Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC EMPLOYEE PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 06/30/1972

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)
RADIOLOGY AFFILIATES OF CENTRAL NEW JERSEY, PC

6 NESHAMINY INTERPLEX SUITE 207
TREVOSE, PA 19053

2b Employer Identification Number (EIN)
22-1917247

2c Plan Sponsor's telephone number
609-585-8800

2d Business code (see instructions)
621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2019	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

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	161
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	137
a(2) Total number of active participants at the end of the plan year	**6a(2)**	139
b Retired or separated participants receiving benefits	**6b**	6
c Other retired or separated participants entitled to future benefits	**6c**	35
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	180
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	180
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	180
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	13
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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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.

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	5	01/01/2018	12/31/2018

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).

(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

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	(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**	182755

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.	**6d**	3639

Specify nature of costs ▶ DIRECT COST OF MAINTAINING THE POLICY

e Type of contract: (1) [X] 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. Specify nature of costs.			**10b**	

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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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.

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	01/01/2018	12/31/2018

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).

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

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

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

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

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

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

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

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

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

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

(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**	50011

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.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) [X] 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. Specify nature of costs.			**10b**	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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	2268	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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 245 SUMMER STREET BOSTON, MA 02210	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	.025%

(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-DST ASSET MGR P.O. BOX 219432 KANSAS CITY, MO 64121	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-ASSET MANAGER P.O. BOX 219432 KANSAS CITY, MO 64121	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-DST ASSET MGR PO BOX 219432 KANSAS CITY, MO 64121	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-ASSET MGR P.O. BOX 219432 KANSAS CITY, MO 64121	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 219432 KANSAS CITY, MO 64121	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 219432 KANSAS CITY, MO 64121	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 219432 KANSAS CITY, MO 64121	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 219432 KANSAS CITY, MO 64121	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 219432 KANSAS CITY, MO 64121	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 219432 KANSAS CITY, MO 64121	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 219432 KANSAS CITY, MO 64121	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 219432 KANSAS CITY, MO 64121	0.20%

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
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.
BAIRD AGGREGATE BOND FUND INSTL 777 E WISCONSIN AVE MILWAUKEE, WI 53202	0.02%

(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.
FMI COMMON STOCK FUND 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.40%

(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.
FIRST EAGLE US VALUE 1345 AVE OF THE AMERICAS NEW YORK, NY 10105	0.40%

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.
HARDING LOEVNER EMERG MKTS PORT PO BOX 4766 CHICAGO, IL 60680	0.40%

(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.
METROPOLITAN WEST TOT RET BND C 865 SOUTH FIGUEROA LOS ANGELES, CA 90017	0.35%

(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.
PARNASSUS CORE EQUITY INVESTOR ONE MKT STREET STEUART TOWER SAN FRANCISCO, CA 94105	0.40%

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.
PRIMECAP ODYSSEY GROWTH FUND 2020 E FINANCIAL WAY GLENDORA, CA 91741	0.08%

(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.
ROYCE SPECIAL EQUITY INVST 745 FIFTH AVE SUITE 2400 NEW YORK, NY 10151	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.
AMERICAN WASHINGTON MUTUAL INVST 3500 WISEMAN BLVD SAN ANTONIO, TX 78251	0.37%

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.
AMERICAN AMCAP FUND CL F1 3500 WISEMAN BLVD SAN ANTONIO, TX 78251	0.37%

(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.
FMI INTERNATIONAL 777 E WISCONSIN AVE MILWAUKEE, WI 53202	0.40%

(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.
FRANKLIN HIGH INCOMEFD CL A1 100 FOUNTAIN PKWY ST PETERSBURG, FL 33716	$16.00

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.
HARDING LOEVNER ITL EQUITY PORT IN	PO BOX 4766 CHICAGO, IL 60680	0.40%

(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.
TWEEDY BROWNE GLOBAL VALUE FUND	ONE STATION PLACE 5TH FLOOR STAMFORD, CT 06902	$25.00

(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.
AMERICAN CENTURY INFLN ADJ BOND INV	4400 MAIN ST 1ST FLOOR KANSAS CITY, MO 64111	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.
WASATCH CORE GROWTH 505 WAKARA WAY SALT LAKE CITY, UT 84108	0.40%

(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.
AMG YACKTMAN FUND I 600 STEAMBOAT ROAD GREENWICH, CT 06830	0.40%

(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.
HARBOR BOND INST 111 S WACKER DR CHICAGO, IL 60606	0.10%

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.
MATTHEWS PACIFIC TIGER FUND 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.40%

(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.
T ROWE PRICE REAL ESTATE FUND 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	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.
AMG MANAGERS FAIR POINTE MID CAP CL 600 STEAMBOAT RD SUITE 300 GREENWICH, CT 06830	0.40%

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.
AMERICAN BALANCED CLASS F1	3500 WISEMAN BLVD SAN ANTONIO, TX 78251	0.37%

(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.
BROWN CAPITAL MGMT SMALL COMP INV	1290 BROADWAY STE 1100 DENVER, CO 80203	0.40%

(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.
JENSEN QUALITY GROWTH FD CL J	811 E WISCONSIN AVE 8TH FLOOR MILWAUKEE, WI 53202	0.40%

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.
MATTHEWS ASIA DIVIDEND FUND	4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.40%

(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.
PARNASSUS MID CAP	ONE MARKET STREET SAN FRANCISCO, CA 94105	0.40%

(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.
PRIMECAP ODYSSEY STOCK FUND	2020 E FINANCIAL WAY SUITE 100 GLENDORA, CA 91741	0.08%

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.
INVESCO DIVERSIFIED DIVIDEND INVEST 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	0.40%

(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.
BAIRD SHORT TERM BND FD INSTL 777 E WISCONSIN AVE 18TH FL MILWAUKEE, WI 53202	0.02%

(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.
AMERICAN EUROPACIFIC GROWTH CL F1 3500 WISEMAN BLVD SAN ANTONIO, TX 78251	0.37%

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.
FPA CRESCENT FUND 11601 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90025	$6.00

