Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1970

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
RELIANT MEDICAL GROUP, INC.

630 PLANTATION STREET
WORCESTER, MA 01605

630 PLANTATION STREET
WORCESTER, MA 01605

2b Employer Identification Number (EIN)
04-2472266

2c Sponsor's telephone number
508-368-5413

2d Business code (see instructions)
621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/13/2012	KAREN MARTUCCI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/13/2012	RANDI NICHOLS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
RELIANT MEDICAL GROUP, INC.

630 PLANTATION STREET
WORCESTER, MA 01605

3b Administrator's EIN
04-2472266

3c Administrator's telephone number
508-368-5413

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:

a Sponsor's name
FALLON CLINIC, INC.

4b EIN
04-2472266

4c PN
001

5	Total number of participants at the beginning of the plan year	**5**	2912
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1298
b	Retired or separated participants receiving benefits	**6b**	183
c	Other retired or separated participants entitled to future benefits	**6c**	1346
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2827
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	16
f	Total. Add lines **6d** and **6e**	**6f**	2843
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1C 1G 1I

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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 10/01/2010 and ending 09/30/2011

▶ **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
RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
RELIANT MEDICAL GROUP, INC.

D Employer Identification Number (EIN)
04-2472266

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

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

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2010

2	Assets:			
a	Market value		**2a**	81473559
b	Actuarial value		**2b**	81614582
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	186	13048577
b	For terminated vested participants	**3b**	1313	30945166
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		9657
	(2) Vested benefits	**3c(2)**		52182274
	(3) Total active	**3c(3)**	1413	52191931
d	Total	**3d**	2912	96185674
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**	5.94 %
6	Target normal cost		**6**	553495

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	07/10/2012 Date
ANNE T. EHLERT Type or print name of actuary	11-04396 Most recent enrollment number
TOWERS WATSON DELAWARE INC. Firm name	617-638-3760 Telephone number (including area code)
800 BOYLSTON STREET BOSTON, MA 02199-8103 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 11.02 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		4462359
b	Interest on (a) using prior year's effective rate of 6.52 %		290946
c	Total available at beginning of current plan year to add to prefunding balance		4753305
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	84.85 %
15	Adjusted funding target attainment percentage	15	83.88 %
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	84.95 %
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
01/14/2011	510000	0			
04/14/2011	510000	0			
07/14/2011	510000	0			
10/14/2011	510000	0			
12/16/2011	2070000	0			
06/14/2012	1530000	0			
			Totals ► 18(b)	5640000	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	5281307

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.61 %	6.20 %	6.53 %	☐ N/A, full yield curve used

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

22 Weighted average retirement age **22** 63

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** 553495

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	10723665	1963808
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** 2517303

	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** 2517303

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 5281307

38 Interest-adjusted excess contributions for current year (see instructions) **38** 2764004

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan
RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RELIANT MEDICAL GROUP, INC.

D Employer Identification Number (EIN)
04-2472266

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ABERDEEN ASSET MANAGEMENT, INC.
1735 MARKET STREET
32ND FLOOR
PHILADELPHIA, PA 19103

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

ABSOLUTE INVESTMENT ADVISORS, LLC
18 SHIPYARD DRIVE
SUITE 3C
HINGHAM, MA 02043

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

DODGE & COX

94-1441976

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

EATON VANCE MANAGEMENT
TWO INTERNATIONAL PLACE
BOSTON, MA 02110

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

EVANSTON CAPITAL MANAGEMENT, LLC

1560 SHERMAN AVENUE
SUITE 960
EVANSTON, IL 60201

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

PIMCO

33-0629048

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

PRUDENTIAL INVESTMENTS, LLC

GATEWAY CENTER THREE
100 MULBERRY STREET
NEWARK, NJ 07012

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

PRUDENTIAL INVESTMENT MGMT SVS, LLC

GATEWAY CENTER THREE
100 MULBERRY STREET
NEWARK, NJ 07012

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

PRUDENTIAL MUTUAL FUND SVS, LLC

GATEWAY CENTER THREE
100 MULBERRY STREET
NEWARK, NJ 07012

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

THE VANGUARD GROUP, INC.

23-1945930

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

VICTORY CAPITAL MANAGEMENT, INC.

4900 TIDEMAN ROAD
BROOKLYN, OH 44144

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

WELLINGTON MANAGEMENT CO., LLP

280 CONGRESS STREET
BOSTON, MA 02210

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

WATSON WYATT & COMPANY

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50		165748	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

CAPFINANCIAL PARTNERS

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50		44500	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

STATE STREET BANK & TRUST COMPANY

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 28 50 56 99		34389	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ERNST & YOUNG LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50		21300	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

SANDERSON ASSET MANAGEMENT

13-4169008

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50		20403	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

REID & REIGE PC

06-0867204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50		18762	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

HOOKER & HOLCOMBE INV ADVISORS, INC

65 LASALLE ROAD
WEST HARTFORD, CT 01607-2397

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50		18000	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

WELLINGTON TRUST COMPANY, NA

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51		8121	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

ARTISAN PARTNERS LTD PARTNERSHIP

30-0551775

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 52		0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

A.P. MANAGEMENT COMPANY, LLC

360 MADISON AVENUE, 20TH FLOOR
NYC, NY 10017

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52		0	Yes [X] No [ ]	Yes [ ] No [X]	45840	Yes [ ] No [X]

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

MANAGERS INVESTMENT GROUP LLC

06-1298481

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 52		0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ARTISAN PARTNERS LTD PARTNERSHIP	49 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTISAN MID CAP FUND 875 E WISCONSIN AVENUE SUITE 800 MILWAUKEE, WI 53202	.93% OF FUND ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ARTISAN PARTNERS LTD PARTNERSHIP	49 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTISAN INTERNATIONAL FUND 875 E WISCONSIN AVENUE SUITE 800 MILWAUKEE, WI 53202	.93% OF FUND ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
A.P. MANAGEMENT COMPANY, LLC	52	45840

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARCHSTONE OFFSHORE FUND, LTD 80 LAMBERTON ROAD WINDSOR, CT 06095	INVESTMENT ADVISORY

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MANAGERS INVESTMENT GROUP LLC	49 52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SYSTEMATIC MID CAP VALUE 800 CONNECTICUT AVENUE NORWALK, CT 06854	.88% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
DIAMOND HILL CAPITAL MGMNT, INC 325 JOHN H. MCCONNELL BLVD SUITE 200 COLUMBUS, OH 43215	28	INDIRECT COMPENSATION

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan
RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
RELIANT MEDICAL GROUP, INC.

D Employer Identification Number (EIN)
04-2472266

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF DIVERSIFIED INFLATION HEDGE

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-2767481-082	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SANDERSON INTL VALUE GROUP TRUST

b Name of sponsor of entity listed in (a): SANDERSON ASSET MANAGEMENT

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-0348128-001	E	0

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan
RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RELIANT MEDICAL GROUP, INC.

D Employer Identification Number (EIN)
04-2472266

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5470000	4110000
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	139534	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1610	384834
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	5518661	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	3783530	0
(10) Value of interest in pooled separate accounts	1c(10)	0	
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	5935159	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	48665428	74156533
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	12054632	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	81568554	78651367
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	81568554	78651367

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	5640000	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		5640000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	89	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		89
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2092859	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2092859
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	18935017	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	17573293	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1361724

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		571852
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		522666
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-6369085
c Other income	2c		1717
d Total income. Add all **income** amounts in column (b) and enter total	2d		3821822
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6173540	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6173540
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	205809	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	125413	
(4) Other	2i(4)	234247	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		565469
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6739009
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-2917187
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: STOWE & DEGON, LLC (2) EIN: 04-3379904

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	0
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	0
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	0
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	0
e	Was this plan covered by a fidelity bond?	**4e**	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	0
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**	X		0
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	0
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	0
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:** 0

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan
RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RELIANT MEDICAL GROUP, INC.

D Employer Identification Number (EIN)
04-2472266

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-3581074

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 55

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c** 0

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

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(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

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(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	0
b The plan year immediately preceding the current plan year	**14b**	0
c The second preceding plan year	**14c**	0

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	0
b The corresponding number for the second preceding plan year	**15b**	0

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	0
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	0

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 49% Investment-Grade Debt: 23% High-Yield Debt: 0% Real Estate: 7% Other: 21%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):

Reliant Medical Group, Inc.
Account Balance Pension Plan

Financial Statements as of and for the
Years Ended September 30, 2011 and 2010
With Supplemental Schedules and
Independent Auditors' Report

RELIANT MEDICAL GROUP, INC.
ACCOUNT BALANCE PENSION PLAN

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Schedules required under the Employee Retirement Income Security Act of 1974, other than the schedule listed above, are not presented because of the absence of the conditions under which such schedules are required.

STOWE & DEGON LLC
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of
Reliant Medical Group, Inc. Account Balance Pension Plan:

We were engaged to audit the accompanying statement of net assets available for benefits of Reliant Medical Group, Inc. Account Balance Pension Plan (formerly Fallon Clinic, Inc. Account Balance Pension Plan) (the "Plan") as of September 30, 2011, and the related statement of changes in net assets available for benefits for the year then ended and the supplemental schedules of assets (held at year end) as of September 30, 2011 and reportable transactions for the year then ended. These financial statements and supplemental schedules are the responsibility of the Plan's management. The financial statements of the Plan as of and for the year ended September 30, 2010 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the Trustee. Their report, dated July 15, 2011, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole, and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 3, which was certified by State Street Bank and Trust Company, trustee of the Plan, except for comparing the information with the related information included in the 2011 financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended September 30, 2011 that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements that we did not audit, we are unable to, and do not, express an opinion on the 2011 financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting under ERISA. The form and content of the information included in the 2011 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Stowe & Degon LLC

July 2, 2012

95A TURNPIKE ROAD • WESTBOROUGH, MASSACHUSETTS 01581
TELEPHONE (508) 983-6700 • FAX (508) 983-6701

RELIANT MEDICAL GROUP, INC.
ACCOUNT BALANCE PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2011 AND 2010

	2011	2010
ASSETS		
Cash	$ -	$ (36,207)
Investments, at fair value	74,541,367	75,959,020
Receivables:		
Employer contributions	4,110,000	5,470,000
Receivable for investments sold	-	175,741
	4,110,000	5,645,741
NET ASSETS AVAILABLE FOR BENEFITS	$ 78,651,367	$ 81,568,554

See independent auditors' report and notes to financial statements.

RELIANT MEDICAL GROUP, INC.
ACCOUNT BALANCE PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED SEPTEMBER 30, 2011 AND 2010

	2011	2010
ADDITIONS:		
INVESTMENT INCOME (LOSS):		
Net appreciation (depreciation) in fair value of investments	$ (3,926,325)	$ 6,493,095
Dividends	2,106,341	1,072,532
Interest	89	-
Other income	1,717	19,120
Total investment income (loss)	(1,818,178)	7,584,747
EMPLOYER CONTRIBUTIONS	5,640,000	6,970,283
Total additions	3,821,822	14,555,030
DEDUCTIONS:		
Benefit payments	6,173,540	5,980,370
Administrative expenses	565,469	692,610
Total deductions	6,739,009	6,672,980
NET INCREASE (DECREASE)	(2,917,187)	7,882,050
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	81,568,554	73,686,504
End of year	$ 78,651,367	$ 81,568,554

See independent auditors' report and notes to financial statements.

RELIANT MEDICAL GROUP, INC.
ACCOUNT BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED SEPTEMBER 30, 2011 AND 2010

1. DESCRIPTION OF PLAN

The following description of the Reliant Medical Group, Inc. Account Balance Pension Plan ("the Plan") is provided for general purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. Reliant Medical Group, Inc. (the "Company") is the plan sponsor.

The Plan was formerly named Fallon Clinic, Inc. Account Balance Pension Plan and changed its name effective October 1, 2011 in conjunction with Fallon Clinic, Inc.'s name change to Reliant Medical Group, Inc.

General – The Plan is a cash balance defined benefit pension plan for eligible participants of the Company, which reports accrued benefits to participants in the form of hypothetical, individual account balances. Account balances are increased each year by an interest credit rate determined annually as the average 30-year treasury rate for the month of September preceding the beginning of the Plan year. The Plan provides for retirement, death, and disability benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective October 1, 2009, the Plan was frozen such that there shall be no further contribution credit to each account and future employees will no longer become eligible to participate in the Plan.

Information about the Plan agreement, the vesting and benefit provisions, and the Pension Benefit Guaranty Corporation's benefit guarantee is contained in the summary plan description, copies of which may be obtained from the plan sponsor.

Eligibility and vesting – Prior to October 1, 2009, an eligible employee became a participant in the Plan upon employment with the Company for at least six months. Participants vest in their accrued benefits upon completion of three years of vesting service.

Benefits – Benefits are stated as an account balance. Normal retirement benefits are provided under the Plan at age 65 with five years of participation service. Early retirement benefits are provided under the Plan at age 55 with ten years of participation service. The Plan provides for payments to participants and their beneficiaries in the form of a life annuity, a ten-year certain and life annuity, a joint and survivor annuity, or a lump sum.

In addition, the Plan provides for a preretirement survivor annuity to be paid to the spouse or other designated beneficiary of a participant in the event of death prior to retirement age.

Upon departure from the Plan prior to early retirement date due to disability or termination, participants will receive their adjusted accrued benefit as of the benefit commencement date. Terminating participants are required to wait a minimum of twelve months from date of termination to receive benefits.

1. DESCRIPTION OF PLAN (CONTINUED)

Contributions and funding policy – The Company's contributions to the Plan are actuarially determined. The Company has agreed to contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants and satisfy the ERISA minimum funding requirements. The Plan has met the ERISA minimum funding requirements.

Plan termination – Should the Plan terminate at some future time, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting – The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment valuation and income recognition – The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded as earned on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative expenses – Substantially all administrative expenses are paid by the Plan, including actuarial, audit, and investment management fees and PBGC insurance premiums.

Payment of benefits – Benefits to participants are recorded when paid.

Actuarial present value of accumulated plan benefits – Accumulated plan benefits (see Note 5) represent the actuarial present value of estimate future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries or employees who have died, and (c) present employees or their beneficiaries. Benefits are based on a formula which includes compensation, as defined in the Plan documents, and year of credited service.

Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Use of estimates – The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Risks and uncertainties – The Plan provides for various investment options. Investment securities, in general, are exposed to various risks, such as interest rate, credit and market risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumptions processes, it is at least reasonable possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Subsequent events –The Company has evaluated subsequent events through July 2, 2012, the date the financial statements were available to be issued.

3. INVESTMENT INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations under ERISA.

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at September 30, 2011 and 2010, and the net appreciation (depreciation) in fair value of investments, interest and dividends for the years ended September 30, 2011 and 2010, and reportable transactions for the year ended September 30, 2011 was obtained or derived from information provided to the plan administrator and certified as complete and accurate by State Street Bank and Trust Company, the trustee of the Plan. State Street Bank and Trust Company holds the Plan's investments, and Reliant Medical Group, Inc. Board of Directors, administrator of the Plan, appoints a Pension Committee to monitor and control investments.

The fair value of investments as of September 30, 2011 and 2010 consists of the following:

	2011	2010
Mutual funds - equity	$ 56,355,140	$ 30,853,216
Mutual funds - fixed income	17,801,393	17,812,212
Alternative investments	-	27,291,982
Money market funds	384,834	1,610
Total	$ 74,541,367	$ 75,959,020

During the years ended September 30, 2011 and 2010, the Plan's investments, including investments purchased, sold, as well as held during the year, appreciated (depreciated) in fair value as follows:

	2011	2010
Mutual funds - equity	$ (5,767,913)	$ 2,955,167
Mutual funds - fixed income	(601,170)	738,520
Alternative investments	2,442,758	2,799,408
Total	$ (3,926,325)	$ 6,493,095

3. INVESTMENT INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED) (CONTINUED)

The fair value of individual investments that represents 5% or more of net assets available for benefits at September 30 is as follows:

	2011	2010
PIMCO Total Return Fund	$ 15,501,391	$ 6,063,653
Vanguard Institutional Index Fund	12,171,591	13,347,800
Dodge and Cox International Stock Fund	9,078,572	-
Artisan International Fund	8,846,211	6,628,740
Absolute Strategies Hedge Fund	4,688,583	-
Highbridge Statistical Market Neutral Select Fund	4,549,030	-
Prudential Global Real Estate Fund	4,294,886	-
PIMCO Commodity Real Return Strategic Fund	4,072,176	-
Eaton Vance Structured Emerging Markets Fund	-	6,393,882
The Weatherlow Offshore Fund	-	6,227,400
Vanguard Total Bond Market Index Fund	-	6,080,809
Sanderson International Value Fund	-	5,935,158
Archstone Partners LP	-	5,827,232
AEW Global Property Securities Fund	-	5,518,661

4. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

- Level 2: Inputs to the valuation method include: quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3: Inputs to the valuation method are unobservable and significant to the fair value measurement. Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset, including assumptions about risk.

The asset or liability's fair value measurement within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

4. FAIR VALUE MEASUREMENTS (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2011 and 2010.

Mutual funds – valued by the Plan at year end as reported on the active market on which the shares are traded.

Alternative investments – valued at fair value as determined by the investment managers, and represent the Plan's proportionate share of net asset value of the alternative investments. Redemptions of these investments are subject to a 60 day notice period and occur at the end of the quarterly period subsequent to the notice provided.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2011:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity investments	$ 56,355,140	$ -	$ -	$ 56,355,140
Bond investments	17,801,393	-	-	17,801,393
Money market funds	384,834	-	-	384,834
Total investments at fair value	$ 74,541,367	$ -	$ -	$ 74,541,367

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2010:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity investments	$ 15,509,759	$ 15,343,457	$ -	$ 30,853,216
Bond investments	17,812,212	-	-	17,812,212
Alternative investments	-	-	27,291,982	27,291,982
Money market funds	1,610	-	-	1,610
Total investments at fair value	$ 33,323,581	$ 15,343,457	$ 27,291,982	$ 75,959,020

4. FAIR VALUE MEASUREMENTS (CONTINUED)

A summary of changes in fair value of the Plan's Level 3 investments for the years ended September 30 is as follows:

	2011	2010
Balance - beginning of year	$ 27,291,982	$ 26,012,661
Purchases, sales, issuances and settlements, net	(27,291,982)	1,279,321
Balance - end of year	$ -	$ 27,291,982

5. ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits is determined by applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date (beginning of plan year) and the expected date of payment.

The accumulated plan benefit information as of September 30, 2010 and 2009 is as follows:

	2010	2009
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	$ 11,471,323	$ 10,106,019
Other participants	75,997,481	76,167,036
Total vested benefits	87,468,804	86,273,055
Non-vested benefits	5,700	156,972
	$ 87,474,504	$ 86,430,027

The changes in accumulated plan benefits for the period October 1, 2009 through September 30, 2010 are as follows:

Actuarial present value of accumulated plan benefits at September 30, 2009	$ 86,430,027
Increase (decrease) in actuarial present value of accumulated plan benefits:	
Decrease in the discount period	7,092,387
Benefits paid	(5,980,371)
Actuarial gains	(845,322)
Change in actuarial assumptions	777,783
Net increase	1,044,477
Actuarial present value of accumulated plan benefits at September 30, 2010	$ 87,474,504

5. ACCUMULATED PLAN BENEFITS (CONTINUED)

Significant assumptions underlying the actuarial valuation are as follows:

Interest rate:	8.0% (8.5% in the 2009 valuation)
Mortality basis:	RP 2000 generation tables for males and females
Retirement age:	At graduated rates between age 55 and 65 with average retirement age of 63

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

6. INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (IRS), dated September 11, 2008, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan as amended, is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of September 30, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

* * * * * *

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN
EIN: 04-2472266
PLAN: 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2011

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	PIMCO Total Return Fund	1,436,644 shares	$ 15,585,373	$ 15,501,391
	Vanguard Institutional Index Fund	117,611 shares	14,017,493	12,171,591
	Dodge and Cox International Stock Fund	315,338 shares	11,450,000	9,078,572
	Artisan International Fund	478,173 shares	10,588,484	8,846,211
	Absolute Strategies Hedge Fund	423,923 shares	4,608,046	4,688,583
	Highbridge Statistical Market Neutral Select Fund	307,575 shares	4,741,433	4,549,030
	Prudential Global Real Estate Fund	262,524 shares	5,163,505	4,294,886
	PIMCO Commodity Real Return Strategic Fund	551,039 shares	5,151,635	4,072,176
	Vanguard Inflation Protected Securities Fund	83,789 shares	2,033,516	2,300,002
	Managers AMG Systematic MidCap Value Fund	233,028 shares	2,527,057	2,174,155
	Artisan MidCap Fund	66,652 shares	1,640,750	2,148,193
	Aberdeen Long Short Hedge Fund	141,335 shares	1,645,753	1,525,004
	Diamond Hill Long Short Hedge Fund	94,339 shares	1,600,000	1,451,887
	Prudential Jennison Small Company Fund	36,765 shares	800,000	669,853
	Victory Small Company Opportunity Fund	26,165 shares	801,041	684,999
*	State Street Government Short Term Investment Fund	384,835 shares	384,835	384,834
			$ 82,738,921	$ 74,541,367

* - indicates party in interest to the Plan

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN
EIN: 04-2472266
PLAN: 001

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED SEPTEMBER 30, 2011

(a) Indentity of Party Involved	(b) Description of asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
	Archstone Partners LP	$ -	$ 6,146,134	$ 6,174,083	$ 6,146,134	$ (27,949)
	AEW Global Properties Securities Fund	-	6,202,601	3,475,000	6,202,601	2,727,601
	The Weatherlow Offshore Fund	-	6,586,282	6,223,920	6,586,282	362,362
	Sanderson International Value Fund	-	6,457,824	4,444,077	6,457,824	2,013,747
	Wellington Diversified Inflation Hedges	13,483	4,355,381	5,088,311	4,368,864	(732,930)
	Artisan International Fund	3,723,933	200,000	190,122	3,923,933	9,878
	Dodge and Cox International Stock Fund	11,450,000	-	-	11,450,000	-
	Eaton Vance Structured Emerging Markets	77,279	6,755,707	6,578,275	6,832,986	177,432
	Absolute Strategies Hedge Fund	5,005,125	400,000	397,078	5,405,125	2,922
	Highbridge Statistical Market Neutral Select Fund	5,046,787	300,000	305,454	5,346,787	(5,454)
	PIMCO Total Return Fund	15,786,459	5,993,402	5,995,605	21,779,861	(2,203)
	PIMCO Commodity Real Return Strategic Fund	5,767,751	600,000	616,116	6,367,751	(16,116)
	Prudential Global Real Estate Fund	5,163,505	-	-	5,163,505	-
	Vanguard Total Bond Market Index Fund	93,288	5,988,624	5,852,208	6,081,912	136,416
	Vanguard Institutional Index Fund	14,359,890	342,000	342,397	14,701,890	(397)
	Vanguard Total Stock Market Index Fund	80,782	15,498,453	13,365,766	15,579,235	2,132,687

* - indicates party in interest to the Plan

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of October 1, 2010

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table, as illustrated below:

(a)	(b)	(c)	(d)
Age	Rates of Retirement	% Retiring	Weighted Ages (a)x(c)
55	3.00%	3.00%	1.6500
56	3.00%	2.91%	1.6296
57	3.00%	2.82%	1.6089
58	3.00%	2.74%	1.5881
59	3.00%	2.66%	1.5670
60	3.00%	2.58%	1.5457
61	3.00%	2.50%	1.5243
62	20.00%	16.16%	10.0190
63	10.00%	6.46%	4.0722
64	10.00%	5.82%	3.7232
65	100.00%	52.36%	34.0322
Weighted Average Retirement Age *(Sum of Column (d))*			62.9603

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Plan Sponsor

Reliant Medical Group, Inc.

Discount Rates

Interest rate basis

- Applicable month: October
- Yield curve basis: 3 Segment Rates

Current plan year PPA interest rates

- First segment rate: 3.61%
- Second segment rate: 6.20%
- Third segment rate: 6.53%
- Effective interest rate: 5.94%

Prior plan year PPA interest rate

- Effective interest rate: 6.52%

Cash Balance Interest Credit Rate

- Interest credit rate: 4.75%

Assumed Cost of Living Adjustments

None

Inclusion Date

The valuation date coincident with or next following the date on which the employee becomes a participant.

SCHEDULE SB ATTACHMENTS

Plan-related Expenses

The amount included this year for plan-related expenses is $553,495.

Mortality

For all participants: The prescribed mortality assumption under IRC §430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Probability of Retirement
55	3.0%
56	3.0
57	3.0
58	3.0
59	3.0
60	3.0
61	3.0
62	20.0
63	10.0
64	10.0
65	100.0

The average weighted retirement age is 63. This average age was determined by summing the following product for assumed retirement ages 55 through 65; (i) the applicable age times (ii) the assumed rate of retirement at the applicable age times (iii) the number of expected employees at the applicable age, where one employee is assumed to exist at age 55 and is then assumed to retire in accordance with the rate shown above.

Terminated vested participants are assumed to retire at their normal retirement date.

Disability Rates

None.

Compensation Increases

Not applicable.

SCHEDULE SB ATTACHMENTS

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Representative Termination Rates not Due to Disability, Retirement, or Mortality

Age	Probability of Withdrawal
25	9.0%
30	8.0
35	7.0
40	6.0
45	5.0
50	4.0
55	0.0

Additional withdrawal during the first four years of employment:

Years of Service	Probability of Withdrawal
Less than 1	20.0%
At least 1, less than 2	15.0%
At least 2, less than 3	10.0%
At least 3, less than 4	5.0%

Form of Payment

All active participants are assumed to elect the lump sum form of payment. Terminated vested participants who terminated prior to July 22, 1997 are assumed to receive the normal form of payment for single participants and terminated vested participants who terminated on or after July 22, 1997 are assumed to elect the lump sum form of payment.

Marriage

All eligible participants are assumed to be married and male spouses are assumed to be 3 years older than female spouses.

SCHEDULE SB ATTACHMENTS

Employees

It was assumed there will be no new or rehired employees.

Asset Method

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable.

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

Towers Watson has reviewed the plan provisions with Reliant Medical Group, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Participant Data

Employee data was supplied by the employer electronically as of the census date.

Tax Policy

The actuarial valuation performed for the plan year ending September 30, 2011 is used to determine the maximum deductible contribution for the tax year ending September 30, 2011.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	2010 This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

▶ **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	B Three-digit plan number (PN) ▶	001
Reliant Medical Group, Inc. Account Balance Pension Plan		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	**D** Employer Identification Number (EIN)	
Reliant Medical Group, Inc.	04-2472266	

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

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

Part I Basic Information

1 Enter the valuation date: Month 10 Day 1 Year 2010

2	Assets:			
	a Market value	2a		81,473,559
	b Actuarial value	2b		81,614,582
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	186	13,048,577
	b For terminated vested participants	3b	1,313	30,945,166
	c For active participants:			
	(1) Non-vested benefits	3c(1)		9,657
	(2) Vested benefits	3c(2)		52,182,274
	(3) Total active	3c(3)	1,413	52,191,931
	d Total	3d	2,912	96,185,674
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		5.94 %
6	Target normal cost	6		553,495

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	Anne T. Ehlert ATE	10/10,2012
	Signature of actuary	Date
Anne T. Ehlert		11-04396
Type or print name of actuary		Most recent enrollment number
Towers Watson Delaware Inc.		(617) 638-3760
Firm name		Telephone number (including area code)
800 Boylston Street		
Boston	MA 02199-8103	
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 11.02 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		4,462,359
	b Interest on (a) using prior year's effective rate of 6.52 %		290,946
	c Total available at beginning of current plan year to add to prefunding balance		4,753,305
	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	84.85 %
15	Adjusted funding target attainment percentage	15	83.88 %
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	84.95 %
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
01/14/2011	510,000				
04/14/2011	510,000				
07/14/2011	510,000				
10/14/2011	510,000				
12/16/2011	2,070,000				
06/14/2012	1,530,000				
			Totals ► 18(b)	5,640,000	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	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	5,281,307

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.61 %	6.20 %	6.53 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

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**	
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**	553,495
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	10,723,665		1,963,808
b Waiver amortization installment			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**	2,517,303

	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**	2,517,303
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	5,281,307
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	2,764,004
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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25
Change in Method

In accordance with 1.430(d)-1(g)(3)(ii)(A), automatic approval has been granted for the first plan year for which all the provisions of 1.430(d)-1, 1.430(f)-1, 1.430(g)-1, 1.430(i)-1, and 1.436-1 are reflected of any changes to funding methods permitted by the Pension Protection Act. 2010 is the first plan year for which all of these provisions were reflected, and thus all funding method changes are automatically approved.

Plan Name:	Reliant Medical Group, Inc. Account Balance Pension Plan
EIN / PN:	04-2472266 / 001
Plan Sponsor:	Reliant Medical Group, Inc.
Valuation Date:	October 1, 2010

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data for Frozen Cash Balance Plans as of October 1, 2010

Attained Age	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 & Over	
	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.
Under 25	0		15		4		0		0		0		0		0		0		0	
25 – 29	0		53	1,657	33	4,009	1		0		0		0		0		0		0	
30 – 34	0		44	2,453	42	5,478	14		0		0		0		0		0		0	
35 - 39	0		44	3,306	60	8,052	24	15,178	9		0		0		0		0		0	
40 - 44	0		50	3,970	59	13,863	36	25,794	17		15		0		0		0		0	
45 - 49	0		43	4,712	59	14,226	48	26,028	42	54,628	31	73,139	6		0		0		0	
50 - 54	0		32	3,723	62	14,790	51	28,958	47	54,211	39	120,481	13		2		0		0	
55 - 59	0		23	7,492	36	15,625	40	23,362	46	55,032	43	111,735	17		7		1		0	
60 - 64	1		17		24	24,763	29	31,708	26	71,227	38	103,428	9		9		1		1	
65 - 69	0		3		7		3		12		6		2		2		2		0	
70 & Over	0		2		3		3		2		2		0		1		0		0	

Plan Name: Reliant Medical Group, Inc. Account Balance Pension Plan
EIN / PN: 04-2472266 / 001
Plan Sponsor: Reliant Medical Group, Inc.
Valuation Date: October 1, 2010

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of October 1, 2010

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	10/01/2010	2,952,673	7	2,952,673	483,982
2	Shortfall	10/01/2009	6,994,382	6	6,349,531	1,175,021
3	Shortfall	10/01/2008	1,822,371	5	1,421,461	304,805
Total					10,723,665	1,963,808

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Reliant Medical Group, Inc.
EIN/PN	04-2472266/001
Plan Name	Reliant Medical Group, Inc. Account Balance Pension Plan
Valuation Date	October 1, 2010
Enrolled Actuary	Anne T. Ehlert
Enrollment Number	11-04396

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Effective Date

December 1, 1970

Most Recent Plan Changes

January 1, 1998: Plan formula was changed to a cash balance formula with starting balances established October 1, 1997.

October 1, 2000: Plan was amended to improve vesting schedule and to allow per diem employees to participate in the plan.

October 1, 2002: Plan was amended to reflect increased Plan compensation and benefit limits as allowed under the Economic Growth and Tax Relief Reconciliation Act of 2001 ("EGTRRA").

March 28, 2005: Plan was restated.

October 1, 2005: Plan was amended to allow retroactive annuity starting dates in certain situations and certain conforming amendments.

October 1, 2008: Plan was amended to change to 3 year cliff vesting.

September 30, 2009: Plan was amended to close participation and freeze benefit accruals.

Plan Year

The twelve-month period ending September 30.

Coverage and Participation

Employment Classification: Effective October 1, 2000, all employees except named physicians.

Plan Entry: The October 1 coincident with or next following the completion of six months of employment and at least 1,000 hours of service. The plan was closed to new participants effective September 30, 2009.

Plan Name:	Reliant Medical Group, Inc. Account Balance Pension Plan
EIN / PN:	04-2472266 / 001
Plan Sponsor:	Reliant Medical Group, Inc.
Valuation Date:	October 1, 2010

SCHEDULE SB ATTACHMENTS

Credited Service

1,000 or more hours of service during a plan year commencing at hire date.

Vesting Service

1,000 or more hours of service during a plan year commencing at plan participation date.

Accrued Benefits

Formula: As of October 1, 1997 an initial cash balance was established equal to the lump sum value of the accrued benefit (the greater of Minimum Formulas 1 or 2).

For each subsequent plan year, the cash balance is increased with interest based on the 30-year Treasury rate for the September prior to the beginning of the plan year and with an end of the year contribution credit. The contribution credit will apply under any of the following conditions during a plan year prior to October 1, 2009:

(a) 1000 hours of service are earned,
(b) death, disability or reach normal retirement date, or
(c) transferred to noncovered employment.

The amount of the contribution credit is a percentage of Earnings:

Age + Service On October 1	Percentage
Less than 40	3.0%
40-44	3.5
45-49	4.0
50-54	4.5
55-59	5.0
60-64	5.5
65-69	6.0
70-74	7.0
75 or more	8.0

No contribution credit shall be credited with respect to a plan year that begins on or after October 1, 2009.

SCHEDULE SB ATTACHMENTS

Accrued Benefits (cont'd)

Minimum Formula 1: This applies only for employees who became participants before January 1, 1998.

1% of Average Earnings plus 0.65% of Average Earnings in excess of $10,000, the result multiplied by projected Credited Service (maximum 30 years) multiplied by Participation Service at the earlier of employment termination and December 31, 2000 divided by projected Participation Service.

Minimum Formula 2: This applies only for employees who (a) became participants on or prior to December 1, 1985 and (b) have projected Participation Service of fewer than 24 years.

Formula is [(a)+((b)x(c))] x (d), where:

(a) 24% of Average Earnings
(b) 30% of Average Earnings in excess of the Break Point
(c) Projected Participation Service (maximum 30) divided by 30; and
(d) Participation Service at the earlier of employment termination and December 31, 2000 divided by projected Participation Service.

The Break Point is:

Year of Normal Retirement	Break Point
1995 to 1996	$12,000
1997 to 1998	$12,600
1999 to 2000	$13,200
2001 to 2003	$13,800
2004 to 2006	$14,400
2007 to 2010	$15,000
2011 and after	$15,300

Earnings: Base earnings during the plan year, limited by IRC 401(a)(17).

Average Earnings: The average of the five consecutive years of participation that produce the highest average. For both minimum formulas, average earnings shall not include amounts earned after December 31,2000.

Normal Retirement Benefit

Normal Retirement Date: The earlier of (a) age 62 with 30 years of Credited Service and (b) age 65 and the 5th anniversary of participation.

Benefit: Benefit is the accrued benefit.

SCHEDULE SB ATTACHMENTS

Late Retirement

Eligibility: Retirement after normal retirement age.

Benefit: Benefit is the greater of the accrued benefit and the accrued benefit at the later of normal retirement and age 65 with actuarial increases.

Vested Deferred Retirement

Eligibility: Any member who terminates his membership in the plan with at least 3 years of Vesting Service shall be vested in a portion of his accrued benefit:

For participants terminating prior to October 1, 2000		For participants terminating on or after October 1, 2000	
Years	Vested %	Years	Vested %
3	20%	3	50%
4	40	4	75
5	60	5	100
6	80		
7	100		

Effective October 1, 2008, the vesting schedule was changed to 100% after 3 years of service.

Active participants are automatically 100% vested at the earlier of normal retirement date or age 65.

Benefit:

Benefit is the accrued benefit if payments commence at normal retirement. Terminated participants may elect commencement one year after termination or later, however the benefit will be actuarially reduced for early commencement.

Death Benefits Before Retirement

Eligibility: The beneficiary of a participant who dies is entitled to a survivor's benefit.

Benefit: The survivor's benefit shall be equal to the lump sum of the accrued benefit if the participant died while actively employed. The survivor's benefit is the lump sum value of the vested benefit if the participant died after employment termination.

SCHEDULE SB ATTACHMENTS

Death After Retirement

There are no benefits paid if a member dies after retirement unless the member has chosen an optional form of payment which provides for payments after his death.

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Plan Participants' Contributions

None.

Normal Form of Benefit

The normal form of payment for single participants is the 10-year certain and continuous annuity. The normal form for married participants is an actuarially equivalent joint & 50% survivor annuity.

Future plan changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Changes in Plan Provisions since Last Actuarial Valuation

There have been no changes in the principal plan provisions since the last valuation.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

- The cash balance interest credit rate was changed from 5.50% to 4.75%.

Plan Name:	Reliant Medical Group, Inc. Account Balance Pension Plan
EIN / PN:	04-2472266 / 001
Plan Sponsor:	Reliant Medical Group, Inc.
Valuation Date:	October 1, 2010

Reliant Medical Group, Inc.
Account Balance Pension Plan

Financial Statements as of and for the
Years Ended September 30, 2011 and 2010
With Supplemental Schedules and
Independent Auditors' Report

RELIANT MEDICAL GROUP, INC.
ACCOUNT BALANCE PENSION PLAN

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Schedules required under the Employee Retirement Income Security Act of 1974, other than the schedule listed above, are not presented because of the absence of the conditions under which such schedules are required.

STOWE & DEGON LLC
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of
Reliant Medical Group, Inc. Account Balance Pension Plan:

We were engaged to audit the accompanying statement of net assets available for benefits of Reliant Medical Group, Inc. Account Balance Pension Plan (formerly Fallon Clinic, Inc. Account Balance Pension Plan) (the "Plan") as of September 30, 2011, and the related statement of changes in net assets available for benefits for the year then ended and the supplemental schedules of assets (held at year end) as of September 30, 2011 and reportable transactions for the year then ended. These financial statements and supplemental schedules are the responsibility of the Plan's management. The financial statements of the Plan as of and for the year ended September 30, 2010 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the Trustee. Their report, dated July 15, 2011, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole, and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 3, which was certified by State Street Bank and Trust Company, trustee of the Plan, except for comparing the information with the related information included in the 2011 financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended September 30, 2011 that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements that we did not audit, we are unable to, and do not, express an opinion on the 2011 financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting under ERISA. The form and content of the information included in the 2011 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Stowe & Degon LLC

July 2, 2012

95A TURNPIKE ROAD • WESTBOROUGH, MASSACHUSETTS 01581
TELEPHONE (508) 983-6700 • FAX (508) 983-6701

RELIANT MEDICAL GROUP, INC.
ACCOUNT BALANCE PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2011 AND 2010

	2011	2010
ASSETS		
Cash	$ -	$ (36,207)
Investments, at fair value	74,541,367	75,959,020
Receivables:		
Employer contributions	4,110,000	5,470,000
Receivable for investments sold	-	175,741
	4,110,000	5,645,741
NET ASSETS AVAILABLE FOR BENEFITS	$ 78,651,367	$ 81,568,554

See independent auditors' report and notes to financial statements.

RELIANT MEDICAL GROUP, INC.
ACCOUNT BALANCE PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED SEPTEMBER 30, 2011 AND 2010

	2011	2010
ADDITIONS:		
INVESTMENT INCOME (LOSS):		
Net appreciation (depreciation) in fair value of investments	$ (3,926,325)	$ 6,493,095
Dividends	2,106,341	1,072,532
Interest	89	-
Other income	1,717	19,120
Total investment income (loss)	(1,818,178)	7,584,747
EMPLOYER CONTRIBUTIONS	5,640,000	6,970,283
Total additions	3,821,822	14,555,030
DEDUCTIONS:		
Benefit payments	6,173,540	5,980,370
Administrative expenses	565,469	692,610
Total deductions	6,739,009	6,672,980
NET INCREASE (DECREASE)	(2,917,187)	7,882,050
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	81,568,554	73,686,504
End of year	$ 78,651,367	$ 81,568,554

See independent auditors' report and notes to financial statements.

RELIANT MEDICAL GROUP, INC.
ACCOUNT BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED SEPTEMBER 30, 2011 AND 2010

1. DESCRIPTION OF PLAN

The following description of the Reliant Medical Group, Inc. Account Balance Pension Plan ("the Plan") is provided for general purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. Reliant Medical Group, Inc. (the "Company") is the plan sponsor.

The Plan was formerly named Fallon Clinic, Inc. Account Balance Pension Plan and changed its name effective October 1, 2011 in conjunction with Fallon Clinic, Inc.'s name change to Reliant Medical Group, Inc.

General – The Plan is a cash balance defined benefit pension plan for eligible participants of the Company, which reports accrued benefits to participants in the form of hypothetical, individual account balances. Account balances are increased each year by an interest credit rate determined annually as the average 30-year treasury rate for the month of September preceding the beginning of the Plan year. The Plan provides for retirement, death, and disability benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective October 1, 2009, the Plan was frozen such that there shall be no further contribution credit to each account and future employees will no longer become eligible to participate in the Plan.

Information about the Plan agreement, the vesting and benefit provisions, and the Pension Benefit Guaranty Corporation's benefit guarantee is contained in the summary plan description, copies of which may be obtained from the plan sponsor.

Eligibility and vesting – Prior to October 1, 2009, an eligible employee became a participant in the Plan upon employment with the Company for at least six months. Participants vest in their accrued benefits upon completion of three years of vesting service.

Benefits – Benefits are stated as an account balance. Normal retirement benefits are provided under the Plan at age 65 with five years of participation service. Early retirement benefits are provided under the Plan at age 55 with ten years of participation service. The Plan provides for payments to participants and their beneficiaries in the form of a life annuity, a ten-year certain and life annuity, a joint and survivor annuity, or a lump sum.

In addition, the Plan provides for a preretirement survivor annuity to be paid to the spouse or other designated beneficiary of a participant in the event of death prior to retirement age.

Upon departure from the Plan prior to early retirement date due to disability or termination, participants will receive their adjusted accrued benefit as of the benefit commencement date. Terminating participants are required to wait a minimum of twelve months from date of termination to receive benefits.

1. DESCRIPTION OF PLAN (CONTINUED)

Contributions and funding policy – The Company's contributions to the Plan are actuarially determined. The Company has agreed to contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants and satisfy the ERISA minimum funding requirements. The Plan has met the ERISA minimum funding requirements.

Plan termination – Should the Plan terminate at some future time, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting – The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment valuation and income recognition – The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded as earned on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative expenses – Substantially all administrative expenses are paid by the Plan, including actuarial, audit, and investment management fees and PBGC insurance premiums.

Payment of benefits – Benefits to participants are recorded when paid.

Actuarial present value of accumulated plan benefits – Accumulated plan benefits (see Note 5) represent the actuarial present value of estimate future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries or employees who have died, and (c) present employees or their beneficiaries. Benefits are based on a formula which includes compensation, as defined in the Plan documents, and year of credited service.

Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Use of estimates – The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Risks and uncertainties – The Plan provides for various investment options. Investment securities, in general, are exposed to various risks, such as interest rate, credit and market risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumptions processes, it is at least reasonable possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Subsequent events –The Company has evaluated subsequent events through July 2, 2012, the date the financial statements were available to be issued.

3. INVESTMENT INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations under ERISA.

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at September 30, 2011 and 2010, and the net appreciation (depreciation) in fair value of investments, interest and dividends for the years ended September 30, 2011 and 2010, and reportable transactions for the year ended September 30, 2011 was obtained or derived from information provided to the plan administrator and certified as complete and accurate by State Street Bank and Trust Company, the trustee of the Plan. State Street Bank and Trust Company holds the Plan's investments, and Reliant Medical Group, Inc. Board of Directors, administrator of the Plan, appoints a Pension Committee to monitor and control investments.

The fair value of investments as of September 30, 2011 and 2010 consists of the following:

	2011	2010
Mutual funds - equity	$ 56,355,140	$ 30,853,216
Mutual funds - fixed income	17,801,393	17,812,212
Alternative investments	-	27,291,982
Money market funds	384,834	1,610
Total	$ 74,541,367	$ 75,959,020

During the years ended September 30, 2011 and 2010, the Plan's investments, including investments purchased, sold, as well as held during the year, appreciated (depreciated) in fair value as follows:

	2011	2010
Mutual funds - equity	$ (5,767,913)	$ 2,955,167
Mutual funds - fixed income	(601,170)	738,520
Alternative investments	2,442,758	2,799,408
Total	$ (3,926,325)	$ 6,493,095

3. INVESTMENT INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED) (CONTINUED)

The fair value of individual investments that represents 5% or more of net assets available for benefits at September 30 is as follows:

	2011	2010
PIMCO Total Return Fund	$ 15,501,391	$ 6,063,653
Vanguard Institutional Index Fund	12,171,591	13,347,800
Dodge and Cox International Stock Fund	9,078,572	-
Artisan International Fund	8,846,211	6,628,740
Absolute Strategies Hedge Fund	4,688,583	-
Highbridge Statistical Market Neutral Select Fund	4,549,030	-
Prudential Global Real Estate Fund	4,294,886	-
PIMCO Commodity Real Return Strategic Fund	4,072,176	-
Eaton Vance Structured Emerging Markets Fund	-	6,393,882
The Weatherlow Offshore Fund	-	6,227,400
Vanguard Total Bond Market Index Fund	-	6,080,809
Sanderson International Value Fund	-	5,935,158
Archstone Partners LP	-	5,827,232
AEW Global Property Securities Fund	-	5,518,661

4. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

- Level 2: Inputs to the valuation method include: quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3: Inputs to the valuation method are unobservable and significant to the fair value measurement. Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset, including assumptions about risk.

The asset or liability's fair value measurement within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

4. FAIR VALUE MEASUREMENTS (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2011 and 2010.

Mutual funds – valued by the Plan at year end as reported on the active market on which the shares are traded.

Alternative investments – valued at fair value as determined by the investment managers, and represent the Plan's proportionate share of net asset value of the alternative investments. Redemptions of these investments are subject to a 60 day notice period and occur at the end of the quarterly period subsequent to the notice provided.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2011:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity investments	$ 56,355,140	$ -	$ -	$ 56,355,140
Bond investments	17,801,393	-	-	17,801,393
Money market funds	384,834	-	-	384,834
Total investments at fair value	$ 74,541,367	$ -	$ -	$ 74,541,367

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2010:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity investments	$ 15,509,759	$ 15,343,457	$ -	$ 30,853,216
Bond investments	17,812,212	-	-	17,812,212
Alternative investments	-	-	27,291,982	27,291,982
Money market funds	1,610	-	-	1,610
Total investments at fair value	$ 33,323,581	$ 15,343,457	$ 27,291,982	$ 75,959,020

4. FAIR VALUE MEASUREMENTS (CONTINUED)

A summary of changes in fair value of the Plan's Level 3 investments for the years ended September 30 is as follows:

	2011	2010
Balance - beginning of year	$ 27,291,982	$ 26,012,661
Purchases, sales, issuances and settlements, net	(27,291,982)	1,279,321
Balance - end of year	$ -	$ 27,291,982

5. ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits is determined by applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date (beginning of plan year) and the expected date of payment.

The accumulated plan benefit information as of September 30, 2010 and 2009 is as follows:

	2010	2009
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	$ 11,471,323	$ 10,106,019
Other participants	75,997,481	76,167,036
Total vested benefits	87,468,804	86,273,055
Non-vested benefits	5,700	156,972
	$ 87,474,504	$ 86,430,027

The changes in accumulated plan benefits for the period October 1, 2009 through September 30, 2010 are as follows:

Actuarial present value of accumulated plan benefits at September 30, 2009	$ 86,430,027
Increase (decrease) in actuarial present value of accumulated plan benefits:	
Decrease in the discount period	7,092,387
Benefits paid	(5,980,371)
Actuarial gains	(845,322)
Change in actuarial assumptions	777,783
Net increase	1,044,477
Actuarial present value of accumulated plan benefits at September 30, 2010	$ 87,474,504

5. ACCUMULATED PLAN BENEFITS (CONTINUED)

Significant assumptions underlying the actuarial valuation are as follows:

Interest rate:	8.0% (8.5% in the 2009 valuation)
Mortality basis:	RP 2000 generation tables for males and females
Retirement age:	At graduated rates between age 55 and 65 with average retirement age of 63

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

6. INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (IRS), dated September 11, 2008, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan as amended, is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of September 30, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

* * * * * *

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN
EIN: 04-2472266
PLAN: 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2011

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	PIMCO Total Return Fund	1,436,644 shares	$ 15,585,373	$ 15,501,391
	Vanguard Institutional Index Fund	117,611 shares	14,017,493	12,171,591
	Dodge and Cox International Stock Fund	315,338 shares	11,450,000	9,078,572
	Artisan International Fund	478,173 shares	10,588,484	8,846,211
	Absolute Strategies Hedge Fund	423,923 shares	4,608,046	4,688,583
	Highbridge Statistical Market Neutral Select Fund	307,575 shares	4,741,433	4,549,030
	Prudential Global Real Estate Fund	262,524 shares	5,163,505	4,294,886
	PIMCO Commodity Real Return Strategic Fund	551,039 shares	5,151,635	4,072,176
	Vanguard Inflation Protected Securities Fund	83,789 shares	2,033,516	2,300,002
	Managers AMG Systematic MidCap Value Fund	233,028 shares	2,527,057	2,174,155
	Artisan MidCap Fund	66,652 shares	1,640,750	2,148,193
	Aberdeen Long Short Hedge Fund	141,335 shares	1,645,753	1,525,004
	Diamond Hill Long Short Hedge Fund	94,339 shares	1,600,000	1,451,887
	Prudential Jennison Small Company Fund	36,765 shares	800,000	669,853
	Victory Small Company Opportunity Fund	26,165 shares	801,041	684,999
*	State Street Government Short Term Investment Fund	384,835 shares	384,835	384,834
			$ 82,738,921	$ 74,541,367

