

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>		<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>		<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>	
<div>Part IAnnual Report Identification Information</div> <div>For calendar plan year 2009 or fiscal plan year beginning01/01/2009and ending12/31/2009</div> <div><div>A</div>This return/report is for:<div><div>☒</div>single-employer plan<div>☐</div>multiple-employer plan (not multiemployer)<div>☐</div>one-participant plan</div><div><div>B</div>This return/report is for:<div><div>☐</div>first return/report<div>☐</div>final return/report</div><div><div>☐</div>an amended return/report<div>☐</div>short plan year return/report (less than 12 months)</div><div><div>C</div>Check box if filing under:<div><div>☒</div>Form 5558<div>☐</div>automatic extension<div>☐</div>DFVC program</div><div><div>☐</div>special extension (enter description)</div></div></div></div> <div>Part IIBasic Plan Information—enter all requested information</div> <div><div><div>1a</div>Name of plan PROFESSIONAL RADIOLOGY, INC. DEFINED BENEFIT PLAN</div><div><div>1b</div>Three-digit plan number (PN) ▶005</div><div><div>1c</div>Effective date of plan01/01/2002</div></div> <div><div><div>2a</div>Plan sponsor's name and address (employer, if for single-employer plan) PROFESSIONAL RADIOLOGY, INC. 4170 ROSSLYN DRIVE, SUITE B CINCINNATI, OH 45209</div><div><div>2b</div>Employer Identification Number (EIN)31-0667480</div><div><div>2c</div>Plan sponsor's telephone number513-872-4500</div><div><div>2d</div>Business code (see instructions)621399</div></div> <div><div><div>3a</div>Plan administrator's name and address (if same as Plan sponsor, enter "Same") PROFESSIONAL RADIOLOGY, INC.4170 ROSSLYN DRIVE, SUITE B CINCINNATI, OH 45209</div><div><div>3b</div>Administrator's EIN31-0667480</div><div><div>3c</div>Administrator's telephone number513-872-4500</div></div> <div><div><div>4</div>If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name</div><div><div>4b</div>EIN</div><div><div>4c</div>PN</div></div> <div><div><div>5a</div>Total number of participants at the beginning of the plan year</div><div><div>5b</div>Total number of participants at the end of the plan year</div><div><div>5c</div>Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)</div><div><div>5a</div>99</div><div><div>5b</div>96</div><div><div>5c</div></div></div> <div><div><div>6a</div>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</div><div><div>6b</div>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</div><div><div>☒</div>Yes<div>☐</div>No</div><div><div>☒</div>Yes<div>☐</div>No</div><div>If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</div></div>					

Part IIIFinancial Information

7

Plan Assets and Liabilities

a

Total plan assets

b

Total plan liabilities

c

Net plan assets (subtract line 7b from line 7a)

7a

3964826

7b

0

7c

3964826

(a)

Beginning of Year

(b)

End of Year

8

Income, Expenses, and Transfers for this Plan Year

a

Contributions received or receivable from:

(1)

Employers

(2)

Participants

(3)

Others (including rollovers)

b

Other income (loss)

c

Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)

d

Benefits paid (including direct rollovers and insurance premiums to provide benefits)

e

Certain deemed and/or corrective distributions (see instructions)

f

Administrative service providers (salaries, fees, commissions)

g

Other expenses

h

Total expenses (add lines 8d, 8e, 8f, and 8g)

i

Net income (loss) (subtract line 8h from line 8c)

j

Transfers to (from) the plan (see instructions)

8a(1)

684003

8a(2)

0

8a(3)

0

8b

853663

8c

1537666

8d

641719

8e

0

8f

0

8g

0

8h

641719

8i

895947

8j

0

(a)

Amount

(b)

Total

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2009)
v.092308.1

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1D 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**Part V Compliance Questions**

	Yes	No	Amount
10 During the plan year:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** _____