(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.
FMI LARGE CAP FUND 777 E WISCONSIN AVE MK WI T4M MILWAUKEE, WI 53202	0.40%

(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.
AMERICAN GROWTH FUND OF AMERICA 3500 WISEMAN BLVD SAN ANTONIO, TX 78251	$18.00

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.
OAKMARK INTL INVESTOR CL 111 SOUTH WACKER DR CHICAGO, IL 60606	0.35%

(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.
AMERICAN NEW WORLD CL F1 3500 WISEMAN BLVD SAN ANTONIO, TX 78251	0.37%

(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.
PRIMECAP ODYSSEY AGGRESSIVE GROWTH 2020 E FINANCIAL WAY STE 100 GLENDORA, CA 91741	0.08%

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.
LOOMIS SAYLES BOND RETAIL SHARES	399 BOYLSTON ST 8TH FLO BOSTON, MA 02116	0.35%

(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.
TEMPLETON GLOBAL BOND CLASS A	100 FOUNTAIN PARKWAY ST PETERSBURG, FL 33716	$16.00

(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.
AMERICAN CENTURY EQUITY INCOME	4400 MAIN ST 1ST FLOOR KANSAS CITY, MO 64111	0.35%

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.
AMERICAN MUTUAL FUND CLASS F1	3500 WISEMAN BLVD SAN ANTONIO, TX 78251	0.37%

(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.
ARTISAN GLOBAL VALUE FND INVT SHARE	875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202	0.39%

(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.
AMERICAN FUNDAMENTAL INVESTO RD	3500 WISEMAN BLVD SAN ANTONIO, TX 78251	$18.00

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.
LAZARD EMERGING MKTS EQUITY OPEN	30 ROCKEFELLER PLAZA 57TH FLOOR NEW YORK, NY 10112	0.40%

(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.
T ROWE PRICE INT DISCOVERY FUND	4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	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.
STERLING CAPITAL STRATTON SM CP VAL	434 FAYETTEVILLE ST RALEIGH, NC 27601	0.12%

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	55	46212

(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 LLC 04-3523567	0

(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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 Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	11934
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1421683	1468198
(2) Participant contributions	1b(2)	0	-637
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1723943	2577513
(2) U.S. Government securities	1c(2)	0	13810
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	24743	24173
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2508449	2230355
(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)	154659	158531
(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)	33594084	30738593
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	228997	232766
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	39656558	37455236
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	39656558	37455236

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1757390	
	(B) Participants	2a(1)(B)	1100399	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2857789
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	29839	
	(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)	7440	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		37879
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	26647	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1725071	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1751718
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2711292	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2663914	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		47378
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-27027	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-27027

		(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)		-3919329
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		748408
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2945416	
(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)		2945416
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	3639	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	675	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4314
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2949730
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2201322
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:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

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

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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**

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, 2018 and 2017 and
For the Year Ended December 31, 2018

SC&H
ATTEST SERVICES

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, 2018 and 2017, the related statement of changes in net assets available for benefits for the year ended December 31, 2018, 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 holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of December 31, 2018 and 2017, and for the year ended December 31, 2018, 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, 2018, 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 Attest Services, P.C.

August 12, 2019

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

Statements of Net Assets Available for Benefits

As of December 31,	*2018*	*2017*
Assets		
Non-Interest Bearing Cash	$ 11,934	$ -
Investments, at Fair Value	35,817,210	38,080,216
Receivables		
Notes receivable from participants	158,531	154,659
Company contributions receivable	1,467,561	1,421,683
Total Receivables	1,626,092	1,576,342
Total Assets	37,455,236	39,656,558
Liabilities	-	-
Net Assets Available for Benefits	$ 37,455,236	$ 39,656,558

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, 2018

Changes in Net Assets Available for Benefits Attributable to:		
Contributions		
Participants	$	1,100,399
Company		1,757,390
Total Contributions		2,857,789
Investment Income (Loss)		
Interest and dividends		1,782,148
Net depreciation in fair value of investments		(3,901,678)
Increase in cash surrender value of life insurance policies		2,233
Total Investment Loss		(2,117,297)
Interest Income on Notes Receivable from Participants		7,916
Benefits Paid to Participants		(2,945,416)
Administrative Expenses		(4,314)
Net Decrease in Net Assets Available for Benefits		(2,201,322)
Net Assets Available for Benefits:		
Beginning of Year		39,656,558
End of Year	$	37,455,236

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, 2018 and 2017
For the Year Ended December 31, 2018

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 in April 2019 to remove flat dollar employee deferrals.

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 $18,500 for the year ended December 31, 2018. 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, 2018. 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, 2018, the Company provided a discretionary matching contribution of 50% of participant contributions up to 4% of their eligible compensation, which totaled $290,157.

The Company also makes safe harbor non-elective contributions to eligible participants. For the year ended December 31, 2018, employees received a safe harbor match of 3% of their eligible compensation, which totaled $515,248.

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, 2018, the Company contributed $951,985 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 discretionary 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:

Years of Service	Vested Percentage
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.

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, 2018 and 2017 totaled $19,437 and $26,303, respectively. Forfeitures totaling $78,081 were used to reduce Company contributions for the year ended December 31, 2018.

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, 2018 and 2017, 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, 2018, the Company paid the majority of direct expenses related to the Plan's operations. Administrative expenses totaling $4,314 were paid directly from the Plan for the year ended December 31, 2018. Loan and distribution fees are paid by the Plan and its participants. Investment related expenses are included in net depreciation in fair value of investments.

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 depreciation 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.

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, 2018 and 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, 2018:

	Level 1	Level 2	Level 3	Total
Interest bearing cash	$ 579,088	$ -	$ -	$ 579,088
Interests in registered investment companies	17,122,217	-	-	17,122,217
Self-directed funds	17,883,139	-	-	17,883,139
Cash surrender value of life insurance policies	-	232,766	-	232,766
Total investments, at fair value	$ 35,584,444	$ 232,766	$ -	$ 35,817,210

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

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.

