xx Not required as investment is participant-directed

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	* Fidelity Government Money Market DM	Interest bearing cash	xx \$	355,865
	AllianceBernstein High Income Fund A	Interest in registered investment companies	xx	188,030
	Blackrock Global Allocation A	Interest in registered investment companies	xx	158,920
	Columbia Balanced Fund A	Interest in registered investment companies	xx	61,674
	Dreyfus International Bond A	Interest in registered investment companies	xx	98,863
	Eaton Vance Atlanta Cap SMID-CP A	Interest in registered investment companies	xx	630,228
	* Fidelity Advisor Diversified Stock Fund A	Interest in registered investment companies	xx	498,532
	* Fidelity Advisor New Insights A	Interest in registered investment companies	xx	1,158,294
	* Fidelity Advisor Strategic Income A	Interest in registered investment companies	xx	383,507
	Franklin Rising Dividends Fund A	Interest in registered investment companies	xx	480,906
	Hartford Dividend & Growth R4	Interest in registered investment companies	xx	559,143
	Invesco Equally Weighted S&P 500 Fund A	Interest in registered investment companies	xx	946,845
	Ivy International Core Equities A	Interest in registered investment companies	xx	45,724
	J.P. Morgan Core Plus Bond Fund A	Interest in registered investment companies	xx	517,292
	J.P. Morgan Smart Retirement 2020 A	Interest in registered investment companies	xx	3,974,241
	J.P. Morgan Smart Retirement 2025 A	Interest in registered investment companies	xx	1,761,899
	J.P. Morgan Smart Retirement 2030 A	Interest in registered investment companies	xx	637,807
	J.P. Morgan Smart Retirement 2035 A	Interest in registered investment companies	xx	614,001
	J.P. Morgan Smart Retirement 2040 A	Interest in registered investment companies	xx	2,443,796
	J.P. Morgan Smart Retirement 2045 A	Interest in registered investment companies	xx	258,524
	J.P. Morgan Smart Retirement 2050 A	Interest in registered investment companies	xx	717,576
	J.P. Morgan Smart Retirement 2055 A	Interest in registered investment companies	xx	77,864
	J.P. Morgan Smart Retirement Income A	Interest in registered investment companies	xx	1,153,752
	J.P. Morgan U.S. Small Company Fund A	Interest in registered investment companies	xx	333,814
	MFS Global Equity Fund R3	Interest in registered investment companies	xx	359,316
	MFS Mid Cap Value Fund	Interest in registered investment companies	xx	130,641
	MFS Utilities R3	Interest in registered investment companies	xx	97,243
	Oppenheimer Developing Markets Fund A	Interest in registered investment companies	xx	170,133
	Oppenheimer International Growth A	Interest in registered investment companies	xx	185,060
	Oppenheimer International Small-Mid Co Fund A	Interest in registered investment companies	xx	95,907
	PIMCO Real Estate Real Return Strategy Fund A	Interest in registered investment companies	xx	235,286
	Putnam High Yield Advantage A	Interest in registered investment companies	xx	27,353
	T Rowe Price US Bond Enhanced Index Fund	Interest in registered investment companies	xx	209,033
	Victory RS Small Cap Growth Fund A	Interest in registered investment companies	xx	30,590
				19,241,794

