# 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 01/01/2010 and ending 12/31/2010

**A** This return/report is for: [X] single-employer plan [ ] multiple-employer plan (not multiemployer) [ ] one-participant plan

**B** This return/report is for: [X] 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: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
CHARLOTTE RADIOLOGY, P.A. CASH BALANCE PENSION PLAN

**1b** Three-digit plan number (PN) ▶ 003

**1c** Effective date of plan 01/01/2010

**2a** Plan sponsor's name and address (employer, if for single-employer plan)
CHARLOTTE RADIOLOGY, P.A.

3816 LATROBE DRIVE
CHARLOTTE, NC 28211-1167

**2b** Employer Identification Number (EIN) 56-0954779

**2c** Plan sponsor's telephone number 704-362-7072

**2d** Business code (see instructions) 621111

**3a** Plan administrator's name and address (if same as Plan sponsor, enter "Same")
CHARLOTTE RADIOLOGY, P.A. 3816 LATROBE DRIVE
CHARLOTTE, NC 28211-1167

**3b** Administrator's EIN 56-0954779

**3c** Administrator's telephone number 704-362-7072

**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** | 54 |
| **b** Total number of participants at the end of the plan year | **5b** | 54 |
| **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.) [X] 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.) [X] 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 | 0 | 2205639 |
| **b** Total plan liabilities | 7b | | |
| **c** Net plan assets (subtract line 7b from line 7a) | 7c | 0 | 2205639 |

| **8** Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
|---|---|---|---|
| **a** Contributions received or receivable from: **(1)** Employers | 8a(1) | 2205639 | |
| **(2)** Participants | 8a(2) | | |
| **(3)** Others (including rollovers) | 8a(3) | | |
| **b** Other income (loss) | 8b | | |
| **c** Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 2205639 |
| **d** Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | |
| **e** Certain deemed and/or corrective distributions (see instructions) | 8e | | |
| **f** Administrative service providers (salaries, fees, commissions) | 8f | | |
| **g** Other expenses | 8g | | |
| **h** Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 0 |
| **i** Net income (loss) (subtract line 8h from line 8c) | 8i | | 2205639 |
| **j** Transfers to (from) the plan (see instructions) | 8j | | |

## 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:
1C 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

| 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) | 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 | | 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? | 10d | | 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.) | 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)) [X] 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 [X] 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 [X] 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 [X] 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. | 09/01/2011 | ALLAN GOHEEN |
| | **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
CHARLOTTE RADIOLOGY, P.A. CASH BALANCE PENSION PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CHARLOTTE RADIOLOGY, P.A.

**D** Employer Identification Number (EIN)
56-0954779

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2010

**2** Assets:

| | | | |
|---|---|---|---|
| **a** | Market value | **2a** | 0 |
| **b** | Actuarial value | **2b** | 0 |

**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)** | | 0 |
| | **(3)** Total active | **3c(3)** | 54 | 0 |
| **d** | Total | **3d** | 54 | 0 |

**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** | 6.68 % |
| **6** | Target normal cost | **6** | 1758794 |

**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**

07/06/2011
Signature of actuary — Date

JEFFREY F. HARTMANN, FSA, MSPA
Type or print name of actuary

11-02699
Most recent enrollment number

KRAVITZ, INC.
Firm name

818-995-6100
Telephone number (including area code)

15760 VENTURA BLVD., SUITE 910
ENCINO, CA 91436-3017
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 [ ]

## 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 0.00 % | | |
| 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 0.00 % | | 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 | 100.00 % |
| 15 | Adjusted funding target attainment percentage | 15 | 100.00 % |
| 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 | 80.00 % |
| 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 |
|---|---|---|---|---|---|
| 03/29/2011 | 2205639 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 2205639 | 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 | 2035906 |

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: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 4.60 % | 6.65 % | 6.76 % | ☐ N/A, full yield curve used |

**b** Applicable month (enter code) — **21b**: 0

**22** Weighted average retirement age — **22**: 66

**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** | | 1758794 |
| **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** | | 1758794 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances used to offset funding requirement | 0 | 0 | 0 |

| | | |
|---|---|---|
| **36** Additional cash requirement (item 34 minus item 35) | **36** | 1758794 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) | **37** | 2035906 |
| **38** Interest-adjusted excess contributions for current year (see instructions) | **38** | 277112 |
| **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 |

**CHARLOTTE RADIOLOGY, P.A.**
**CASH BALANCE PENSION PLAN**
**EIN 56-0954779 Plan Number 003**

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

The assumed average retirement age is 66.