* - indicates party in interest to the Plan

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN
EIN: 04-2472266
PLAN: 001

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED SEPTEMBER 30, 2011

(a) Indentity of Party Involved	(b) Description of asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
	Archstone Partners LP	$ -	$ 6,146,134	$ 6,174,083	$ 6,146,134	$ (27,949)
	AEW Global Properties Securities Fund	-	6,202,601	3,475,000	6,202,601	2,727,601
	The Weatherlow Offshore Fund	-	6,586,282	6,223,920	6,586,282	362,362
	Sanderson International Value Fund	-	6,457,824	4,444,077	6,457,824	2,013,747
	Wellington Diversified Inflation Hedges	13,483	4,355,381	5,088,311	4,368,864	(732,930)
	Artisan International Fund	3,723,933	200,000	190,122	3,923,933	9,878
	Dodge and Cox International Stock Fund	11,450,000	-	-	11,450,000	-
	Eaton Vance Structured Emerging Markets	77,279	6,755,707	6,578,275	6,832,986	177,432
	Absolute Strategies Hedge Fund	5,005,125	400,000	397,078	5,405,125	2,922
	Highbridge Statistical Market Neutral Select Fund	5,046,787	300,000	305,454	5,346,787	(5,454)
	PIMCO Total Return Fund	15,786,459	5,993,402	5,995,605	21,779,861	(2,203)
	PIMCO Commodity Real Return Strategic Fund	5,767,751	600,000	616,116	6,367,751	(16,116)
	Prudential Global Real Estate Fund	5,163,505	-	-	5,163,505	-
	Vanguard Total Bond Market Index Fund	93,288	5,988,624	5,852,208	6,081,912	136,416
	Vanguard Institutional Index Fund	14,359,890	342,000	342,397	14,701,890	(397)
	Vanguard Total Stock Market Index Fund	80,782	15,498,453	13,365,766	15,579,235	2,132,687

* - indicates party in interest to the Plan

Reliant Medical Group, Inc.
Account Balance Pension Plan

Financial Statements as of and for the
Years Ended September 30, 2011 and 2010
With Supplemental Schedules and
Independent Auditors' Report

RELIANT MEDICAL GROUP, INC.
ACCOUNT BALANCE PENSION PLAN

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Schedules required under the Employee Retirement Income Security Act of 1974, other than the schedule listed above, are not presented because of the absence of the conditions under which such schedules are required.

STOWE & DEGON LLC
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of
Reliant Medical Group, Inc. Account Balance Pension Plan:

We were engaged to audit the accompanying statement of net assets available for benefits of Reliant Medical Group, Inc. Account Balance Pension Plan (formerly Fallon Clinic, Inc. Account Balance Pension Plan) (the "Plan") as of September 30, 2011, and the related statement of changes in net assets available for benefits for the year then ended and the supplemental schedules of assets (held at year end) as of September 30, 2011 and reportable transactions for the year then ended. These financial statements and supplemental schedules are the responsibility of the Plan's management. The financial statements of the Plan as of and for the year ended September 30, 2010 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the Trustee. Their report, dated July 15, 2011, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole, and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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Stowe & Degon LLC

July 2, 2012

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RELIANT MEDICAL GROUP, INC.
ACCOUNT BALANCE PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2011 AND 2010

	2011	2010
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NET ASSETS AVAILABLE FOR BENEFITS	$ 78,651,367	$ 81,568,554

See independent auditors' report and notes to financial statements.

RELIANT MEDICAL GROUP, INC.
ACCOUNT BALANCE PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED SEPTEMBER 30, 2011 AND 2010

	2011	2010
ADDITIONS:		
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Net appreciation (depreciation) in fair value of investments	$ (3,926,325)	$ 6,493,095
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Total investment income (loss)	(1,818,178)	7,584,747
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Total additions	3,821,822	14,555,030
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Beginning of year	81,568,554	73,686,504
End of year	$ 78,651,367	$ 81,568,554

See independent auditors' report and notes to financial statements.

RELIANT MEDICAL GROUP, INC.
ACCOUNT BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED SEPTEMBER 30, 2011 AND 2010

1. DESCRIPTION OF PLAN

The following description of the Reliant Medical Group, Inc. Account Balance Pension Plan ("the Plan") is provided for general purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. Reliant Medical Group, Inc. (the "Company") is the plan sponsor.

The Plan was formerly named Fallon Clinic, Inc. Account Balance Pension Plan and changed its name effective October 1, 2011 in conjunction with Fallon Clinic, Inc.'s name change to Reliant Medical Group, Inc.

General – The Plan is a cash balance defined benefit pension plan for eligible participants of the Company, which reports accrued benefits to participants in the form of hypothetical, individual account balances. Account balances are increased each year by an interest credit rate determined annually as the average 30-year treasury rate for the month of September preceding the beginning of the Plan year. The Plan provides for retirement, death, and disability benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective October 1, 2009, the Plan was frozen such that there shall be no further contribution credit to each account and future employees will no longer become eligible to participate in the Plan.

Information about the Plan agreement, the vesting and benefit provisions, and the Pension Benefit Guaranty Corporation's benefit guarantee is contained in the summary plan description, copies of which may be obtained from the plan sponsor.

Eligibility and vesting – Prior to October 1, 2009, an eligible employee became a participant in the Plan upon employment with the Company for at least six months. Participants vest in their accrued benefits upon completion of three years of vesting service.

Benefits – Benefits are stated as an account balance. Normal retirement benefits are provided under the Plan at age 65 with five years of participation service. Early retirement benefits are provided under the Plan at age 55 with ten years of participation service. The Plan provides for payments to participants and their beneficiaries in the form of a life annuity, a ten-year certain and life annuity, a joint and survivor annuity, or a lump sum.

In addition, the Plan provides for a preretirement survivor annuity to be paid to the spouse or other designated beneficiary of a participant in the event of death prior to retirement age.

Upon departure from the Plan prior to early retirement date due to disability or termination, participants will receive their adjusted accrued benefit as of the benefit commencement date. Terminating participants are required to wait a minimum of twelve months from date of termination to receive benefits.

1. DESCRIPTION OF PLAN (CONTINUED)

Contributions and funding policy – The Company's contributions to the Plan are actuarially determined. The Company has agreed to contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants and satisfy the ERISA minimum funding requirements. The Plan has met the ERISA minimum funding requirements.

Plan termination – Should the Plan terminate at some future time, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting – The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment valuation and income recognition – The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded as earned on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative expenses – Substantially all administrative expenses are paid by the Plan, including actuarial, audit, and investment management fees and PBGC insurance premiums.

Payment of benefits – Benefits to participants are recorded when paid.

Actuarial present value of accumulated plan benefits – Accumulated plan benefits (see Note 5) represent the actuarial present value of estimate future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries or employees who have died, and (c) present employees or their beneficiaries. Benefits are based on a formula which includes compensation, as defined in the Plan documents, and year of credited service.

Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Use of estimates – The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Risks and uncertainties – The Plan provides for various investment options. Investment securities, in general, are exposed to various risks, such as interest rate, credit and market risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumptions processes, it is at least reasonable possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Subsequent events –The Company has evaluated subsequent events through July 2, 2012, the date the financial statements were available to be issued.

3. INVESTMENT INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations under ERISA.

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at September 30, 2011 and 2010, and the net appreciation (depreciation) in fair value of investments, interest and dividends for the years ended September 30, 2011 and 2010, and reportable transactions for the year ended September 30, 2011 was obtained or derived from information provided to the plan administrator and certified as complete and accurate by State Street Bank and Trust Company, the trustee of the Plan. State Street Bank and Trust Company holds the Plan's investments, and Reliant Medical Group, Inc. Board of Directors, administrator of the Plan, appoints a Pension Committee to monitor and control investments.

The fair value of investments as of September 30, 2011 and 2010 consists of the following:

	2011	2010
Mutual funds - equity	$ 56,355,140	$ 30,853,216
Mutual funds - fixed income	17,801,393	17,812,212
Alternative investments	-	27,291,982
Money market funds	384,834	1,610
Total	$ 74,541,367	$ 75,959,020

During the years ended September 30, 2011 and 2010, the Plan's investments, including investments purchased, sold, as well as held during the year, appreciated (depreciated) in fair value as follows:

	2011	2010
Mutual funds - equity	$ (5,767,913)	$ 2,955,167
Mutual funds - fixed income	(601,170)	738,520
Alternative investments	2,442,758	2,799,408
Total	$ (3,926,325)	$ 6,493,095

3. INVESTMENT INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED) (CONTINUED)

The fair value of individual investments that represents 5% or more of net assets available for benefits at September 30 is as follows:

	2011	2010
PIMCO Total Return Fund	$ 15,501,391	$ 6,063,653
Vanguard Institutional Index Fund	12,171,591	13,347,800
Dodge and Cox International Stock Fund	9,078,572	-
Artisan International Fund	8,846,211	6,628,740
Absolute Strategies Hedge Fund	4,688,583	-
Highbridge Statistical Market Neutral Select Fund	4,549,030	-
Prudential Global Real Estate Fund	4,294,886	-
PIMCO Commodity Real Return Strategic Fund	4,072,176	-
Eaton Vance Structured Emerging Markets Fund	-	6,393,882
The Weatherlow Offshore Fund	-	6,227,400
Vanguard Total Bond Market Index Fund	-	6,080,809
Sanderson International Value Fund	-	5,935,158
Archstone Partners LP	-	5,827,232
AEW Global Property Securities Fund	-	5,518,661

4. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

- Level 2: Inputs to the valuation method include: quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3: Inputs to the valuation method are unobservable and significant to the fair value measurement. Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset, including assumptions about risk.

The asset or liability's fair value measurement within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

4. FAIR VALUE MEASUREMENTS (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2011 and 2010.

Mutual funds – valued by the Plan at year end as reported on the active market on which the shares are traded.

Alternative investments – valued at fair value as determined by the investment managers, and represent the Plan's proportionate share of net asset value of the alternative investments. Redemptions of these investments are subject to a 60 day notice period and occur at the end of the quarterly period subsequent to the notice provided.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2011:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity investments	$ 56,355,140	$ -	$ -	$ 56,355,140
Bond investments	17,801,393	-	-	17,801,393
Money market funds	384,834	-	-	384,834
Total investments at fair value	$ 74,541,367	$ -	$ -	$ 74,541,367

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2010:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity investments	$ 15,509,759	$ 15,343,457	$ -	$ 30,853,216
Bond investments	17,812,212	-	-	17,812,212
Alternative investments	-	-	27,291,982	27,291,982
Money market funds	1,610	-	-	1,610
Total investments at fair value	$ 33,323,581	$ 15,343,457	$ 27,291,982	$ 75,959,020

4. FAIR VALUE MEASUREMENTS (CONTINUED)

A summary of changes in fair value of the Plan's Level 3 investments for the years ended September 30 is as follows:

	2011	2010
Balance - beginning of year	$ 27,291,982	$ 26,012,661
Purchases, sales, issuances and settlements, net	(27,291,982)	1,279,321
Balance - end of year	$ -	$ 27,291,982

5. ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits is determined by applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date (beginning of plan year) and the expected date of payment.

The accumulated plan benefit information as of September 30, 2010 and 2009 is as follows:

	2010	2009
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	$ 11,471,323	$ 10,106,019
Other participants	75,997,481	76,167,036
Total vested benefits	87,468,804	86,273,055
Non-vested benefits	5,700	156,972
	$ 87,474,504	$ 86,430,027

The changes in accumulated plan benefits for the period October 1, 2009 through September 30, 2010 are as follows:

Actuarial present value of accumulated plan benefits at September 30, 2009	$ 86,430,027
Increase (decrease) in actuarial present value of accumulated plan benefits:	
Decrease in the discount period	7,092,387
Benefits paid	(5,980,371)
Actuarial gains	(845,322)
Change in actuarial assumptions	777,783
Net increase	1,044,477
Actuarial present value of accumulated plan benefits at September 30, 2010	$ 87,474,504

5. ACCUMULATED PLAN BENEFITS (CONTINUED)

Significant assumptions underlying the actuarial valuation are as follows:

Interest rate:	8.0% (8.5% in the 2009 valuation)
Mortality basis:	RP 2000 generation tables for males and females
Retirement age:	At graduated rates between age 55 and 65 with average retirement age of 63

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

6. INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (IRS), dated September 11, 2008, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan as amended, is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of September 30, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

* * * * * *

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN
EIN: 04-2472266
PLAN: 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2011

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	PIMCO Total Return Fund	1,436,644 shares	$ 15,585,373	$ 15,501,391
	Vanguard Institutional Index Fund	117,611 shares	14,017,493	12,171,591
	Dodge and Cox International Stock Fund	315,338 shares	11,450,000	9,078,572
	Artisan International Fund	478,173 shares	10,588,484	8,846,211
	Absolute Strategies Hedge Fund	423,923 shares	4,608,046	4,688,583
	Highbridge Statistical Market Neutral Select Fund	307,575 shares	4,741,433	4,549,030
	Prudential Global Real Estate Fund	262,524 shares	5,163,505	4,294,886
	PIMCO Commodity Real Return Strategic Fund	551,039 shares	5,151,635	4,072,176
	Vanguard Inflation Protected Securities Fund	83,789 shares	2,033,516	2,300,002
	Managers AMG Systematic MidCap Value Fund	233,028 shares	2,527,057	2,174,155
	Artisan MidCap Fund	66,652 shares	1,640,750	2,148,193
	Aberdeen Long Short Hedge Fund	141,335 shares	1,645,753	1,525,004
	Diamond Hill Long Short Hedge Fund	94,339 shares	1,600,000	1,451,887
	Prudential Jennison Small Company Fund	36,765 shares	800,000	669,853
	Victory Small Company Opportunity Fund	26,165 shares	801,041	684,999
*	State Street Government Short Term Investment Fund	384,835 shares	384,835	384,834
			$ 82,738,921	$ 74,541,367

* - indicates party in interest to the Plan

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN
EIN: 04-2472266
PLAN: 001

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED SEPTEMBER 30, 2011

(a) Indentity of Party Involved	(b) Description of asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
	Archstone Partners LP	$ -	$ 6,146,134	$ 6,174,083	$ 6,146,134	$ (27,949)
	AEW Global Properties Securities Fund	-	6,202,601	3,475,000	6,202,601	2,727,601
	The Weatherlow Offshore Fund	-	6,586,282	6,223,920	6,586,282	362,362
	Sanderson International Value Fund	-	6,457,824	4,444,077	6,457,824	2,013,747
	Wellington Diversified Inflation Hedges	13,483	4,355,381	5,088,311	4,368,864	(732,930)
	Artisan International Fund	3,723,933	200,000	190,122	3,923,933	9,878
	Dodge and Cox International Stock Fund	11,450,000	-	-	11,450,000	-
	Eaton Vance Structured Emerging Markets	77,279	6,755,707	6,578,275	6,832,986	177,432
	Absolute Strategies Hedge Fund	5,005,125	400,000	397,078	5,405,125	2,922
	Highbridge Statistical Market Neutral Select Fund	5,046,787	300,000	305,454	5,346,787	(5,454)
	PIMCO Total Return Fund	15,786,459	5,993,402	5,995,605	21,779,861	(2,203)
	PIMCO Commodity Real Return Strategic Fund	5,767,751	600,000	616,116	6,367,751	(16,116)
	Prudential Global Real Estate Fund	5,163,505	-	-	5,163,505	-
	Vanguard Total Bond Market Index Fund	93,288	5,988,624	5,852,208	6,081,912	136,416
	Vanguard Institutional Index Fund	14,359,890	342,000	342,397	14,701,890	(397)
	Vanguard Total Stock Market Index Fund	80,782	15,498,453	13,365,766	15,579,235	2,132,687

* - indicates party in interest to the Plan