Recently Issued Accounting Pronouncement and Accounting Changes

In August 2018, the FASB issued ASU No. 2018-13, *Changes to the Disclosure Requirements for Fair Value Measurement*. ASU 2018-13 eliminates, amends and adds disclosure requirements relating to fair value reporting. ASU 2018-13 is effective for fiscal years beginning after December 15, 2019 for all entities, with early adoption permitted only for eliminated and modified disclosure requirements. All changes should be prospectively applied to all periods presented. Management has not elected to early adopt ASU 2018-13 during the year ended December 31, 2018 and is currently evaluating its future effect on the financial statements.

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

Subsequent Events

The Plan evaluated for disclosure any subsequent events through August 12, 2019, the date the financial statements were available to be issued, and determined there were no material events that warrant disclosure, except for the Plan amendment as disclosed in Note 1.

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, 2018 and 2017, and interest and dividend income and net depreciation in fair value of investments for the year ended December 31, 2018, 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.

		2018		2017
Investment values certified by the Trustee:	$	35,742,975	$	38,005,878

		2018		2017
Information not certified by the Trustee:				
Cash surrender value of life insurance policies	$	232,766	$	228,997

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 $17,895,073 and $18,253,560 as of December 31, 2018 and 2017, respectively. Interest and dividends on self-directed funds totaled $685,471 for the year ended December 31, 2018. Net unrealized and realized loss on self-directed funds totaled ($1,434,964) as of December 31, 2018.

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, 2018 and 2017.

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, 2018

	(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	$ 579,088
		AllianceBernstein High Income Fund A	Interest in registered investment companies	xx	191,870
		Blackrock Global Allocation A	Interest in registered investment companies	xx	152,395
		Columbia Balanced Fund A	Interest in registered investment companies	xx	71,300
		Dreyfus International Bond A	Interest in registered investment companies	xx	100,851
		Eaton Vance Atlanta Cap SMID-CP A	Interest in registered investment companies	xx	659,454
*		Fidelity Advisor Diversified Stock Fund A	Interest in registered investment companies	xx	480,557
*		Fidelity Advisor New Insights A	Interest in registered investment companies	xx	1,250,002
*		Fidelity Advisor Strategic Income A	Interest in registered investment companies	xx	434,013
*		Fidelity Advisor Utilities A	Interest in registered investment companies	xx	95,529
		Franklin Rising Dividends Fund A	Interest in registered investment companies	xx	491,202
		Hartford Dividend & Growth R4	Interest in registered investment companies	xx	564,358
		Invesco Equally Weighted S&P 500 Fund A	Interest in registered investment companies	xx	1,045,342
		Ivy International Core Equities A	Interest in registered investment companies	xx	49,919
		J.P. Morgan Core Plus Bond Fund A	Interest in registered investment companies	xx	580,574
		J.P. Morgan Smart Retirement 2020 A	Interest in registered investment companies	xx	1,577,551
		J.P. Morgan Smart Retirement 2025 A	Interest in registered investment companies	xx	1,757,740
		J.P. Morgan Smart Retirement 2030 A	Interest in registered investment companies	xx	637,583
		J.P. Morgan Smart Retirement 2035 A	Interest in registered investment companies	xx	477,655
		J.P. Morgan Smart Retirement 2040 A	Interest in registered investment companies	xx	2,456,552
		J.P. Morgan Smart Retirement 2045 A	Interest in registered investment companies	xx	299,297
		J.P. Morgan Smart Retirement 2050 A	Interest in registered investment companies	xx	786,776
		J.P. Morgan Smart Retirement 2055 A	Interest in registered investment companies	xx	145,126
		J.P. Morgan Smart Retirement Income A	Interest in registered investment companies	xx	1,089,382
		J.P. Morgan U.S. Small Company Fund A	Interest in registered investment companies	xx	304,199
		MFS Global Equity Fund R3	Interest in registered investment companies	xx	342,974
		MFS Mid Cap Value Fund	Interest in registered investment companies	xx	117,325
		Oppenheimer Developing Markets Fund A	Interest in registered investment companies	xx	159,167
		Oppenheimer International Growth A	Interest in registered investment companies	xx	162,917
		Oppenheimer International Small-Mid Co Fund A	Interest in registered investment companies	xx	90,419
		PIMCO Real Estate Real Return Strategy Fund A	Interest in registered investment companies	xx	239,157
		Putnam High Yield Advantage A	Interest in registered investment companies	xx	26,814
		T Rowe Price US Bond Enhanced Index Fund	Interest in registered investment companies	xx	221,971
		Victory RS Small Cap Growth Fund A	Interest in registered investment companies	xx	62,246
					17,122,217