Participants are assumed to retire at the plan's Normal Retirement Age, or at the end of the current plan year if later.

from EXHIBIT III

**CHARLOTTE RADIOLOGY, P.A.**
**CASH BALANCE PENSION PLAN**
**EIN 56-0954779 Plan Number 003**

***Schedule SB, Part V -- Statement of Actuarial Assumptions/Methods***

| | |
|---|---|
| Valuation Date | First day of the plan year.<br>Current valuation date is January 1, 2010. |
| Actuarial Method | Unit credit. |

Actuarial Assumptions

- Interest Rates (use the rate for each participant based upon the date of payment being valued)

| | |
|---|---|
| -- First 5 Years after valuation date | 4.60% per annum, compounded annually. |
| Next 15 Years | 6.65% per annum, compounded annually. |
| More than 20 years after val date | 6.76% per annum, compounded annually. |

Rates used for PBGC liabilities:

| | |
|---|---|
| -- First 5 Years after valuation date | 2.35% per annum, compounded annually. |
| Next 15 Years | 5.65% per annum, compounded annually. |
| More than 20 years after val date | 6.45% per annum, compounded annually. |
| -- Accumulation Rate (for account earnings and converting balances to annuities) | 4.50% per annum compounded annually, for all future years. The prior year-end 30-year treasury rate (4.49%) is used for the current plan year. This rate and the 94 GAR mortality table are used to convert balances to annuities. |

- Experience - Active Employees

| | |
|---|---|
| -- Retirement | Normal Retirement Age. |
| -- Death | None. |
| -- Other Separation | None. |

| | |
|---|---|
| -- Earnings Progression | None. |
| - Retired Mortality | |
| -- Conversion to Annuities | 1994 Group Annuity Reserving (94 GAR) unisex table projected to 2002. |
| -- Funding | RP-2000 combined Mortality tables for males and females, projected to 2010 |
| - Form of Payment | Lump Sum. |
| - Expense Loading | None. |
| - Asset Valuation Basis | Market Value. |

**Notice to Plan Sponsor about the selection of Interest Rate assumptions and Asset valuation:**

The Pension Protection Act of 2006 prescribes that the above segment interest rates will be used as a default unless the Plan Sponsor notifies the actuary that he elects to use different assumptions:

a. The above segment interest rates represent the rates for the month prior to the valuation date. The Plan Sponsor may elect to use rates applicable to 1 to 4 months prior to the latest month.

b. Assets are valued at fair market value, without any averaging. The Plan Sponsor may ask the actuary to use an average asset value over up to 24 months.

**The Plan Sponsor should notify us immediately if any of these alternative elections are desired.**

**CHARLOTTE RADIOLOGY, P.A.**
**CASH BALANCE PENSION PLAN**
**EIN 56-0954779 Plan Number 003**

***Schedule SB, Part V -- Summary of Plan Provisions***

| | |
|---|---|
| Effective Date | January 1, 2010. |
| Definitions | |
| - Plan Year | January 1 through December 31. |
| - Compensation | Total compensation paid during Plan Year. |
| - Years of Service | Service for eligibility, vesting and benefits based upon entire period of service. The 1,000 hours of service method is used in measuring this service. |
| - Accrued Pension | Actuarial equivalent of the balance of the Participant's Accumulation Account as of Valuation Date projected to his Normal Retirement Date. |
| - Actuarial Equivalence | Based on the 30-year Treasury interest rate for the month preceding the first day of the plan year and mortality in accordance with the 1994 Group Annuity Reserving table projected to 2002. |
| - Accumulation Account | Hypothetical account established for each participant. Each plan year, the account is credited with participant's hypothetical contribution in accordance with the plan. Account accumulates guaranteed earnings based on 30-year Treasury securities interest rate in effect for the month preceding the first day of the plan year. |
| - Hypothetical Contribution | Contribution formula varies by participant. Contribution amounts this year range from 2.04% to 88.80% of prior year compensation. |