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	Aim Diversified Dividend Investor Cl	Self-directed funds	xx	305,784
	Alibaba Group Hldg Ltd	Self-directed funds	xx	51,729
	Ally Bank Midvale Utah CD	Self-directed funds	xx	18,910
	Alphabet Inc Cap Stk Cl C	Self-directed funds	xx	5,232
	Altria Group Inc Nfs Llc Is A	Self-directed funds	xx	966
	Amazon.Com Inc Nfs Llc Is A Market	Self-directed funds	xx	219,860
	American Amcap Fund Class F	Self-directed funds	xx	54,297
	American Century Equity Income	Self-directed funds	xx	102,455
	American Century Inflation Adj Treas	Self-directed funds	xx	60,599
	American Europacific Growth Class F	Self-directed funds	xx	52,758
	American Mutual Fund Class F	Self-directed funds	xx	29,124
	American Washington Mutual Investors Fid Fund	Self-directed funds	xx	29,740
	Amg Managers Fair Pointe Mid Cap Cl N	Self-directed funds	xx	34,201
	Amg Yacktman Fund Service Class	Self-directed funds	xx	100,901
	Annaly Mortgage Management Inc	Self-directed funds	xx	129,087
	Antares Pharma Inc	Self-directed funds	xx	2,189
	Apollo Invt Corp Com Sh Ben Int	Self-directed funds	xx	11,320
	Apple Computer Inc Nfs Llc Is A Market	Self-directed funds	xx	165,221
	Apple Inc Note	Self-directed funds	xx	24,743
	Artisan Global Value Fd Invt Shares	Self-directed funds	xx	102,827
	AT&T Inc Com	Self-directed funds	xx	19,109
	Baird Aggregate Bond Fund Instl	Self-directed funds	xx	50,491
	Bank of America Corp	Self-directed funds	xx	82,840
	Bank of China New York City BR CD	Self-directed funds	xx	152,969
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	Dodge & Cox Internatl Stock Fund	Self-directed funds	xx	515,795
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	Ishares Tr Dow Jones Us Home Constn Index	Self-directed funds	xx	60,028
	Ishares Tr Ftse Xinhau Hk China 25	Self-directed funds	xx	18,844
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	Ishares Tr S&P Euro Plus 350 Index	Self-directed funds	xx	15,123
	Ishares Tr S&P Global Clean Energy	Self-directed funds	xx	2,353
	Ishares Tr S&P US Pfd Stk Index Fd	Self-directed funds	xx	4,885
	Ishares Trust Core Msci Eafe Etf	Self-directed funds	xx	13,786
	Ishares Trust Core Msci Europe	Self-directed funds	xx	160,737
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	Ishares Trust Core Total USD Bd Mkt Etf	Self-directed funds	xx	20,405
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	Las Vegas Sands Corp	Self-directed funds	xx	11,813
	Lazard Emerging Mkts Open Class	Self-directed funds	xx	51,136
	Loomis Sayles Bond Retail Shares	Self-directed funds	xx	411,059
	Mairs and Power Small Cap Fund	Self-directed funds	xx	50,000
	Matthews Asia Pacific Equity Income Fd	Self-directed funds	xx	54,646
	Matthews Pacific Tiger Fund	Self-directed funds	xx	52,312
	Mcdonalds Corp Nfs Is A Specialist	Self-directed funds	xx	40,708
	Metropolitan West Total Return Bond	Self-directed funds	xx	189,852
	Microsoft Corp NFS LLC Is A Market	Self-directed funds	xx	16,222
	Monsanto Co New	Self-directed funds	xx	4,671
	Morgan Stanley Bank N A Utah CD	Self-directed funds	xx	1,000
	Netflix.Com, Inc.	Self-directed funds	xx	80,623
	New Oriental Ed & Technology Group Inc	Self-directed funds	xx	23,500
	Nintendo Co Ltd Unspn Adr New	Self-directed funds	xx	3,199
	Nvidia Corp Nfs Llc Is A Market	Self-directed funds	xx	50,372
	Oakmark Internat'l	Self-directed funds	xx	64,693
	Organovo Hldgs Inc Com	Self-directed funds	xx	2,680
	Parnassus Equity Income Portfolio	Self-directed funds	xx	101,947
	Paychex Inc Nfs Llc Is A Market	Self-directed funds	xx	30,635
	Pimco High Income Fd Com Shs	Self-directed funds	xx	38,422
	Powershares QQQ Tr Unit Ser 1 Corp Bd	Self-directed funds	xx	130,994
	Ppl Corp	Self-directed funds	xx	18,939
	Primecap Odyssey Aggressive Growth Fund	Self-directed funds	xx	96,097
	Primecap Odyssey Growth Fund	Self-directed funds	xx	59,541
	Primecap Odyssey Sto Ck Fund	Self-directed funds	xx	61,516
	Qs Energy Inc Com Npv	Self-directed funds	xx	3,760
	Royal Carribean Cruises Ltd	Self-directed funds	xx	16,699
	Royce Special Equity	Self-directed funds	xx	50,392
	S&P Depository Receipt	Self-directed funds	xx	6,426
	Schwab S & P 500 Index Fd-Select Shs	Self-directed funds	xx	44,554

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Plan Sponsor EIN: 22-1917247