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, 2018

(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	282,094
	Alibaba Group Hldg Ltd	Self-directed funds	xx	47,563
	Ally Bank Midvale Utah CD	Self-directed funds	xx	3,000
	Alphabet Inc Cap Stk Cl C	Self-directed funds	xx	5,178
	Altria Group Inc Nfs Llc Is A	Self-directed funds	xx	699
	Amazon.Com Inc Nfs Llc Is A Market	Self-directed funds	xx	334,939
	American Amcap Fund Class F	Self-directed funds	xx	50,488
	American Balanced Class F	Self-directed funds	xx	71,211
	American Century Equity Income	Self-directed funds	xx	88,677
	American Century Inflation Adj Treas	Self-directed funds	xx	59,076
	American Europacific Growth Class F	Self-directed funds	xx	42,828
	American Mutual Fund Class F	Self-directed funds	xx	91,728
	American New World Class F	Self-directed funds	xx	44,445
	American Washington Mutual Investors Fid Fund	Self-directed funds	xx	88,353
	Amg Managers Fair Pointe Mid Cap Cl N	Self-directed funds	xx	27,848
	Amg Yacktman Fund Service Class	Self-directed funds	xx	96,731
	Annaly Mortgage Management Inc	Self-directed funds	xx	119,399
	Antares Pharma Inc	Self-directed funds	xx	2,992
	Apollo Invt Corp Com Sh Ben Int	Self-directed funds	xx	8,258
	Apple Computer Inc Nfs Llc Is A Market	Self-directed funds	xx	109,956
	Apple Inc Note	Self-directed funds	xx	24,173
	Artisan Global Value Fd Invt Shares	Self-directed funds	xx	79,390
	AT&T Inc Com	Self-directed funds	xx	420
	Baird Aggregate Bond Fund Instl	Self-directed funds	xx	74,778
	Baird Short Term Bond Fund Instl	Self-directed funds	xx	75,655
	Bank Hope Los Angeles CD	Self-directed funds	xx	150,000
	Bank of America Corp	Self-directed funds	xx	69,831
	Bank of China New York City BR CD	Self-directed funds	xx	180,000
	Barings BDC Inc Com	Self-directed funds	xx	21,104
	Bausch Health Companies Inc Com	Self-directed funds	xx	1,293
	Berkshire Hathaway Inc Dell Cl B New	Self-directed funds	xx	28,585
	Bitcoin Invt Tr Shs ISIN #US09173T1088	Self-directed funds	xx	2,526
	Blackrock Kelso Cap Coorporation	Self-directed funds	xx	40,388
	Brown Capital Mgt Small Company Inv	Self-directed funds	xx	34,113
	Capital One Bank USA National Association CD	Self-directed funds	xx	14,996
	Chimera Invt Corp Com New	Self-directed funds	xx	27,014
	China Unicom Ltd Spons Adr	Self-directed funds	xx	3,506
	Citigroup Inc Com New	Self-directed funds	xx	50,971
	Cognex Corp	Self-directed funds	xx	14,695
	Consolidated Edison Hldg Co Inc	Self-directed funds	xx	18,120
	Discover Finl Svcs	Self-directed funds	xx	9,437
	Disney Walt Co Del (Holding Company)	Self-directed funds	xx	16,448
	Dodge & Cox Income	Self-directed funds	xx	244,497
	Dodge & Cox Internatl Stock Fund	Self-directed funds	xx	405,496

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, 2018

(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
	Dodge & Cox Stock	Self-directed funds	xx	40,713
	Edwards Lifesciences Corp	Self-directed funds	xx	245,072
	El Pollo Loco Holdings Inc Com	Self-directed funds	xx	14,412
	Exxon Mobil Corp Nfs Is A Specialist	Self-directed funds	xx	23,148
	Facebook Inc Class A	Self-directed funds	xx	129,779
*	Fidelity 500 Index Institutional Premium	Self-directed funds	xx	607,576
*	Fidelity Cash Reserves	Self-directed funds	xx	1,284,146
*	Fidelity Contrafund	Self-directed funds	xx	181,639
*	Fidelity Extended Market Index Instl Premium	Self-directed funds	xx	436,582
*	Fidelity Floating Rate High Income	Self-directed funds	xx	99,204
*	Fidelity Inflation-Protected Bond Index Instl Pren	Self-directed funds	xx	16,278
*	Fidelity Int'l Enhanced Index Func	Self-directed funds	xx	7,308
*	Fidelity Low Priced Stock	Self-directed funds	xx	42,136
*	Fidelity Msci Energy Index ETF	Self-directed funds	xx	11,095
*	Fidelity New Markets Income	Self-directed funds	xx	24,850
*	Fidelity Short Term Bond	Self-directed funds	xx	75,633
*	Fidelity Small Cap Index Instl Premium	Self-directed funds	xx	39,098
*	Fidelity Small Cap Retirement	Self-directed funds	xx	3,755
*	Fidelity Stock Selector Mid Cap Func	Self-directed funds	xx	5,715
*	Fidelity Total Bond	Self-directed funds	xx	166,175
*	Fidelity Total Market Index Instl Premium Class	Self-directed funds	xx	310,462
*	Fidelity US Bond Index Instl Premium	Self-directed funds	xx	1,415,529
	First Eagle Us Value Class A	Self-directed funds	xx	19,405
	Fmi Common Stock Fund	Self-directed funds	xx	40,176
	Fmi International	Self-directed funds	xx	44,640
	Fmi Large Cap Fund	Self-directed funds	xx	339,600
	Foot Locker Inc	Self-directed funds	xx	6,331
	Ford Mtr Co Del Com	Self-directed funds	xx	7,650
	Fpa Crescent Instl	Self-directed funds	xx	64,971
	Franklin Age High Income Class A	Self-directed funds	xx	23,447
	Fundamental Investors	Self-directed funds	xx	33,235
	General Electric Co Nfs Is A Specialist	Self-directed funds	xx	3,331
	Gilead Sciences Inc	Self-directed funds	xx	23,962
	Global X Fds Global X Ftse Greece 20 Etf	Self-directed funds	xx	4,140
	Glu Mobile Inc	Self-directed funds	xx	8,070
	Goldman Sachs Group Inc	Self-directed funds	xx	32,954
	Gopro Inc. Class A	Self-directed funds	xx	933
	Growth Fund Of America Class A	Self-directed funds	xx	101,416
	Gsi Technology Inc	Self-directed funds	xx	514
	Harbor Bond	Self-directed funds	xx	231,186
	Harding Loevner Emerging Mkt Port	Self-directed funds	xx	21,496
	Harding Loevner Internatl Eq Inv Cl	Self-directed funds	xx	41,342
	Home Depot Inc Nfs Is A Specialist	Self-directed funds	xx	60,137