| | |
|---|---|
| Eligibility | Employees become eligible upon attainment of age 21 and completion of 1 year of service and enter the plan on the first day of the plan year following completion of the eligibility requirements.<br><br>Only those employees listed on Appendix A of the Plan Document are eligible to participate. |
| Normal Retirement | |
| - Age | The later of age 65 and the fifth anniversary of the Participant's entry date. |
| - Annual Pension | The participant's Accrued Benefit determined as of his Normal Retirement Date based on the actuarial equivalent value of the Accumulation Account. |
| - Payment of Pensions | Straight life annuity for single employees. Reduced Joint and 100% Survivor annuity for married employees. Optional forms of benefits include single sum and annuities. |
| Early Retirement Benefit | Same as Severance Benefit. |
| Late Retirement Benefit | Actuarial equivalent of Accumulation Account as of the participant's late retirement date. |
| Disability Benefit | Actuarial equivalent value of accrued pension. |
| Severance Benefit | Accrued pension times vested percentage. The vested percentage is based on Years of Service as follows: |

| Years of Service | Vested Percentage |
|---|---|
| 0 | 0% |
| 1 | 0% |
| 2 | 0% |
| 3 or more | 100% |

| | |
|---|---|
| Death Benefit Before Retirement | |
| - Active Participants | Actuarial equivalent value of accrued pension. |
| - Former Participants | 100% of the value of the vested deferred pension. |
| Top-Heavy Provisions | |
| - Minimum Benefit | For employees also participating in the Charlotte Radiology, P.A. Profit Sharing Plan and Trust, contribution of 5% of total compensation to be provided under that plan. |
| - Minimum Vesting | 100% after 3 years of service. |
| Voluntary Contributions | Not Permitted |
| Rollover Contributions | Not Permitted |
| Loans to Participants | Not Permitted |

**ATTACHMENT TO 2010 SCHEDULE SB (FORM 5500)**

**Charlotte Radiology, P.A. Cash Balance Pension Plan**
**EIN/PN: 56-0954779 / 003**

**Line 26 - Schedule of Active Participant Data**

| | YEARS OF CREDITED SERVICE | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Under 1 | | 1 to 4 | | 5 to 9 | | 10 to 14 | | 15 to 19 | | 20 to 24 | | 25 to 29 | | 30 to 34 | | 35 to 39 | | 40 & up | | | |
| **Attained Age** | No. | Avg Comp | No. | Avg Comp | No. | Avg Comp | No. | Avg Comp | No. | Avg Comp | No. | Avg Comp | No. | Avg Comp | No. | Avg Comp | No. | Avg Comp | No. | Avg Comp | Total | |
| Under 25 | | | | | | | | | | | | | | | | | | | | | | |
| 25 to 29 | | | | | | | | | | | | | | | | | | | | | | |
| 30 to 34 | | | | | | | | | | | | | | | | | | | | | | |
| 35 to 39 | 4 | | | | | | | | | | | | | | | | | | | | **4** | |
| 40 to 44 | 16 | | | | | | | | | | | | | | | | | | | | **16** | |
| 45 to 49 | 10 | | | | | | | | | | | | | | | | | | | | **10** | |
| 50 to 54 | 11 | | | | | | | | | | | | | | | | | | | | **11** | |
| 55 to 59 | 6 | | | | | | | | | | | | | | | | | | | | **6** | |
| 60 to 64 | 4 | | | | | | | | | | | | | | | | | | | | **4** | |
| 65 to 69 | 3 | | | | | | | | | | | | | | | | | | | | **3** | |
| 70 & up | | | | | | | | | | | | | | | | | | | | | | |
| Total | **54** | | | | | | | | | | | | | | | | | | | | **54** | |

# 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: Retina Institute of Virginia, P.L.L.C. Cash Balance Pension Plan

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: Retina Institute of Virginia, PLLC

