

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	<input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan
B This return/report is for:	<input type="checkbox"/> first return/report <input type="checkbox"/> final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months)
C Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan	1b Three-digit plan number (PN) ▶ <u>002</u>
<u>SOUTH MS ASSOCIATES IN RADIATION THERAPY, INC. CASH BALANCE PENSION PLAN AND TRUST</u>	1c Effective date of plan <u>04/01/2008</u>
2a Plan sponsor's name and address (employer, if for single-employer plan)	2b Employer Identification Number (EIN) <u>26-0338410</u>
<u>SOUTH MISSISSIPPI ASSOCIATES IN RADIATION THERAPY, INC.</u>	2c Plan sponsor's telephone number <u>601-288-1700</u>
<u>301 SOUTH 28TH AVENUE</u> <u>HATTIESBURG, MS 39401</u>	2d Business code (see instructions) <u>621111</u>
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")	3b Administrator's EIN <u>26-0338410</u>
<u>SOUTH MISSISSIPPI ASSOCIATES IN RADIATION THERAPY, INC.</u> <u>301 SOUTH 28TH AVENUE</u> <u>HATTIESBURG, MS 39401</u>	3c Administrator's telephone number <u>601-288-1700</u>
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/report. Sponsor's name	4b EIN
	4c PN
5a Total number of participants at the beginning of the plan year	5a <u>2</u>
b Total number of participants at the end of the plan year	5b <u>2</u>
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.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Total plan assets	7a <u>737383</u>
b Total plan liabilities	7b <u>0</u>
c Net plan assets (subtract line 7b from line 7a)	7c <u>737383</u>
8 Income, Expenses, and Transfers for this Plan Year	
a Contributions received or receivable from:	(a) Amount
(1) Employers	8a(1) <u>100000</u>
(2) Participants	8a(2) <u>0</u>
(3) Others (including rollovers)	8a(3) <u>0</u>
b Other income (loss)	8b <u>42606</u>
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c <u>142606</u>
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d <u>0</u>
e Certain deemed and/or corrective distributions (see instructions)	8e <u>0</u>
f Administrative service providers (salaries, fees, commissions)	8f <u>0</u>
g Other expenses	8g <u>2620</u>
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h <u>2620</u>
i Net income (loss) (subtract line 8h from line 8c)	8i <u>139986</u>
j Transfers to (from) the plan (see instructions)	8j <u>0</u>

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 1C 1I

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**

10	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? (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		100000
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** 0

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.	07/21/2011	NAIM SALLOUM, M.D.
	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 2010 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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>SOUTH MS ASSOCIATES IN RADIATION THERAPY, INC. CASH BALANCE PENSION PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SOUTH MISSISSIPPI ASSOCIATES IN RADIATION THERAPY, INC.</u>	D Employer Identification Number (EIN) <u>26-0338410</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>736578</u>
b Actuarial value	2b <u>736578</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>0</u> <u>0</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>658731</u>
(3) Total active	3c(3) <u>2</u> <u>658731</u>
d Total	3d <u>2</u> <u>658731</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	<input type="checkbox"/>
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>6.73</u> %
6 Target normal cost	6 <u>84989</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>06/27/2011</u>
Signature of actuary	Date
<u>SARA K. DEFILIPPO</u>	<u>11-07318</u>
Type or print name of actuary	Most recent enrollment number
<u>DUNBAR, BENDER & ZAPF, INC.</u>	<u>412-263-0102</u>
Firm name	Telephone number (including area code)
<u>437 GRANT STREET, SUITE 1100</u> <u>PITTSBURGH, PA 15219-6114</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) 2010
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>8.62</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		39755
b Interest on (a) using prior year's effective rate of <u>6.09</u> %		2421
c Total available at beginning of current plan year to add to prefunding balance		42176
d Portion of (c) to be added to prefunding balance.....		19111
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	19111

Part III Funding percentages		
14 Funding target attainment percentage.....	14	108.91 %
15 Adjusted funding target attainment percentage.....	15	111.81 %
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	100.31 %
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
07/28/2010	100000	0			
Totals ►			18(b)	100000	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	96324
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	26253
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	26253
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	26253
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	96324
38 Interest-adjusted excess contributions for current year (see instructions).....	38	70071
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	0

Plan Name: South MS Associates in Radiation Therapy, Inc. Cash Balance Pension Plan and Trust

SOUTH MS RADIATION ASSOCIATES IN RADIATION THERAPY, INC.
CASH BALANCE PENSION PLAN AND TRUST
EIN / PN: 26-0338410 / 002

Schedule SB, Part V – Summary of Actuarial Assumptions and Methods

1. Mortality:

	January 1, 2009	January 1, 2010
a. Funding:		
Pre-Retirement	None	None
Post-Retirement	RP-2000 Combined Table	RP-2000 Combined Table
Post-Retirement for Those Assumed to Elect a Lump Sum	IRC 417(e) Lump Sum Table for 2009	IRC 417(e) Lump Sum Table for 2010
b. Present Value of Accrued Benefits:		
i). Continuation Basis	Same as Funding above	Same as Funding above
ii). Termination Basis	IRC 417(e) Lump Sum Table for 2009	IRC 417(e) Lump Sum Table for 2010

2. Interest Rate(s):

	January 1, 2009	January 1, 2010
a. Minimum / Maximum Funding*:		
i). Segment 1	5.07%	5.03%
ii). Segment 2	6.09%	6.73%
iii). Segment 3	6.56%	6.82%
iv). Effective Rate of Interest	6.09%	6.73%
* Effective for the 2008 plan year, segment rates are based on the non-transitional rates issued for the fourth month prior to the beginning of the plan year		
b. Present Value of Accrued Benefits:		
Cash Balance Crediting Rate:	5.00%	5.00%

SOUTH MS RADIATION ASSOCIATES IN RADIATION THERAPY, INC.
CASH BALANCE PENSION PLAN AND TRUST
EIN / PN: 26-0338410 / 002

Schedule SB, Part V – Summary of Actuarial Assumptions and Methods (continued)

3. Turnover: None Assumed
4. Disability: None Assumed
5. Salary Scale: None Assumed
6. Cash Balance Account Interest Credit: 5.00% compounded annually for accumulating account balances
7. Expenses: Plan expenses are assumed to be equal to prior year expenses
8. Asset Valuation Method: The actuarial value of assets is equal to the market value of assets.
9. Retirement Age: Later of age sixty-two (62), fifth anniversary of participation, or attained age
10. Top Heavy Minimum Benefits: Provided under the Employer's Defined Contribution plan
11. Funding Method:

Traditional Unit Credit

The actuarial cost method used in the valuation was the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets.

The total annual cost of the plan is the normal cost plus the shortfall amortization charge.

Projected Unit Credit

The actuarial cost method used in the development of the maximum contribution and the at-risk liabilities was the projected unit credit cost method.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumptions, divided by the participant's expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2010 This Form Is Open to Public Inspection
---	--	--

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

► 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 SOUTH MS ASSOCIATES IN RADIATION THERAPY, INC. CASH BALANCE PENSION PLAN AND TRUST	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SOUTH MISSISSIPPI ASSOCIATES IN RADIATION THERAPY, INC.	D Employer Identification Number (EIN) 26-0338410	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> Other		
F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a	736578	
b Actuarial value.....	2b	736578	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	0	0
b For terminated vested participants	3b	0	0
c For active participants:			
(1) Non-vested benefits.....	3c(1)		0
(2) Vested benefits.....	3c(2)		658731
(3) Total active	3c(3)	2	658731
d Total.....	3d	2	658731
4 If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>			
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	6.73%
6 Target normal cost.....		6	84989