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, 2018

(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
	Instl Advisor Cl Leveraged Co Stock	Self-directed funds	xx	35,851
	Intel Corp NFS LLC Is a Market	Self-directed funds	xx	4,752
	Invesco QQQ Tr Unit Series 1	Self-directed funds	xx	23,139
	IRobot Corp Com	Self-directed funds	xx	39,358
	Ishares Comex Gold Trust Ishares Etf	Self-directed funds	xx	35,580
	Ishares Inc Msci Eafe Minimum	Self-directed funds	xx	3,194
	Ishares Inc Msci Emerging Mkts	Self-directed funds	xx	24,194
	Ishares Inc Msci Japan Etf New	Self-directed funds	xx	11,405
	Ishares Tr Ftse Xinhau Hk China 25	Self-directed funds	xx	16,354
	Ishares Tr Lehman U S Aggregate Bd Fd	Self-directed funds	xx	168,637
	Ishares Tr Nasdaq Biotechnology Index	Self-directed funds	xx	17,357
	Ishares Tr S&P 500 Index Fd	Self-directed funds	xx	22,645
	Ishares Tr S&P Euro Plus 350 Index	Self-directed funds	xx	12,518
	Ishares Tr S&P US Pfd Stk Index Fd	Self-directed funds	xx	4,660
	Ishares Trust Core Msci Eafe Etf	Self-directed funds	xx	11,841
	Ishares Trust Core Msci Europe	Self-directed funds	xx	308,946
	Ishares Trust Core Short-Term Us Bd Etf	Self-directed funds	xx	96,326
	Ishares Trust Core Total USD Bd Mkt Etf	Self-directed funds	xx	20,350
	J P Morgan Chase & Co	Self-directed funds	xx	24,405
	Jensen Portfolio, Inc.	Self-directed funds	xx	287,991
	Johnson & Johnson Nfs Is A Specialist	Self-directed funds	xx	71,900
	Kinder Morgan Inc Delaware Com	Self-directed funds	xx	6,760
	Las Vegas Sands Corp	Self-directed funds	xx	8,849
	Lazard Emerging Mkts Open Class	Self-directed funds	xx	41,770
	Loomis Sayles Bond Retail Shares	Self-directed funds	xx	398,168
	Matthews Asia Pacific Equity Income Fd	Self-directed funds	xx	35,318
	Matthews Pacific Tiger Fund	Self-directed funds	xx	34,286
	Mcdonalds Corp Nfs Is A Specialist	Self-directed funds	xx	43,052
	Metropolitan West Total Return Bond	Self-directed funds	xx	235,286
	Microsoft Corp NFS LLC Is A Market	Self-directed funds	xx	20,039
	Moneygram Intl Inc Com New	Self-directed funds	xx	500
	Morgan Stanley Bank N A Utah CD	Self-directed funds	xx	42,902
	Netflix.Com, Inc.	Self-directed funds	xx	113,756
	New Oriental Ed & Technology Group Inc	Self-directed funds	xx	13,703
	Nvidia Corp Nfs Llc Is A Market	Self-directed funds	xx	34,776
	Oakmark Internat'l	Self-directed funds	xx	46,394
	Organovo Hldgs Inc Com	Self-directed funds	xx	1,914
	Parnassus Equity Income Portfolio	Self-directed funds	xx	87,771
	Parnassus Mid Cap	Self-directed funds	xx	18,528
	Paychex Inc Nfs Llc Is A Market	Self-directed funds	xx	30,274
	Pimco High Income Fd Com Shs	Self-directed funds	xx	46,785
	Ppl Corp	Self-directed funds	xx	56,507

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, 2018

(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
	Primecap Odyssey Aggressive Growth Fund	Self-directed funds	xx	76,847
	Primecap Odyssey Growth Fund	Self-directed funds	xx	44,398
	Primecap Odyssey Sto Ck Fund	Self-directed funds	xx	35,622
	Qs Energy Inc Com Npv	Self-directed funds	xx	1,700
	Royal Carribean Cruises Ltd	Self-directed funds	xx	13,691
	Royce Special Equity	Self-directed funds	xx	40,932
	S&P Depository Receipt	Self-directed funds	xx	6,128
	Santander Bank National Association CD	Self-directed funds	xx	99,990
	Schwab S & P 500 Index Fd-Select Shs	Self-directed funds	xx	42,585
	Sector Spdr Tr Shs Ben Int Consumer	Self-directed funds	xx	27,683
	Sector Spdr Tr Shs Ben Int Energy	Self-directed funds	xx	24,510
	Sector Spdr Tr Shs Ben Int Financial	Self-directed funds	xx	95,886
	Sector Spdr Tr Shs Ben Int Utilities	Self-directed funds	xx	10,319
	Select Sector Spdr Tr Rl Est Sel Sec	Self-directed funds	xx	18,116
	Shake Shack Inc Cl A	Self-directed funds	xx	4,542
	Shire Pharmaceutical Gr Adr	Self-directed funds	xx	17,807
	Sirius Xm Holdings, Inc. Com	Self-directed funds	xx	34,260
	Snap Inc Cl A	Self-directed funds	xx	1,653
	Sonos Inc Com	Self-directed funds	xx	3,928
	Spdr Dow Jones Indl Average Etf Tr Unit	Self-directed funds	xx	30,316
	Spdr Ser Tr Kbw Regl Bkg Etf	Self-directed funds	xx	21,056
	Spdr Ser Tr S&P Homebuilders Etf	Self-directed funds	xx	17,073
	Spider Gold Trust Gold Shares	Self-directed funds	xx	72,750
	Sterling Capital Stratton Sm Cp Val I	Self-directed funds	xx	196,999
	Suntrust Banks Inc Nfs Llc Is A	Self-directed funds	xx	10,592
	Synchrony Financial Com	Self-directed funds	xx	8,062
	T Rowe Price Intl Discovery Fund	Self-directed funds	xx	43,851
	T Rowe Price Real Estate Fund	Self-directed funds	xx	36,477
	Templeton Global Bond Class A	Self-directed funds	xx	51,131
	Tesla Motors, Inc. Com	Self-directed funds	xx	141,440
	Third Avenue Real Estate Value	Self-directed funds	xx	2,034
	Tweedy Brown Global Value Fund	Self-directed funds	xx	48,111
	Twitter Inc Com	Self-directed funds	xx	31,039
	Two Hbrs Invt Corp Com New	Self-directed funds	xx	23,673
	Under Armour Inc Cl A	Self-directed funds	xx	30,392
	Under Armour Inc Cl C	Self-directed funds	xx	32,848
	United States Steel Corp	Self-directed funds	xx	7,368
	United States Treasury Bills Zero Coupon	Self-directed funds	xx	13,810
	Valley National Bank Passaic CD	Self-directed funds	xx	140,000
	Vaneck Vectors Etf Tr Russia Etf	Self-directed funds	xx	7,500