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2010	JESSICA BIRKLE
	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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>PROFESSIONAL RADIOLOGY, INC. DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PROFESSIONAL RADIOLOGY, INC.</u>	D Employer Identification Number (EIN) <u>31-0667480</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>4176770</u>
b	Actuarial value 2b <u>4176770</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>0</u> <u>0</u>
b	For terminated vested participants 3b <u>9</u> <u>103487</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>22716</u>
(2)	Vested benefits 3c(2) <u>3762973</u>
(3)	Total active 3c(3) <u>96</u> <u>3785689</u>
d	Total 3d <u>105</u> <u>3889176</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.49</u> %
6	Target normal cost 6 <u>667694</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>10/01/2010</u>
Signature of actuary	Date
<u>SALLY W. CUNI</u>	<u>08-02676</u>
Type or print name of actuary	Most recent enrollment number
<u>CUNI, RUST & STRENK, INC.</u>	<u>513-891-0270</u>
Firm name	Telephone number (including area code)
<u>4540 COOPER ROAD, SUITE 304</u> <u>CINCINNATI, OH 45242-5617</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>-25.50</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.49</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III Funding percentages		
14 Funding target attainment percentage.....	14	107.39 %
15 Adjusted funding target attainment percentage.....	15	107.39 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	97.03 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/12/2009	180423	0			
11/04/2009	164886	0			
02/09/2010	137626	0			
03/19/2010	169544	0			
03/23/2010	31523	0			
			Totals ▶	18(b)	684002
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	678508
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.28 %	2nd segment: 6.59 %	3rd segment: 6.65 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	380099
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	380099
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	380099
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	678508
38 Interest-adjusted excess contributions for current year (see instructions).....	38	298409
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	

Form 5500-SFDepartment of the Treasury
Internal Revenue Service**Short Form Annual Return/Report of Small Employee
Benefit Plan**This form 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).OMB Nos. 1210-0110
1210-0089**2009**This Form is Open to Public
Inspection.

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

Part I Annual Report Identification Information

For the calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

- A** This return/report is for: ☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
- B** This return/report is for: ☐ first return/report ☐ final return/report
☐ an amended return/report ☐ short plan year return/report (less than 12 months)
- C** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program
☐ special extension (enter description)

Part II Basic Plan Information --- enter all requested information.

1a Name of plan Professional Radiology, Inc. Defined Benefit Plan	1b Three-digit plan number (PN) ▶ 005
	1c Effective date of plan 01/01/2002
2a Plan sponsor's name and address (employer, if for single-employer plan) Professional Radiology, Inc. 4170 Rosslyn Drive, Suite B US Cincinnati OH 45209	2b Employer Identification Number (EIN) 31-0667480
	2c Plan sponsor's telephone number (513) 872-4500
	2d Business code (see instructions) 621399
3a Plan administrator's name and address (If same as plan employer, enter "Same") Same	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return. Sponsor's Name	4b EIN
	4c PN
5a Total number of participants at the beginning of the plan year	5a 99
b Total number of participants at the end of the plan year	5b 96
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	☒ Yes ☐ No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	3,964,826	4,860,773
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	3,964,826	4,860,773
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	684,003	
(2) Participants	8a(2)	0	
(3) Others (including rollovers).	8a(3)	0	
b Other income (loss)	8b	853,663	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1,537,666
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	641,719	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		641,719
i Net income (loss) (subject line 8h from line 8c)	8i		895,947
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1D 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**Part V Compliance Questions**

	Yes	No	Amount
10 During the plan year:			
a Was there a failure to transmit to the plan any participant contribution within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	X	
c Was the plan covered by a fidelity bond?	10c	X	500,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X	
f Has the plan failed to provide any benefit when due under the plan?	10f	X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

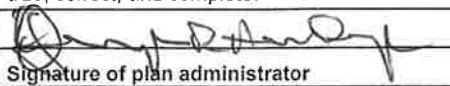
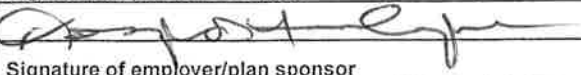
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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		Date	JOSEPH HUDEPOHL Enter name of individual signing as plan administrator
SIGN HERE		Date	JOSEPH HUDEPOHL Enter name of individual signing as employer or plan sponsor

2009 Schedule SB, line 22 -- Description of Weighted Average Retirement Age

Plan Name: Professional Radiology, Inc. Defined Benefit Plan

EIN: 31-0667480

PN: 005

(A)	(B)	(C)	(D)	(E)
Retirement Age	Retirement Rates	Fraction Remaining	Probability Distribution	Sum Weighted Average Age
65	100.00%	0.00000	100.00%	65.00000

Weighted Average Retirement Age**65.0**

The Retirement Rates (Column B) at each Early Retirement Age (Column A) are converted to a probability distribution (Column D). The products of Column A and Column D are summed to determine the resulting Weighted Average Retirement Age.

2009 Schedule SB, line 19

2009

Plan Name: Professional Radiology, Inc. Defined Benefit Plan

EIN: 31-0667480

PN: 005

Effective Interest Rate: 6.49%

Effective Interest Rate for Late Quarterlies: 11.49%

<u>Date</u>	<u>Contribution Amount</u>	<u># Days to 12/31/2009</u>	<u>Discounted Contributions @ 6.49%</u>	<u>For Plan Year Ending In</u>	<u>Effective Interest Rate</u>
8/12/2009	95,002.25	0	93,592.00 Late	2009	11.49%
8/12/2009	85,421.00	0	85,121.00 Late	2009	11.49%
11/4/2009	9,581.25	0	9,447.00 Late	2009	11.49%
Total 19(b)	190,004.50		188,160.00		
11/4/2009	155,304.85	0	155,305.00	2009	6.49%
2/9/2010	137,625.75	40	136,680.62	2009	6.49%
3/19/2010	139,961.25	78	138,093.09	2009	6.49%
3/19/2010	29,583.35	78	29,188.48	2009	6.49%
3/23/2010	31,523.00	82	31,080.82	2009	6.49%
Total 19(c)	493,998.20		490,348.01		
Total	684,002.70		678,508.01		

2009 Schedule SB, Part V – Plan Provisions

Plan Name: Professional Radiology, Inc. Defined Benefit Plan

EIN: 31-0667480

PN: 005

1. Effective Date: January 1, 2002

2. Employees Covered: All eligible employees are eligible to participate on the date that they work one hour. Eligible employees exclude employees who are leased and non-shareholder physicians.

3. Credited Service:

Benefit Eligibility	Completion of one hour of service during a plan year
Benefit Accrual	Completion of one hour of service during a plan year
Vesting	Completion of 1,000 hours of service during a plan year
Hours of Service	Actual hours of paid service

4. Annual Average Compensation: Highest three consecutive years average of total wages, salary and all other remuneration received during the calendar year for services rendered as an employee.

5. Retirement Dates:

Normal	Age 65 and 5 years of plan service
Late	After age 65 but not later than age 70½ if a 5% owner
Disability	Disablement after 10 years of vesting service

2009 Schedule SB, Part V – Plan Provisions

Plan Name: Professional Radiology, Inc. Defined Benefit Plan

EIN: 31-0667480

PN: 005

6. Retirement and Termination Benefits:

Accrued Benefit	Monthly benefit payable at Normal Retirement Age equal to the Normal Retirement benefit, using compensation and service at date of determination
Normal Retirement	<p>Annual benefit payable for life equal to a percent of average compensation for each year of benefit service (maximum 10). The percent, net of the profit sharing offset, is determined by employment category as follows.</p> <ol style="list-style-type: none">1. Shareholder Physician: 4.00%2. Non-shareholder Physician: 0.00%3. COO: 0.95%3. Staff: 0.45%
Late Retirement	Greater of extra benefit accrual as per the pre NRA formula and actuarial equivalent of Normal Retirement benefit that would have been payable at NRA.
Disability	Normal Retirement benefit using average compensation at date of disability and benefit service at date of disability.
Vested Termination	Accrued benefit at date of termination times the percentage vested

7. Vesting Schedule:

A participant shall be 20% vested in his accrued benefit after 2 years of vesting service, increasing at 20%, per year to 100% after 6 years of vesting service.

8. Pre-Retirement Death Benefit:

Actuarial present value of accrued benefit.

2009 Schedule SB, Part V – Plan Provisions

Plan Name: Professional Radiology, Inc. Defined Benefit Plan

EIN: 31-0667480

PN: 005

9. Employee Contributions:

None required

10. Payment Forms:

Normal

Single Life Annuity, if unmarried

Automatic

Actuarial equivalence of the above in the Joint and 50% Survivor form, if married

Optional

Life only;
Certain and life;
Joint and 50%, 75% or 100% Survivor;
Lump Sum.
All are the actuarial equivalent of the Normal form.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**This schedule is required to be filed under section 104 of the Employee
Retirement Income Security Act of 1974 (ERISA) and section 6059 of the
Internal Revenue Code (the Code).► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan

Professional Radiology, Inc. Defined Benefit Plan

B Three-digit
plan number (PN) ►

005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ

Professional Radiology, Inc.

D Employer Identification Number (EIN)

31-0667480

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 12 Day 31 Year 2009**2** Assets:

	2a	
a Market value	4,176,770	
b Actuarial value	4,176,770	

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	0	0
b For terminated vested participants	9	103,487
c For active participants:		
(1) Non-vested benefits		22,716
(2) Vested benefits		3,762,973
(3) Total active	96	3,785,689
d Total	105	3,889,176

4 If the plan is at-risk, check the box and complete lines a and b ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		

5 Effective interest rate **5** 6.49**6** Target normal cost **6** 667,694**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE***SWC*

Signature of actuary

Sally W. Cuni

Type or print name of actuary

Cuni, Rust & Strenk, Inc.