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	 Signature of actuary	<u>6/27/2011</u> Date 1107318 Most recent enrollment number 412-263-0102 Telephone number (including area code)
SARA K. DEFILIPPO Type or print name of actuary DUNBAR, BENDER & ZAPP, INC. Firm name 437 GRANT STREET, SUITE 1100 PITTSBURGH PA 15219-6114 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) 2010
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>8.62%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		39755
b Interest on (a) using prior year's effective rate of <u>6.09%</u>		2421
c Total available at beginning of current plan year to add to prefunding balance		42176
d Portion of (c) to be added to prefunding balance		19111
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	19111

Part III Funding percentages

14 Funding target attainment percentage	14	108.91%
15 Adjusted funding target attainment percentage	15	111.81%
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	100.31%
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
07/28/2010	100000	0			
Totals ▶			18(b)	100000	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	96324

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: 5.03%	2nd segment: 6.73%	3rd segment: 6.82%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	26253
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	34	26253
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	26253
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	96324
38 Interest-adjusted excess contributions for current year (see instructions)	38	70071
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	0

SOUTH MS RADIATION ASSOCIATES IN RADIATION THERAPY, INC.
CASH BALANCE PENSION PLAN AND TRUST
EIN / PN: 26-0338410 / 002

Schedule SB, Part V – Summary of Plan Provisions

The following is a summary of the major provisions of the above plan as of the valuation date. Please refer to the plan document for a more complete description of the most recent plan provisions.

- I. Effective Date (§1.01) : April 1, 2008
- II. Definitions
 - A. Actuarial Equivalence (§7.10): The 417(e) Mortality Table (Post-Retirement Only) and 5.00% Pre-Retirement and 5.50% Post-Retirement interest rates. However, the amount of any single sum distribution will be equal to the amount credited to the Participant's Cash Balance Account on the date of the distribution.
 - B. Compensation (§2.10): Total earnings while a plan participant including deferrals pursuant to any salary reduction agreements
 - C. Employee (§2.23): Each individual employed with the Employer, including those characterized as Leased Employees.
 - D. Excluded Employee (§2.27): Leased Employee, any Employee employed by an Affiliated Employer unless Affiliated Employer adopts this plan, and any Employee not reported on Employer's payroll records as a common law Employee of the Employer.
 - E. Entry Date (§2.25): January 1 and July 1
 - F. Plan Year (§2.44): January 1 to December 31. The initial Plan Year will be April 1, 2008 through December 31, 2009
 - G. Year of Service (§2.62): Earned for each Plan Year in which a Participant completes at least 1,000 hours
- III. Eligibility, Participation (§3.01(a)): Each employee who is not an Excluded Employee will commence participation in the Plan on the Entry Date coincident with or next following the date on which the Employee attains age twenty-one and completes one Year of Service.
- IV. Income Eligibility
 - A. Normal Retirement Age (§2.38): Later of age sixty-two (62) or the completion of five (5) Years of Participation
 - B. Normal Retirement Date (§2.39): First day of the calendar month coincident with or next following the attainment of Normal Retirement Age
 - C. Late Retirement (§5.06): Permitted upon termination of employment
 - D. Early Retirement: None provided
 - E. Disability (§2.14): A physical or mental disability which is deemed by an independent physician to be sufficient to prevent a Participant from satisfactorily performing work for which he or she was suited by ability, training and experience immediately prior to the onset of such physical or mental disability. In addition, a determination of eligibility for disability benefits under the federal Social Security Act will be deemed a determination of Disability under this plan.