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, 2018

(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 Bd Index Fd Inc Total Bd Market	Self-directed funds	xx	113,977
	Vanguard Bond Index Short Term	Self-directed funds	xx	128,152
	Vanguard Bond Index Total Market	Self-directed funds	xx	111,968
	Vanguard Dividend Growth Investor Cl	Self-directed funds	xx	140,787
	Vanguard Emerging Markets Stock Index	Self-directed funds	xx	5,121
	Vanguard Energy	Self-directed funds	xx	21,968
	Vanguard Fixed Inc High Yield Corp	Self-directed funds	xx	257,994
	Vanguard Gnma	Self-directed funds	xx	147,214
	Vanguard Growth Index	Self-directed funds	xx	74,172
	Vanguard High Divid Yld Index Fd Inv Cl	Self-directed funds	xx	71,074
	Vanguard Index Fds Formerly Vanguard	Self-directed funds	xx	36,929
	Vanguard Index Fds Vanguard Small Cap	Self-directed funds	xx	5,544
	Vanguard Index Tr Vanguard Total Stk	Self-directed funds	xx	1,240,049
	Vanguard Intl Equity Index Fd Inc	Self-directed funds	xx	84,080
	Vanguard Primecap Core Fd Investor Cl	Self-directed funds	xx	46,827
	Vanguard Scottsdale Fds Vanguard Russell	Self-directed funds	xx	493,815
	Vanguard Short Term Corporate	Self-directed funds	xx	101,154
	Vanguard Short Term Federal	Self-directed funds	xx	105,141
	Vanguard Specialized Portfolios Div	Self-directed funds	xx	31,714
	Vanguard Target Retirement 2030 Invt	Self-directed funds	xx	437,991
	Vanguard Total Intl Stock Index Fund	Self-directed funds	xx	369,850
	Visa Inc Com Cl A	Self-directed funds	xx	79,164
	Wasatch Core Growth	Self-directed funds	xx	36,431
	Wells Fargo Bank National Association CD	Self-directed funds	xx	83,407
	Welltower Inc Com	Self-directed funds	xx	19,062
	Wheaton Precious Metals Corp Com	Self-directed funds	xx	12,379
	Wisdomtree Tr Emerging Mkts High	Self-directed funds	xx	1,444
	World Wrestling Federation Entmt	Self-directed funds	xx	36,380
	Zillow Group Inc Cl A	Self-directed funds	xx	3,772
	Zillow Group Inc Cl C Cap Stk	Self-directed funds	xx	7,579
				17,883,139
	Life Insurance Contracts	Cash surrender of life insurance policies		232,766
*	Participant Loans	Interest rates of 4.25% - 6.25% maturing at various dates through May 2025		$ 158,531

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

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

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2018

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*	Fidelity Government Money Market DM	Interest bearing cash	xx	$ 579,088
	AllianceBernstein High Income Fund A	Interest in registered investment companies	xx	191,870
	Blackrock Global Allocation A	Interest in registered investment companies	xx	152,395
	Columbia Balanced Fund A	Interest in registered investment companies	xx	71,300
	Dreyfus International Bond A	Interest in registered investment companies	xx	100,851
	Eaton Vance Atlanta Cap SMID-CP A	Interest in registered investment companies	xx	659,454
*	Fidelity Advisor Diversified Stock Fund A	Interest in registered investment companies	xx	480,557
*	Fidelity Advisor New Insights A	Interest in registered investment companies	xx	1,250,002
*	Fidelity Advisor Strategic Income A	Interest in registered investment companies	xx	434,013
*	Fidelity Advisor Utilities A	Interest in registered investment companies	xx	95,529
	Franklin Rising Dividends Fund A	Interest in registered investment companies	xx	491,202
	Hartford Dividend & Growth R4	Interest in registered investment companies	xx	564,358
	Invesco Equally Weighted S&P 500 Fund A	Interest in registered investment companies	xx	1,045,342
	Ivy International Core Equities A	Interest in registered investment companies	xx	49,919
	J.P. Morgan Core Plus Bond Fund A	Interest in registered investment companies	xx	580,574
	J.P. Morgan Smart Retirement 2020 A	Interest in registered investment companies	xx	1,577,551
	J.P. Morgan Smart Retirement 2025 A	Interest in registered investment companies	xx	1,757,740
	J.P. Morgan Smart Retirement 2030 A	Interest in registered investment companies	xx	637,583
	J.P. Morgan Smart Retirement 2035 A	Interest in registered investment companies	xx	477,655
	J.P. Morgan Smart Retirement 2040 A	Interest in registered investment companies	xx	2,456,552
	J.P. Morgan Smart Retirement 2045 A	Interest in registered investment companies	xx	299,297
	J.P. Morgan Smart Retirement 2050 A	Interest in registered investment companies	xx	786,776
	J.P. Morgan Smart Retirement 2055 A	Interest in registered investment companies	xx	145,126
	J.P. Morgan Smart Retirement Income A	Interest in registered investment companies	xx	1,089,382
	J.P. Morgan U.S. Small Company Fund A	Interest in registered investment companies	xx	304,199
	MFS Global Equity Fund R3	Interest in registered investment companies	xx	342,974
	MFS Mid Cap Value Fund	Interest in registered investment companies	xx	117,325
	Oppenheimer Developing Markets Fund A	Interest in registered investment companies	xx	159,167
	Oppenheimer International Growth A	Interest in registered investment companies	xx	162,917
	Oppenheimer International Small-Mid Co Fund A	Interest in registered investment companies	xx	90,419
	PIMCO Real Estate Real Return Strategy Fund A	Interest in registered investment companies	xx	239,157
	Putnam High Yield Advantage A	Interest in registered investment companies	xx	26,814
	T Rowe Price US Bond Enhanced Index Fund	Interest in registered investment companies	xx	221,971
	Victory RS Small Cap Growth Fund A	Interest in registered investment companies	xx	62,246
				17,122,217

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

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

As of December 31, 2018

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	Aim Diversified Dividend Investor Cl	Self-directed funds	xx	282,094
	Alibaba Group Hldg Ltd	Self-directed funds	xx	47,563
	Ally Bank Midvale Utah CD	Self-directed funds	xx	3,000
	Alphabet Inc Cap Stk Cl C	Self-directed funds	xx	5,178
	Altria Group Inc Nfs Llc Is A	Self-directed funds	xx	699
	Amazon.Com Inc Nfs Llc Is A Market	Self-directed funds	xx	334,939
	American Amcap Fund Class F	Self-directed funds	xx	50,488
	American Balanced Class F	Self-directed funds	xx	71,211
	American Century Equity Income	Self-directed funds	xx	88,677
	American Century Inflation Adj Treas	Self-directed funds	xx	59,076
	American Europacific Growth Class F	Self-directed funds	xx	42,828
	American Mutual Fund Class F	Self-directed funds	xx	91,728
	American New World Class F	Self-directed funds	xx	44,445
	American Washington Mutual Investors Fid Fund	Self-directed funds	xx	88,353
	Amg Managers Fair Pointe Mid Cap Cl N	Self-directed funds	xx	27,848
	Amg Yacktman Fund Service Class	Self-directed funds	xx	96,731
	Annaly Mortgage Management Inc	Self-directed funds	xx	119,399
	Antares Pharma Inc	Self-directed funds	xx	2,992
	Apollo Invt Corp Com Sh Ben Int	Self-directed funds	xx	8,258
	Apple Computer Inc Nfs Llc Is A Market	Self-directed funds	xx	109,956
	Apple Inc Note	Self-directed funds	xx	24,173
	Artisan Global Value Fd Invt Shares	Self-directed funds	xx	79,390
	AT&T Inc Com	Self-directed funds	xx	420
	Baird Aggregate Bond Fund Instl	Self-directed funds	xx	74,778
	Baird Short Term Bond Fund Instl	Self-directed funds	xx	75,655
	Bank Hope Los Angeles CD	Self-directed funds	xx	150,000
	Bank of America Corp	Self-directed funds	xx	69,831
	Bank of China New York City BR CD	Self-directed funds	xx	180,000
	Barings BDC Inc Com	Self-directed funds	xx	21,104
	Bausch Health Companies Inc Com	Self-directed funds	xx	1,293
	Berkshire Hathaway Inc Dell Cl B New	Self-directed funds	xx	28,585
	Bitcoin Invt Tr Shs ISIN #US09173T1088	Self-directed funds	xx	2,526
	Blackrock Kelso Cap Coorporation	Self-directed funds	xx	40,388
	Brown Capital Mgt Small Company Inv	Self-directed funds	xx	34,113
	Capital One Bank USA National Association CD	Self-directed funds	xx	14,996
	Chimera Invt Corp Com New	Self-directed funds	xx	27,014
	China Unicom Ltd Spons Adr	Self-directed funds	xx	3,506
	Citigroup Inc Com New	Self-directed funds	xx	50,971
	Cognex Corp	Self-directed funds	xx	14,695
	Consolidated Edison Hldg Co Inc	Self-directed funds	xx	18,120
	Discover Finl Svcs	Self-directed funds	xx	9,437
	Disney Walt Co Del (Holding Company)	Self-directed funds	xx	16,448
	Dodge & Cox Income	Self-directed funds	xx	244,497
	Dodge & Cox Internatl Stock Fund	Self-directed funds	xx	405,496

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

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

As of December 31, 2018

(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
	Dodge & Cox Stock	Self-directed funds	xx	40,713
	Edwards Lifesciences Corp	Self-directed funds	xx	245,072
	El Pollo Loco Holdings Inc Com	Self-directed funds	xx	14,412
	Exxon Mobil Corp Nfs Is A Specialist	Self-directed funds	xx	23,148
	Facebook Inc Class A	Self-directed funds	xx	129,779
*	Fidelity 500 Index Institutional Premium	Self-directed funds	xx	607,576
*	Fidelity Cash Reserves	Self-directed funds	xx	1,284,146
*	Fidelity Contrafund	Self-directed funds	xx	181,639
*	Fidelity Extended Market Index Instl Premium	Self-directed funds	xx	436,582
*	Fidelity Floating Rate High Income	Self-directed funds	xx	99,204
*	Fidelity Inflation-Protected Bond Index Instl Pren	Self-directed funds	xx	16,278
*	Fidelity Int'l Enhanced Index Func	Self-directed funds	xx	7,308
*	Fidelity Low Priced Stock	Self-directed funds	xx	42,136
*	Fidelity Msci Energy Index ETF	Self-directed funds	xx	11,095
*	Fidelity New Markets Income	Self-directed funds	xx	24,850
*	Fidelity Short Term Bond	Self-directed funds	xx	75,633
*	Fidelity Small Cap Index Instl Premium	Self-directed funds	xx	39,098
*	Fidelity Small Cap Retirement	Self-directed funds	xx	3,755
*	Fidelity Stock Selector Mid Cap Func	Self-directed funds	xx	5,715
*	Fidelity Total Bond	Self-directed funds	xx	166,175
*	Fidelity Total Market Index Instl Premium Class	Self-directed funds	xx	310,462
*	Fidelity US Bond Index Instl Premium	Self-directed funds	xx	1,415,529
	First Eagle Us Value Class A	Self-directed funds	xx	19,405
	Fmi Common Stock Fund	Self-directed funds	xx	40,176
	Fmi International	Self-directed funds	xx	44,640
	Fmi Large Cap Fund	Self-directed funds	xx	339,600
	Foot Locker Inc	Self-directed funds	xx	6,331
	Ford Mtr Co Del Com	Self-directed funds	xx	7,650
	Fpa Crescent Instl	Self-directed funds	xx	64,971
	Franklin Age High Income Class A	Self-directed funds	xx	23,447
	Fundamental Investors	Self-directed funds	xx	33,235
	General Electric Co Nfs Is A Specialist	Self-directed funds	xx	3,331
	Gilead Sciences Inc	Self-directed funds	xx	23,962
	Global X Fds Global X Ftse Greece 20 Etf	Self-directed funds	xx	4,140
	Glu Mobile Inc	Self-directed funds	xx	8,070
	Goldman Sachs Group Inc	Self-directed funds	xx	32,954
	Gopro Inc. Class A	Self-directed funds	xx	933
	Growth Fund Of America Class A	Self-directed funds	xx	101,416
	Gsi Technology Inc	Self-directed funds	xx	514
	Harbor Bond	Self-directed funds	xx	231,186
	Harding Loevner Emerging Mkt Port	Self-directed funds	xx	21,496
	Harding Loevner Internatl Eq Inv Cl	Self-directed funds	xx	41,342
	Home Depot Inc Nfs Is A Specialist	Self-directed funds	xx	60,137

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

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

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment (including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	Instl Advisor Cl Leveraged Co Stock	Self-directed funds	xx	35,851
	Intel Corp NFS LLC Is a Market	Self-directed funds	xx	4,752
	Invesco QQQ Tr Unit Series 1	Self-directed funds	xx	23,139
	IRobot Corp Com	Self-directed funds	xx	39,358
	Ishares Comex Gold Trust Ishares Etf	Self-directed funds	xx	35,580
	Ishares Inc Msci Eafe Minimum	Self-directed funds	xx	3,194
	Ishares Inc Msci Emerging Mkts	Self-directed funds	xx	24,194
	Ishares Inc Msci Japan Etf New	Self-directed funds	xx	11,405
	Ishares Tr Ftse Xinhau Hk China 25	Self-directed funds	xx	16,354
	Ishares Tr Lehman U S Aggregate Bd Fd	Self-directed funds	xx	168,637
	Ishares Tr Nasdaq Biotechnology Index	Self-directed funds	xx	17,357
	Ishares Tr S&P 500 Index Fd	Self-directed funds	xx	22,645
	Ishares Tr S&P Euro Plus 350 Index	Self-directed funds	xx	12,518
	Ishares Tr S&P US Pfd Stk Index Fd	Self-directed funds	xx	4,660
	Ishares Trust Core Msci Eafe Etf	Self-directed funds	xx	11,841
	Ishares Trust Core Msci Europe	Self-directed funds	xx	308,946
	Ishares Trust Core Short-Term Us Bd Etf	Self-directed funds	xx	96,326
	Ishares Trust Core Total USD Bd Mkt Etf	Self-directed funds	xx	20,350
	J P Morgan Chase & Co	Self-directed funds	xx	24,405
	Jensen Portfolio, Inc.	Self-directed funds	xx	287,991
	Johnson & Johnson Nfs Is A Specialist	Self-directed funds	xx	71,900
	Kinder Morgan Inc Delaware Com	Self-directed funds	xx	6,760
	Las Vegas Sands Corp	Self-directed funds	xx	8,849
	Lazard Emerging Mkts Open Class	Self-directed funds	xx	41,770
	Loomis Sayles Bond Retail Shares	Self-directed funds	xx	398,168
	Matthews Asia Pacific Equity Income Fd	Self-directed funds	xx	35,318
	Matthews Pacific Tiger Fund	Self-directed funds	xx	34,286
	Mcdonalds Corp Nfs Is A Specialist	Self-directed funds	xx	43,052
	Metropolitan West Total Return Bond	Self-directed funds	xx	235,286
	Microsoft Corp NFS LLC Is A Market	Self-directed funds	xx	20,039
	Moneygram Intl Inc Com New	Self-directed funds	xx	500
	Morgan Stanley Bank N A Utah CD	Self-directed funds	xx	42,902
	Netflix.Com, Inc.	Self-directed funds	xx	113,756
	New Oriental Ed & Technology Group Inc	Self-directed funds	xx	13,703
	Nvidia Corp Nfs Llc Is A Market	Self-directed funds	xx	34,776
	Oakmark Internat'l	Self-directed funds	xx	46,394
	Organovo Hldgs Inc Com	Self-directed funds	xx	1,914
	Parnassus Equity Income Portfolio	Self-directed funds	xx	87,771
	Parnassus Mid Cap	Self-directed funds	xx	18,528
	Paychex Inc Nfs Llc Is A Market	Self-directed funds	xx	30,274
	Pimco High Income Fd Com Shs	Self-directed funds	xx	46,785
	Ppl Corp	Self-directed funds	xx	56,507

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

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	Primecap Odyssey Aggressive Growth Fund	Self-directed funds	xx	76,847
	Primecap Odyssey Growth Fund	Self-directed funds	xx	44,398
	Primecap Odyssey Sto Ck Fund	Self-directed funds	xx	35,622
	Qs Energy Inc Com Npv	Self-directed funds	xx	1,700
	Royal Carribean Cruises Ltd	Self-directed funds	xx	13,691
	Royce Special Equity	Self-directed funds	xx	40,932
	S&P Depository Receipt	Self-directed funds	xx	6,128
	Santander Bank National Association CD	Self-directed funds	xx	99,990
	Schwab S & P 500 Index Fd-Select Shs	Self-directed funds	xx	42,585
	Sector Spdr Tr Shs Ben Int Consumer	Self-directed funds	xx	27,683
	Sector Spdr Tr Shs Ben Int Energy	Self-directed funds	xx	24,510
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	Valley National Bank Passaic CD	Self-directed funds	xx	140,000
	Vaneck Vectors Etf Tr Russia Etf	Self-directed funds	xx	7,500

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	Vanguard Bd Index Fd Inc Total Bd Market	Self-directed funds	xx	113,977
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	Vanguard Bond Index Total Market	Self-directed funds	xx	111,968
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	Vanguard Emerging Markets Stock Index	Self-directed funds	xx	5,121
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	Vanguard Fixed Inc High Yield Corp	Self-directed funds	xx	257,994
	Vanguard Gnma	Self-directed funds	xx	147,214
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	Vanguard High Divid Yld Index Fd Inv Cl	Self-directed funds	xx	71,074
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	Vanguard Short Term Corporate	Self-directed funds	xx	101,154
	Vanguard Short Term Federal	Self-directed funds	xx	105,141
	Vanguard Specialized Portfolios Div	Self-directed funds	xx	31,714
	Vanguard Target Retirement 2030 Invt	Self-directed funds	xx	437,991
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