	Form 5500-SF	Short Form Annual R	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service	<b>Benefit Plan</b> This form is required to be filed under sections 104 and 4065 of the Employee				2010			
Department of Labor I his form is required to be filed Retirement Income Security Ac				ctions 104 and 4065 of the Employe (ERISA), and section 6058(a) of the Code (the Code).	This Form is Open to Public				
Р	ension Benefit Guaranty Corporation	0-SF.	Inspection						
Persion Benefit Guaranty Corporation <ul> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Part I Annual Report Identification Information</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Part I Annual Report Identification Information</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Part I</li> <li>Annual Report Identification Information</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entr</li></ul>									
For	calendar plan year 2010 or fisca	2	1	g	2/31/2				
	This return/report is for:	single-employer plan multiple-employer plan (not multiemployer) one-participant pl							
B	This return/report is for:	first return/report							
_		an amended return/report	onths)						
C	Check box if filing under:		DFVC program						
D		special extension (enter description	,						
	Art II Basic Plan Inform Name of plan	nation—enter all requested inform	ation		1h	Three-digit			
	-	OCIATES, PSC PROFIT SHARING	PLAN		10	plan number 002			
						(PN) ►			
					1c	Effective date of plan 02/01/1984			
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 61-1045642			
	SOUTH JACKSON	0000000000			2c	Plan sponsor's telephone number 270-789-9999			
	SVILLE, KY 40202				2d	Business code (see instructions) 621111			
3a	Plan administrator's name and	3b	Administrator's EIN						
UNIV	ERSITY RADIOTHERAPY ASS	OCIATES, PSC 529 SOUTH LOUISVILLE			30	61-1045642 Administrator's telephone number			
			50	270-789-9999					
		n sponsor has changed since the last from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN			
	name, Em, and the plan humbe		4c	PN					
5a	Total number of participants at	5a	11						
b	Total number of participants at	5b	11						
С	Total number of participants wi complete this item)	5c	c 11						
6a	Were all of the plan's assets d	uring the plan year invested in eligib	le assets?	(See instructions.)	X Yes No				
b				ndent qualified public accountant (IQ		X Yes No			
	(	0,		ons.) SF and must instead use Form 55					
Pa	rt III Financial Informa								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets	Total plan assets		4705250		5681948			
b	Total plan liabilities			(		0			
<u> </u>	Net plan assets (subtract line 7b from line 7a)			4705250	)	5681948			
8	Income, Expenses, and Transf Contributions received or recei		(a) Amount			(b) Total			
а			. 8a(1)	332511					
	(2) Participants		. 8a(2)	(	)				
	(3) Others (including rollovers)	)	. 8a(3)	(	_				
b				683976	5	4040407			
с С		8a(2), 8a(3), and 8b)	. 8c			1016487			
d		ollovers and insurance premiums	. 8d	1777	7				
е	Certain deemed and/or correct	Certain deemed and/or corrective distributions (see instructions)		(	)				
f	Administrative service provider	ninistrative service providers (salaries, fees, commissions)		38012	_				
g	Other expenses		. 8g	(	)				
h		Be, 8f, and 8g)				39789			
i		8h from line 8c)				976698			
1	I ransters to (from) the plan (se	e instructions)	. 8j	(	)				

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

## Part IV **Plan Characteristics**

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 3D
- **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		
а	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	Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported n line 10a.)			x				
С	Was the plan covered by a fidelity bond?	10c	X				410000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			Х				
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	plan failed to provide any benefit when due under the plan?			Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			x				
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))							
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						_	
а	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							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	•	-					
b	<b>b</b> Enter the minimum required contribution for this plan year							
С	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 lef negative amount)					_	_	
е	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?						s 🗙 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?							
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.)								
1	<b>3c(1)</b> Name of plan(s):		<b>13c(2)</b> EIN(s) <b>13c(3)</b> PN(s)					
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	ble cau	use is	establi	ished.			

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	Filed with authorized/valid electronic signature.	09/23/2011	TIMOTHY HERBER				
HERE	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				

Page 2-