SOUTH MS RADIATION ASSOCIATES IN RADIATION THERAPY, INC.
CASH BALANCE PENSION PLAN AND TRUST
EIN / PN: 26-0338410 / 002

Schedule SB, Part V – Summary of Plan Provisions (continued)

V. Retirement Benefits

- A. Normal Form of Benefit (§5.01): Life Annuity, payable in monthly installments
- B. Cash Balance Benefit (§5.02): A Cash Balance Account will be maintained on behalf of each Participant. As of December 31, 2008 and each December 31 thereafter, the Cash Balance Account for each such Participant who has completed 1,000 or more hours of service during the Plan Year will be credited with a percentage of his or her Compensation or a flat dollar amount for such Plan Year determined by the following table:

Participant	Percentage / Dollar Amount
Mei-Chang Cheng, M.D.	90.00%
N. Joseph Salloum, M.D.	83.00%
William K. Woods	\$37,500
Each Other Participant	\$0

As of each credit date after December 31, 2009, the Cash Balance Account for each such Participant who has completed 1 or more hours of service during the Plan Year will be credited with a percentage of his or her Compensation or a flat dollar amount for such Plan Year determined by the following table:

Participant	Percentage / Dollar Amount
Mei-Chang Cheng, M.D.	\$50,000
N. Joseph Salloum, M.D.	\$50,000
Each Other Participant	\$0

As of December 31, 2010, the plan was terminated and benefit accruals were frozen.

In addition, as of each December 31 after December 31, 2008, each such participant's Cash Balance Account will also be credited with an amount equal to the amount of his or her Cash Balance Account as of the immediately preceding December 31, multiplied by the lesser of 5.00% or the third segment rate described in Section 430(h)(2)(C)(iii) of the Code for the month of September for the Plan Year immediately preceding the ending on the Credit date.

The amount of the Cash Balance Benefit as of any particular date of determination will be payable in the Normal Form of Benefit. This will be determined by accumulating the Cash Balance Account through the Participant's Normal Retirement Date (without regard to whether the Participant is credited with any additional hours of service) with interest credits.

- C. Accrued Benefit (§2.01): The benefit accrued by a Participant under this Plan in accordance with the Cash Balance provisions in Section 5.02 of the document.

SOUTH MS RADIATION ASSOCIATES IN RADIATION THERAPY, INC.
CASH BALANCE PENSION PLAN AND TRUST
EIN / PN: 26-0338410 / 002

Schedule SB, Part V – Summary of Plan Provisions (continued)

- D. Postponed Retirement Income (§5.06): A Participant who is employed beyond his or her Normal Retirement Date will continue to accrue additional retirement benefits until the date of his or her actual retirement. In such event, the commencement of retirement benefits is postponed until the date of actual retirement.
- VI. Vesting (§6.01): Participants are 100% vested upon plan entry
- VII. Death Benefit (§5.08):
 - A. If a Participant dies prior to the commencement of benefits, the Trustee will pay his or her beneficiary an amount equal to the Actuarial Equivalent present value of the Participant's Accrued Benefit as of the date of death reduced by the Actuarial Equivalent value of any Qualified Preretirement Survivor Annuity payable to the Participant's surviving spouse.
 - B. Upon the death of a Participant subsequent to the commencement of benefits, his beneficiary will be entitled to whatever death benefit may be available under the settlement arrangements pursuant to which the Participant's benefit was payable.
- VIII. Disability Benefit (§5.09): If a Participant becomes disabled, the amount of such disability retirement benefit will be equal to the Participant's Accrued Benefit as of the date the disability is established. If the Participant elects to receive his disability retirement benefit before his Normal Retirement Date, the amount payable will be reduced to the Actuarial Equivalent amount based on the date benefit payments commence.
- IX. Payment of Benefits
 - A. Normal Form of Payment (§7.03): Life annuity to single participants, actuarially equivalent 50% joint and survivor annuity to spouse for married participants
 - B. Optional Forms (§7.03): Life annuity, joint and survivor annuities, period-certain annuities and single sum distribution
 - C. Small Retirement Income Payments (§7.04) If the present value of a Participant's vested Accrued Benefit does not exceed \$1,000, a lump sum distribution will automatically be paid without requiring the Participant's consent.

SOUTH MS RADIATION ASSOCIATES IN RADIATION THERAPY, INC.
CASH BALANCE PENSION PLAN AND TRUST
EIN / PN: 26-0338410 / 002

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Age	Retirement Probability	Weight
62	100%	100.00

Weighted Retirement Age is 62.