Firm name

4540 Cooper Road, Suite 304

US Cincinnati

OH 45242-5617

Address of the firm

10/01/2010

Date

08-02676

Most recent enrollment number

(513) 891-0270

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (item 35 from prior year)	0	0
9 Amount remaining (item 7 minus item 8)	0	0
10 Interest on item 9 using prior year's actual return of <u>-25.50 %</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.49 %</u>		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of item (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	107.39 %
15 Adjusted funding target attainment percentage	15	107.39 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.03 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/12/2009	180,423	0			
11/04/2009	164,886	0			
02/09/2010	137,626	0			
03/19/2010	169,544	0			
03/23/2010	31,523	0			
Totals ▶ 18(b)				684,002	18(c) 0

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	678,508

20 Quarterly contributions and liquidity shortfall(s):

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:	1st segment 5.28 %	2nd segment 6.59 %	3rd segment 6.65 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☒ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute			

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment		27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	380,099
32 Amortization installments:		
a Net shortfall amortization installment	Outstanding Balance	Installment
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).	34	380,099
		Total balance
35 Balances used to offset funding requirement	Carryover balance	Prefunding Balance
	0	0
36 Additional cash requirement (item 34 minus item 35)	36	380,099
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	678,508
38 Interest-adjusted excess contributions for current year (see instructions)	38	298,409
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	
40 Unpaid minimum required contribution for all years	40	

2009 Schedule SB, Part V – Actuarial Assumptions

Plan Name: Professional Radiology, Inc. Defined Benefit Plan

EIN: 31-0667480

PN: 005

1. Interest Rates:

a. Funding

Segment 1	5.28%
Segment 2	6.59%
Segment 3	6.65%
Effective Rate	6.49%

Post-retirement Lump Sum Rate	6.00%
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b. Present Value of Accumulated Benefits (FAS 35)	6.00%
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2. Mortality Rates:

Pre-retirement: None.

Post-retirement: Funding: 2009 Applicable Mortality Table under IRC Sec. 417(e)

FAS 35: 2009 Applicable Mortality Table under IRC Sec. 417(e)

3. Salary Scale: 0.00%.

4. Retirement Ages: Normal Retirement Age or Attained Age, if later.

5. Termination Rates: None.

6. Disability Rates: None.

2009 Schedule SB, Part V – Actuarial Assumptions

Plan Name: Professional Radiology, Inc. Defined Benefit Plan

EIN: 31-0667480

PN: 005

- | | |
|-------------------------------------|--|
| 7. <u>Form of Payment:</u> | 100% Lump Sum. |
| | |
| 8. <u>Plan Expenses:</u> | None. |
| | |
| 9. <u>Actuarial Cost Method:</u> | Unit Credit under PPA rules. |
| | |
| 10. <u>Asset Valuation Method:</u> | Market Value of all trust investments, plus any accrued contributions as of the Valuation Date. |
| | |
| 11. <u>Employee Data:</u> | An employee census was supplied by Professional Radiology, Inc. and included all employees in the Eligible Class. We did not audit the census. |
| | |
| 12. <u>Asset Data:</u> | Asset data and contribution amounts and dates were supplied by Professional Radiology, Inc. We did not audit the data. |
| | |
| 13. <u>Changes Since Last Year:</u> | Actuarial assumptions changed to comply with the Pension Protection Act of 2006 (PPA). |

Active Participants as of December 31, 2009

Age Group	<u>Total Years of Service</u>									Total
	<u>< 1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35 +</u>	
< 19	0	0	0	0	0	0	0	0	0	0
20-24	0	3	0	0	0	0	0	0	0	3
25-29	0	0	0	0	0	0	0	0	0	0
30-34	0	4	1	1	0	0	0	0	0	6
35-39	0	7	3	0	0	0	0	0	0	10
40-44	0	6	4	2	0	0	0	0	0	12
45-49	0	3	7	5	2	1	0	0	0	18
50-54	0	6	6	1	3	1	1	0	0	18
55-59	0	2	4	3	0	0	0	0	0	9
60-64	0	1	3	3	0	0	1	0	0	8
65-69	0	2	0	0	0	0	0	0	0	2
70 +	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>
Total	0	35	28	15	5	2	2	0	0	87

Plan: Professional Radiology, Inc. Defined Benefit Plan
 EIN: 31-0667480
 PIN: 005

Average Age: 47.4 years
 Average Service: 7.0 years