Plan Number: 002

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd. As of 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
	Seafarer Overseas Growth & Income Inv	Self-directed funds	xx	43,233
	Sector Spdr Tr Shs Ben Int Consumer	Self-directed funds	xx	26,458
	Sector Spdr Tr Shs Ben Int Energy	Self-directed funds	xx	30,587
	Sector Spdr Tr Shs Ben Int Financial	Self-directed funds	xx	110,249
	Sector Spdr Tr Shs Ben Int Utilities	Self-directed funds	xx	25,624
	Select Sector Spdr Tr RI Est Sel Sec	Self-directed funds	xx	18,545
	Shake Shack Inc Cl A	Self-directed funds	xx	4,320
	Shire Pharmaceutical Gr Adr	Self-directed funds	xx	15,769
	Sirius Xm Holdings, Inc. Com	Self-directed funds	xx	32,160
	Snap Inc Cl A	Self-directed funds	xx	4,383
*	Spartan Ext Mkt Indx Fid Advantage Class	Self-directed funds	xx	491,521
*	Spartan Us Bond Indx Fidelity Adv Class	Self-directed funds	xx	1,473,211
*	Spartan Us Eqty Indx Fid Advantage Class	Self-directed funds	xx	598,376
	Spdr Dow Jones Indl Average Etf Tr Unit	Self-directed funds	xx	222,033
	Spdr Ser Tr Kbw Regl Bkg Etf	Self-directed funds	xx	26,483
	Spdr Ser Tr S&P Homebuilders Etf	Self-directed funds	xx	23,237
	Spider Gold Trust Gold Shares	Self-directed funds	xx	74,190
	Starbucks Corp Nfs Llc Is A Market	Self-directed funds	xx	166,670
	Sterling Capital Stratton Sm Cp Val I	Self-directed funds	xx	230,293
	Suntrust Banks Inc Nfs Llc Is A	Self-directed funds	xx	13,564
	Synchrony Financial Com	Self-directed funds	xx	12,965
	T Rowe Price Intl Discovery Fund	Self-directed funds	xx	55,350
	T Rowe Price Real Estate Fund	Self-directed funds	xx	40,080
	Templeton Global Bond Class A	Self-directed funds	xx	50,491
	Tesla Motors, Inc. Com	Self-directed funds	xx	126,097
	Third Avenue Real Estate Value	Self-directed funds	xx	105,054
	Three D Systems Corp New	Self-directed funds	xx	1,728
	Triangle Cap Corp	Self-directed funds	xx	35,130
	Tweedy Brown Global Value Fund	Self-directed funds	xx	51,550
	Twitter Inc Com	Self-directed funds	xx	25,931
	Under Armour Inc Cl A	Self-directed funds	xx	24,820
	Under Armour Inc Cl C	Self-directed funds	xx	23,063
	United States Steel Corp	Self-directed funds	xx	14,124
	Valeant Pharmaceuticals Intl	Self-directed funds	xx	1,455
	Vaneck Vectors Etf Tr Russia Etf	Self-directed funds	xx	8,484
	Vanguard Bd Index Fd Inc Total Bd Market	Self-directed funds	xx	107,765
	Vanguard Bond Index Short Term	Self-directed funds	xx	158,634
	Vanguard Bond Index Total Market	Self-directed funds	xx	113,409

RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, P.C. EMPLOYEE PROFIT SHARING PLAN

Plan Sponsor EIN: 22-1917247

Plan Number: 002

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - cont'd. As of 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
	Vanguard Dividend Growth Investor Cl	Self-directed funds	xx	155,594
	Vanguard Emerging Markets Stock Index	Self-directed funds	xx	6,005
	Vanguard Energy	Self-directed funds	xx	26,516
	Vanguard Fixed Inc High Yield Corp	Self-directed funds	xx	268,184
	Vanguard Gnma	Self-directed funds	xx	145,994
	Vanguard Growth Index	Self-directed funds	xx	76,833
	Vanguard High Divid Yld Index Fd Inv Cl	Self-directed funds	xx	75,579
	Vanguard Index Fds Formerly Vanguard	Self-directed funds	xx	39,298
	Vanguard Index Fds Vanguard Small Cap	Self-directed funds	xx	6,114
	Vanguard Index Tr Vanguard Total Stk	Self-directed funds	xx	1,296,907
	Vanguard Intl Equity Index Fd Inc	Self-directed funds	xx	102,388
	Vanguard Primecap Core Fd Investor Cl	Self-directed funds	xx	49,242
	Vanguard Scottsdale Fds Vanguard Russell	Self-directed funds	xx	469,598
	Vanguard Selected Value Fund	Self-directed funds	xx	51,159
	Vanguard Short Term Corporate	Self-directed funds	xx	131,248
	Vanguard Short Term Federal	Self-directed funds	xx	103,901
	Vanguard Specialized Portfolios Div	Self-directed funds	xx	32,387
	Vanguard Target Retirement 2030 Invt	Self-directed funds	xx	465,236
	Vanguard Total Intl Stock Index Fund	Self-directed funds	xx	443,171
	Visa Inc Com Cl A	Self-directed funds	xx	68,412
	Wasatch Core Growth	Self-directed funds	xx	51,394
	Wells Fargo Bank National Association CD	Self-directed funds	xx	328,499
	Welltower Inc Com	Self-directed funds	xx	16,542
	Wisdomtree Tr Emerging Mkts High	Self-directed funds	xx	1,564
	World Wrestling Federation Entmt	Self-directed funds	xx	14,829
	Zillow Group Inc Cl A	Self-directed funds	xx	4,889
	Zillow Group Inc Cl C Cap Stk	Self-directed funds	xx	9,821
				18,253,560
	Life Insurance Contracts	Cash surrender of life insurance policies		228,997
*	Participant Loans	Interest rates of 4.25% - 5.25% maturing at various dates through May 2025	\$	154,659

* Denotes a party-in-interest as defined by ERISA

xx Not required as investment is participant-directed