**D** Employer Identification Number (EIN): 54-1950215

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 1 Day 1 Year 2010

| | | | |
|---|---|---|---|
| **2** | Assets: | | |
| **a** | Market value | **2a** | 0 |
| **b** | Actuarial value | **2b** | 0 |

| | | | (1) Number of participants | (2) Funding Target |
|---|---|---|---|---|
| **3** | Funding target/participant count breakdown | | | |
| **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)** | | 0 |
| | **(3)** Total active | **3c(3)** | 11 | 0 |
| **d** | Total | **3d** | 11 | 0 |

| | | | |
|---|---|---|---|
| **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** | 6.73 % |
| **6** | Target normal cost | **6** | 104,242 |

**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

08/30/2011
Date

Jeffrey F. Hartmann, FSA, MSPA
Type or print name of actuary

11-02699
Most recent enrollment number

Kravitz, Inc.
Firm name

(818)995-6100
Telephone number (including area code)

15760 Ventura Boulevard, Suite 910

Encino CA 91436-3017
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 [ ]

## 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 _____% | | |
| 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 _____% | | 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 | 100.00 % |
| 15 | Adjusted funding target attainment percentage | 15 | 100.00 % |
| 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 | 80.00 % |
| 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 |
|---|---|---|---|---|---|
| 12/28/2010 | 144,763 | | | | |
| 01/03/2011 | 8,744 | | | | |
| 01/10/2011 | 5,000 | | | | |
| 02/11/2011 | 113 | | | | |
| 02/16/2011 | 393 | | | | |
| 02/22/2011 | 2,432 | | | | |
| | | | Totals ► 18(b) | 161,445 | 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 | 151,326 |

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: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 4.60 % | 6.65 % | 6.76 % | ☐ 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**: 104,242

**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**: 104,242

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances used to offset funding requirement | | | 0 |

**36** Additional cash requirement (item 34 minus item 35) — **36**: 104,242

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — **37**: 151,326

**38** Interest-adjusted excess contributions for current year (see instructions) — **38**: 47,084

**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

EIN 56-0954779 /PN 003 /30048 RFO

# 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 01/01/2010 and ending 12/31/2010

**A** This return/report is for: [X] single-employer plan [ ] multiple-employer plan (not multiemployer) [ ] one-participant plan

**B** This return/report is for: [X] 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
Charlotte Radiology, P.A. Cash Balance Pension Plan

**1b** Three-digit plan number (PN) ▶ 003

**1c** Effective date of plan 01/01/2010

**2a** Plan sponsor's name and address (employer, if for single-employer plan)
Charlotte Radiology, P.A.

3816 Latrobe Drive

Charlotte NC 28211-1167

**2b** Employer Identification Number (EIN) 56-0954779

**2c** Plan sponsor's telephone number (704)362-7072

**2d** Business code (see instructions) 621111

**3a** Plan administrator's name and address (if same as Plan sponsor, 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/report. Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5a** | Total number of participants at the beginning of the plan year | **5a** | 54 |
| **b** | Total number of participants at the end of the plan year | **5b** | 54 |
| **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.) [X] 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.) [X] 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 | 0 | 2,205,639 |
| **b** Total plan liabilities | 7b | | |
| **c** Net plan assets (subtract line 7b from line 7a) | 7c | 0 | 2,205,639 |

| **8** Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
|---|---|---|---|
| **a** Contributions received or receivable from: (1) Employers | 8a(1) | 2,205,639 | |
| (2) Participants | 8a(2) | | |
| (3) Others (including rollovers) | 8a(3) | | |
| **b** Other income (loss) | 8b | | |
| **c** Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 2,205,639 |
| **d** Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | |
| **e** Certain deemed and/or corrective distributions (see instructions) | 8e | | |
| **f** Administrative service providers (salaries, fees, commissions) | 8f | | |
| **g** Other expenses | 8g | | |
| **h** Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 0 |
| **i** Net income (loss) (subtract line 8h from line 8c) | 8i | | 2,205,639 |
| **j** Transfers to (from) the plan (see instructions) | 8j | | |

## 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:
1C 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

| 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) | 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 service 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 | Allan Goheen | 8/23/2011 | Allan Goheen |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Allan Goheen | 8/23/2011 | Allan Goheen |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |