

|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500-SF</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Short Form Annual Return/Report of Small Employee Benefit Plan</b><br><br>This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500-SF.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2011</div><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                |                            |                                                                                                                                                                                                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Part I Annual Report Identification Information</b>                                                                                                         |                            |                                                                                                                                                                                                                                             |  |
| For calendar plan year 2011 or fiscal plan year beginning <span style="color: blue;">01/01/2011</span> and ending <span style="color: blue;">12/31/2011</span> |                            |                                                                                                                                                                                                                                             |  |
| <b>A</b>                                                                                                                                                       | This return/report is for: | <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) <input type="checkbox"/> a one-participant plan                                                            |  |
| <b>B</b>                                                                                                                                                       | This return/report is:     | <input type="checkbox"/> the first return/report<br><input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report<br><input type="checkbox"/> a short plan year return/report (less than 12 months) |  |
| <b>C</b>                                                                                                                                                       | Check box if filing under: | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program<br><input type="checkbox"/> special extension (enter description)                                          |  |

|                                                                                                                  |                                                                                                                                                                                                                                                                                 |           |                                                                                    |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                           |                                                                                                                                                                                                                                                                                 |           |                                                                                    |
| <b>1a</b>                                                                                                        | Name of plan<br><span style="color: blue;">PROFESSIONAL RADIOLOGY, INC. DEFINED BENEFIT PLAN</span>                                                                                                                                                                             | <b>1b</b> | Three-digit plan number (PN) ► <span style="color: blue;">005</span>               |
|                                                                                                                  |                                                                                                                                                                                                                                                                                 | <b>1c</b> | Effective date of plan<br><span style="color: blue;">01/01/2002</span>             |
| <b>2a</b>                                                                                                        | Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><span style="color: blue;">PROFESSIONAL RADIOLOGY, INC.</span><br><br><span style="color: blue;">9825 KENWOOD ROAD, SUITE 105<br/>CINCINNATI, OH 45242</span>        | <b>2b</b> | Employer Identification Number (EIN) <span style="color: blue;">31-0667480</span>  |
|                                                                                                                  |                                                                                                                                                                                                                                                                                 | <b>2c</b> | Sponsor's telephone number<br><span style="color: blue;">513-872-4500</span>       |
|                                                                                                                  |                                                                                                                                                                                                                                                                                 | <b>2d</b> | Business code (see instructions)<br><span style="color: blue;">621399</span>       |
| <b>3a</b>                                                                                                        | Plan administrator's name and address (if same as plan sponsor, enter "Same")<br><span style="color: blue;">PROFESSIONAL RADIOLOGY, INC.</span><br><span style="color: blue;">9825 KENWOOD ROAD, SUITE 105<br/>CINCINNATI, OH 45242</span>                                      | <b>3b</b> | Administrator's EIN<br><span style="color: blue;">31-0667480</span>                |
|                                                                                                                  |                                                                                                                                                                                                                                                                                 | <b>3c</b> | Administrator's telephone number<br><span style="color: blue;">513-872-4500</span> |
| <b>4</b>                                                                                                         | 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.                                                                                                  | <b>4b</b> | EIN                                                                                |
| <b>a</b>                                                                                                         | Sponsor's name                                                                                                                                                                                                                                                                  | <b>4c</b> | PN                                                                                 |
| <b>5a</b>                                                                                                        | Total number of participants at the beginning of the plan year .....                                                                                                                                                                                                            | <b>5a</b> | <span style="color: blue;">94</span>                                               |
| <b>b</b>                                                                                                         | Total number of participants at the end of the plan year.....                                                                                                                                                                                                                   | <b>5b</b> | <span style="color: blue;">96</span>                                               |
| <b>c</b>                                                                                                         | Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....                                                                                                                                              | <b>5c</b> |                                                                                    |
| <b>6a</b>                                                                                                        | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                   |           |                                                                                    |
| <b>b</b>                                                                                                         | Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |           |                                                                                    |
| <b>If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</b> |                                                                                                                                                                                                                                                                                 |           |                                                                                    |

|                                                                                                     |              |                              |                        |
|-----------------------------------------------------------------------------------------------------|--------------|------------------------------|------------------------|
| <b>Part III Financial Information</b>                                                               |              |                              |                        |
| <b>7</b> Plan Assets and Liabilities                                                                |              | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
| <b>a</b> Total plan assets .....                                                                    | <b>7a</b>    | 5803164                      | 6314063                |
| <b>b</b> Total plan liabilities .....                                                               | <b>7b</b>    | 0                            | 0                      |
| <b>c</b> Net plan assets (subtract line 7b from line 7a).....                                       | <b>7c</b>    | 5803164                      | 6314063                |
| <b>8</b> Income, Expenses, and Transfers for this Plan Year                                         |              | <b>(a) Amount</b>            | <b>(b) Total</b>       |
| <b>a</b> Contributions received or receivable from:                                                 |              |                              |                        |
| <b>(1)</b> Employers .....                                                                          | <b>8a(1)</b> | 790263                       |                        |
| <b>(2)</b> Participants .....                                                                       | <b>8a(2)</b> | 0                            |                        |
| <b>(3)</b> Others (including rollovers).....                                                        | <b>8a(3)</b> | 0                            |                        |
| <b>b</b> Other income (loss).....                                                                   | <b>8b</b>    | -279364                      |                        |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                 | <b>8c</b>    |                              | 510899                 |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... | <b>8d</b>    | 0                            |                        |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions)....                      | <b>8e</b>    | 0                            |                        |
| <b>f</b> Administrative service providers (salaries, fees, commissions) .....                       | <b>8f</b>    | 0                            |                        |
| <b>g</b> Other expenses.....                                                                        | <b>8g</b>    | 0                            |                        |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g).....                                         | <b>8h</b>    |                              | 0                      |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c).....                                     | <b>8i</b>    |                              | 510899                 |
| <b>j</b> Transfers to (from) the plan (see instructions) .....                                      | <b>8j</b>    | 0                            |                        |

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

1A 1D 1G

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

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

**Part VI Pension Funding Compliance**

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

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

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

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

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

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline? .....

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year? .....

If "Yes," enter the amount of any plan assets that reverted to the employer this year ..... **13a** .....

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....

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

| <b>13c(1)</b> Name of plan(s): | <b>13c(2)</b> EIN(s) | <b>13c(3)</b> PN(s) |
|--------------------------------|----------------------|---------------------|
|                                |                      |                     |

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/04/2012 | SALLY CUNI                                                   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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.

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

|                                                                                                                                                                                                                 |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                    |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>                                                                                                                               |                                                             |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                             |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b> <u>5801500</u>                                    |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>5801500</u>                                    |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                            |                                                             |
|                                                                                                                                                                                                                 | <b>(1) Number of participants</b> <b>(2) Funding Target</b> |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <b>3a</b> <u>0</u> <u>0</u>                                 |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <b>3b</b> <u>18</u> <u>25042</u>                            |
| <b>c</b> For active participants:                                                                                                                                                                               |                                                             |
| <b>(1)</b> Non-vested benefits .....                                                                                                                                                                            | <b>3c(1)</b> <u>46672</u>                                   |
| <b>(2)</b> Vested benefits .....                                                                                                                                                                                | <b>3c(2)</b> <u>5702889</u>                                 |
| <b>(3)</b> Total active .....                                                                                                                                                                                   | <b>3c(3)</b> <u>76</u> <u>5749561</u>                       |
| <b>d</b> Total .....                                                                                                                                                                                            | <b>3d</b> <u>94</u> <u>5774603</u>                          |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....                                                                                                                   | <input type="checkbox"/>                                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                                                   |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                   |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> <u>5.75 %</u>                                      |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b> <u>800290</u>                                      |

**Statement by Enrolled Actuary**

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

|                                                                         |                                        |
|-------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                        | <u>10/03/2012</u>                      |
| Signature of actuary                                                    | Date                                   |
| <u>SALLY W. CUNI</u>                                                    | <u>11-02676</u>                        |
| Type or print name of actuary                                           | Most recent enrollment number          |
| <u>CUNI, RUST &amp; STRENK, INC.</u>                                    | <u>513-891-0270</u>                    |
| Firm name                                                               | Telephone number (including area code) |
| <u>4555 LAKE FOREST DRIVE, SUITE 620</u><br><u>CINCINNATI, OH 45242</u> |                                        |
| Address of the firm                                                     |                                        |

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

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

**Schedule SB (Form 5500) 2011**  
**v.012611**

| <b>Part II</b> |                                                                                                                          | <b>Beginning of year carryover and prefunding balances</b> |                        |
|----------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|
|                |                                                                                                                          | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                          | 0                                                          | 0                      |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                       | 0                                                          | 0                      |
| <b>9</b>       | Amount remaining (line 7 minus line 8) .....                                                                             | 0                                                          | 0                      |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>11.68</u> % .....                                              | 0                                                          | 0                      |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:                                                     |                                                            |                        |
| <b>a</b>       | Present value of excess contributions (line 38 from prior year) .....                                                    |                                                            | 76879                  |
| <b>b</b>       | Interest on (a) using prior year's effective rate of <u>5.80</u> % except as otherwise provided (see instructions) ..... |                                                            | 4459                   |
| <b>c</b>       | Total available at beginning of current plan year to add to prefunding balance .....                                     |                                                            | 81338                  |
| <b>d</b>       | Portion of (c) to be added to prefunding balance .....                                                                   |                                                            | 0                      |
| <b>12</b>      | Other reductions in balances due to elections or deemed elections .....                                                  | 0                                                          | 0                      |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                       | 0                                                          | 0                      |

| <b>Part III</b> |                                                                                                                                                                  | <b>Funding percentages</b> |          |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------|
| <b>14</b>       | Funding target attainment percentage .....                                                                                                                       | <b>14</b>                  | 100.46 % |
| <b>15</b>       | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b>                  | 100.46 % |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 103.27 % |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b>                  | %        |

| <b>Part IV</b>                                                                           |                                   | <b>Contributions and liquidity shortfalls</b> |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                               |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees               | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 06/01/2011                                                                               | 131710                            | 0                                             | 03/07/2012               | 169268                            | 0                               |
| 08/29/2011                                                                               | 155990                            | 0                                             | 04/09/2012               | 15181                             | 0                               |
| 12/02/2011                                                                               | 161821                            | 0                                             | 05/29/2012               | 61280                             | 0                               |
| 12/05/2011                                                                               | 25000                             | 0                                             | 06/18/2012               | 3867                              | 0                               |
| 01/17/2012                                                                               | 46146                             | 0                                             |                          |                                   |                                 |
| 02/27/2012                                                                               | 20000                             | 0                                             |                          |                                   |                                 |
|                                                                                          |                                   |                                               | <b>Totals ▶</b>          | <b>18(b)</b>                      | 790263                          |
|                                                                                          |                                   |                                               |                          | <b>18(c)</b>                      |                                 |

|                                                                                                                                      |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                 | <b>19a</b> 0                                                        |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b> 0                                                        |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b> 785778                                                   |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>c</b> If 20a is "Yes," see instructions and complete the following table as applicable:                                           |                                                                     |

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

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

|                                                                                                                                                                                              |                       |                       |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>2.94% | 2nd segment:<br>5.82% | 3rd segment:<br>6.46 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                        |                                                     |

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 800290             |               |
| <b>b</b> Excess assets, if applicable, but not greater than 31a .....                                                                                                                | <b>31b</b>          | 26897              |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 773393             |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 773393             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 785778             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 12385              |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           |                    |               |

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

|                                                                                                                 |                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                                 | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....                                | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                                               | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                  | <b>43</b>                                                                                                               |  |  |

**Form 5500-SF**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**OMB Nos. 1210-0110  
1210-0089**2011****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For the calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

- A** This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) ☐ a one-participant plan
- 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** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program  
☐ special extension (enter description)

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

|                                                                                                                                                                                                                           |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>1a</b> Name of plan<br><br>Professional Radiology, Inc. Defined Benefit Plan                                                                                                                                           | <b>1b</b> Three-digit plan number (PN) ▶ 005                        |
|                                                                                                                                                                                                                           | <b>1c</b> Effective date of plan 01/01/2002                         |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)<br>Professional Radiology, Inc.<br><br>9825 Kenwood Road, Suite 105<br><br>US Cincinnati OH 45242         | <b>2b</b> Employer Identification Number (EIN) 31-0667480           |
|                                                                                                                                                                                                                           | <b>2c</b> Plan sponsor's telephone number (513) 872-4500            |
|                                                                                                                                                                                                                           | <b>2d</b> Business code (see instructions) 621399                   |
| <b>3a</b> Plan administrator's name and address (If same as plan sponsor, enter "Same")<br>Same                                                                                                                           | <b>3b</b> Administrator's EIN                                       |
|                                                                                                                                                                                                                           | <b>3c</b> Administrator's telephone number                          |
| <b>4</b> 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.<br><b>a</b> Sponsor's Name        | <b>4b</b> EIN                                                       |
|                                                                                                                                                                                                                           | <b>4c</b> PN                                                        |
| <b>5a</b> Total number of participants at the beginning of the plan year . . . . .                                                                                                                                        | <b>5a</b> 94                                                        |
| <b>b</b> Total number of participants at the end of the plan year . . . . .                                                                                                                                               | <b>5b</b> 96                                                        |
| <b>c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) . . . . .                                                                          | <b>5c</b>                                                           |
| <b>6a</b> Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) . . . . .                                                                                                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) . . . . . | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.                                                                                                                 |                                                                     |

**Part III Financial Information**

| <b>7</b> Plan Assets and Liabilities                                                                     |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>a</b> Total plan assets . . . . .                                                                     | <b>7a</b>    | 5,803,164             | 6,314,063       |
| <b>b</b> Total plan liabilities . . . . .                                                                | <b>7b</b>    | 0                     | 0               |
| <b>c</b> Net plan assets (subtract line 7b from line 7a) . . . . .                                       | <b>7c</b>    | 5,803,164             | 6,314,063       |
| <b>8</b> Income, Expenses, and Transfers for this Plan Year                                              |              | (a) Amount            | (b) Total       |
| <b>a</b> Contributions received or receivable from:                                                      |              |                       |                 |
| (1) Employers . . . . .                                                                                  | <b>8a(1)</b> | 790,263               |                 |
| (2) Participants . . . . .                                                                               | <b>8a(2)</b> | 0                     |                 |
| (3) Others (including rollovers) . . . . .                                                               | <b>8a(3)</b> | 0                     |                 |
| <b>b</b> Other income (loss) . . . . .                                                                   | <b>8b</b>    | (279,364)             |                 |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) . . . . .                                  | <b>8c</b>    |                       | 510,899         |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) . . . . . | <b>8d</b>    | 0                     |                 |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions) . . . . .                     | <b>8e</b>    | 0                     |                 |
| <b>f</b> Administrative service providers (salaries, fees, commissions) . . . . .                        | <b>8f</b>    | 0                     |                 |
| <b>g</b> Other expenses . . . . .                                                                        | <b>8g</b>    | 0                     |                 |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) . . . . .                                         | <b>8h</b>    |                       | 0               |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c). . . . .                                      | <b>8i</b>    |                       | 510,899         |
| <b>j</b> Transfers to (from) the plan (see instructions) . . . . .                                       | <b>8j</b>    | 0                     |                 |

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

1A 1D 1G

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

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

**Part VI Pension Funding Compliance**

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

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

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

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

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

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

**Part VII Plan Terminations and Transfers of Assets**

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

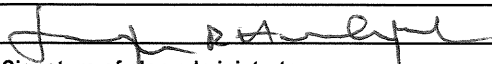
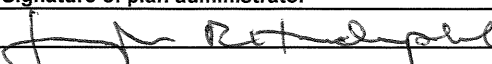
**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

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

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

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                                                     |           |                                                              |
|------------------|-------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |  | 10/4/2012 | Joseph R. Hudepohl                                           |
|                  | Signature of plan administrator                                                     | Date      | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |  | 10/4/2012 | Joseph R. Hudepohl                                           |
|                  | Signature of employer/plan sponsor                                                  | Date      | Enter name of individual signing as employer or plan sponsor |

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2011****This Form is Open to Public  
Inspection**For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011► **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

Professional Radiology, Inc. Defined Benefit Plan

**B** Three-digit

plan number (PN) ►

005

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

Professional Radiology, Inc.

**D** Employer Identification Number (EIN)

31-0667480

**E** Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 01 Day 01 Year 2011**2** Assets:

|                                | <b>2a</b> |  |
|--------------------------------|-----------|--|
| <b>a</b> Market value .....    | 5,801,500 |  |
| <b>b</b> Actuarial value ..... | 5,801,500 |  |

**3** Funding target/participant count breakdown

(1) Number of participants

(2) Funding Target

| <b>a</b> For retired participants and beneficiaries receiving payment ..... | <b>3a</b>    | 0  | 0         |
|-----------------------------------------------------------------------------|--------------|----|-----------|
| <b>b</b> For terminated vested participants .....                           | <b>3b</b>    | 18 | 25,042    |
| <b>c</b> For active participants:                                           |              |    |           |
| (1) Non-vested benefits .....                                               | <b>3c(1)</b> |    | 46,672    |
| (2) Vested benefits .....                                                   | <b>3c(2)</b> |    | 5,702,889 |
| (3) Total active .....                                                      | <b>3c(3)</b> | 76 | 5,749,561 |
| <b>d</b> Total .....                                                        | <b>3d</b>    | 94 | 5,774,603 |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

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

**5** Effective interest rate ..... **5** 5.75**6** Target normal cost ..... **6** 800,290**Statement by Enrolled Actuary**

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

**SIGN  
HERE***SWC*

Signature of actuary

Sally W. Cuni

Type or print name of actuary

Cuni, Rust &amp; Strenk, Inc.

Firm name

4555 Lake Forest Drive, Suite 620

US Cincinnati

OH 45242

Address of the firm

10/03/2012

Date

11-02676

Most recent enrollment number

(513) 891-0270

Telephone number (including area code)

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

**Part II Beginning of year carryover and prefunding balances**

|                                                                                                                                   | (a) Carryover balance | (b) Prefunding balance |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                          | 0                     | 0                      |
| <b>8</b> Portion elected to use to offset prior year's funding requirement (line 35 from prior year) .....                        | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                             | 0                     |                        |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>11.68</u> % .....                                             | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                    |                       |                        |
| <b>a</b> Present value of excess contributions (line 38 from prior year) .....                                                    |                       | 76,879                 |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>5.80</u> % except as otherwise provided (see instructions) ..... |                       | 4,459                  |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance..                                         |                       | 81,338                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                   |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                 | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....                                      | 0                     | 0                      |

**Part III Funding percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 100.46 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 100.46 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 103.27 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 06/01/2011               | 131,710                           |                                 | 05/29/2012               | 61,280                            |                                 |
| 08/29/2011               | 155,990                           |                                 | 06/18/2012               | 3,867                             |                                 |
| 12/02/2011               | 161,821                           |                                 |                          |                                   |                                 |
| 12/05/2011               | 25,000                            |                                 |                          |                                   |                                 |
| 01/17/2012               | 46,146                            |                                 |                          |                                   |                                 |
| 02/27/2012               | 20,000                            |                                 |                          |                                   |                                 |
| 03/07/2012               | 169,268                           |                                 |                          |                                   |                                 |
| 04/09/2012               | 15,181                            |                                 |                          |                                   |                                 |
| <b>Totals ▶ 18(b)</b>    |                                   |                                 |                          | 790,263                           | <b>18(c)</b>                    |

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

|                                                                                                                      |            |         |
|----------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contribution from prior years .....                  | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                   | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .. | <b>19c</b> | 785,778 |

**20** Quarterly contributions and liquidity shortfall(s):

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

Liquidity shortfall as of end of Quarter of this plan year

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

**Part V Assumptions used to determine funding target and target normal cost****21** Discount rate:**a** Segment rates:

|                        |                        |                        |                                                     |
|------------------------|------------------------|------------------------|-----------------------------------------------------|
| 1st segment:<br>2.94 % | 2nd segment:<br>5.82 % | 3rd segment:<br>6.46 % | <input type="checkbox"/> N/A, full yield curve used |
|------------------------|------------------------|------------------------|-----------------------------------------------------|

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

**22** Weighted average retirement age . . . . . **22** 65

**23** Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

**Part VI Miscellaneous items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment . . . . . ☐ Yes ☒ No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment . . . . . ☒ Yes ☐ No

**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment . . . . . ☒ Yes ☐ No

**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment . . . . . **27**

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

**28** Unpaid minimum required contribution for all prior years . . . . . **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) . . . . . **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) . . . . . **30** 0

**Part VIII Minimum required contribution for current year****31** Target normal cost, adjusted, if applicable (see instructions)

**a** Target normal cost (line 6) . . . . . **31a** 800,290

**b** Excess assets, if applicable, but not greater than 31a . . . . . **31b** 26,897

**32** Amortization installments:

**a** Net shortfall amortization installment . . . . . Outstanding Balance Installment 0 0

**b** Waiver amortization installment . . . . .

**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 (lines 31a - 31b + 32a + 32b - 33) . . . . . **34** 773,393

|                                                                                                                                         | Carryover balance | Prefunding Balance | Total balance |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|---------------|
| <b>35</b> Balances elected to use to offset funding requirement . . . . .                                                               | 0                 | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) . . . . .                                                                 |                   |                    | 773,393       |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) . . . . . |                   |                    | 785,778       |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                     |                   |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) . . . . .                                                                      |                   |                    | 12,385        |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances                         |                   |                    | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) . . . . .                     |                   |                    |               |
| <b>40</b> Unpaid minimum required contribution for all years . . . . .                                                                  |                   |                    |               |

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)****41** If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

**a** Schedule elected . . . . . ☐ 2 plus 7 years ☐ 15 years

**b** Eligible plan year(s) for which the election in line 41a was made . . . . . ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

**42** Amount of acceleration adjustment . . . . . **42**

**43** Excess installment acceleration amount to be carried over to future plan years . . . . . **43**

**2011 Schedule SB, line 22 -- Description of Weighted Average Retirement Age**

Plan Name: Professional Radiology, Inc. Defined Benefit Plan

EIN: 31-0667480

PN: 005

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

**Weighted Average Retirement Age****65.0**

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

**2011 Schedule SB, line 19(c) – Discounted Employer Contributions**

Plan Name: Professional Radiology, Inc. Defined Benefit Plan

EIN: 31-0667480

PN: 005

Effective Interest Rate: 5.75%

Effective Interest Rate for Late Quarterlies: N/A

| <u>Date</u> | <u>Contribution<br/>Amount</u> | <u># Days to<br/>1/1/2011</u> | <u>Discounted<br/>Contributions @<br/>5.75%</u> |
|-------------|--------------------------------|-------------------------------|-------------------------------------------------|
| 6/1/2011    | \$131,710                      | 151                           | 134,792                                         |
| 8/29/2011   | \$155,990                      | 240                           | 161,831                                         |
| 12/2/2011   | \$161,821                      | 335                           | 170,341                                         |
| 12/5/2011   | \$25,000                       | 338                           | 23,739                                          |
| 1/17/2012   | \$46,146                       | 381                           | 43,530                                          |
| 2/27/2012   | \$20,000                       | 422                           | 18,748                                          |
| 3/7/2012    | \$169,268                      | 431                           | 158,454                                         |
| 4/9/2012    | \$15,181                       | 464                           | 14,140                                          |
| 5/29/2012   | \$61,280                       | 514                           | 56,640                                          |
| 6/18/2012   | \$3,867                        | 534                           | 3,563                                           |
| Totals      | \$790,263                      |                               | \$785,778                                       |

**2011 Schedule SB, Line 25 Method Change**

**Plan Name: Professional Radiology, Inc. Defined Benefit Plan**

**EIN: 31-0667480**

**PN: 005**

Effective with the January 1, 2011 valuation, the following method change was implemented:

The valuation date has been changed from end-of-year to beginning-of-year.

**2011 Schedule SB, Line 25 Method Change**

**Plan Name: Professional Radiology, Inc. Defined Benefit Plan**

**EIN: 31-0667480**

**PN: 005**

Effective with the January 1, 2011 valuation, the following method change was implemented:

The valuation date has been changed from end-of-year to beginning-of-year.

## Schedule SB, Line 26 - Active Participants as of January 1, 2011

### Total Years of Service

| Age<br>Group | <u>&lt; 1</u> | <u>1-4</u> | <u>5-9</u> | <u>10-14</u> | <u>15-19</u> | <u>20-24</u> | <u>25-29</u> | <u>30-34</u> | <u>35 +</u> | <u>Total</u> |
|--------------|---------------|------------|------------|--------------|--------------|--------------|--------------|--------------|-------------|--------------|
| < 19         | 0             | 0          | 0          | 0            | 0            | 0            | 0            | 0            | 0           | 0            |
| 20-24        | 0             | 0          | 0          | 0            | 0            | 0            | 0            | 0            | 0           | 0            |
| 25-29        | 0             | 0          | 0          | 0            | 0            | 0            | 0            | 0            | 0           | 0            |
| 30-34        | 0             | 1          | 0          | 0            | 0            | 0            | 0            | 0            | 0           | 1            |
| 35-39        | 0             | 9          | 5          | 0            | 0            | 0            | 0            | 0            | 0           | 14           |
| 40-44        | 0             | 5          | 4          | 0            | 0            | 0            | 0            | 0            | 0           | 9            |
| 45-49        | 0             | 1          | 14         | 0            | 0            | 0            | 0            | 0            | 0           | 15           |
| 50-54        | 0             | 4          | 10         | 0            | 0            | 0            | 0            | 0            | 0           | 14           |
| 55-59        | 0             | 5          | 8          | 0            | 0            | 0            | 0            | 0            | 0           | 13           |
| 60-64        | 0             | 0          | 6          | 0            | 0            | 0            | 0            | 0            | 0           | 6            |
| 65-69        | 0             | 0          | 4          | 0            | 0            | 0            | 0            | 0            | 0           | 4            |
| 70 +         | <u>0</u>      | <u>0</u>   | <u>0</u>   | <u>0</u>     | <u>0</u>     | <u>0</u>     | <u>0</u>     | <u>0</u>     | <u>0</u>    | <u>0</u>     |
| Total        | 0             | 25         | 51         | 0            | 0            | 0            | 0            | 0            | 0           | 76           |

Plan: Professional Radiology, Inc. Defined Benefit Plan

EIN: 31-0667480

PIN: 005

Average Age: 49.1 years  
Average Service: 6.1 years

**2011 Schedule SB, Part V – Plan Provisions**

**Plan Name: Professional Radiology, Inc. Defined Benefit Plan**

**EIN: 31-0667480**

**PN: 005**

---

1. Effective Date: January 1, 2002
  
2. Plan Year: January 1<sup>st</sup> through December 31<sup>st</sup>.
  
3. Covered Employees: Employees of Professional Radiology, Inc., excluding leased employees and non-shareholder physicians.
  
4. Eligibility: Eligible employees participate on the date they work one hour of service.
  
5. Average Compensation: Average compensation for the highest three consecutive Plan Years. Compensation includes total wages, salary and all other remuneration received during the calendar year for services rendered as an employee.
  
6. Vesting Service: One Year of Vesting Service is granted for each Plan Year in which the Employee was credited with 1,000 hours.
  
7. Benefit Service: One Year of Benefit Service is granted for each Plan Year in which the Employee was credited with one hour of service while a Plan Participant.

**2011 Schedule SB, Part V – Plan Provisions**

**Plan Name: Professional Radiology, Inc. Defined Benefit Plan**

**EIN: 31-0667480**

**PN: 005**

---

8. Normal Retirement:

- |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. Eligibility     | Later of attainment of Age 65 and the fifth anniversary of plan participation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| b. Monthly Benefit | <p>One-twelfth of a specified percent (see below) of Average Compensation for each Year of Benefit Service (maximum of 10 years). All benefits are offset by the benefit equivalent to the profit sharing contribution for each Year of Benefit Service (maximum of 10 years). Maximum offset per year of Benefit Service is 0.50% of Average Monthly Compensation.</p> <p>The percent, net of the profit sharing offset, is determined by employment category as follows:</p> <p>Shareholder Physician: 4.00%<br/>Non-shareholder Physician: 0.00%<br/>Chief Operating Officer: 0.95%<br/>Staff: 0.45%</p> |

9. Early Retirement:

- |                    |                                      |
|--------------------|--------------------------------------|
| a. Eligibility     | No Early Retirement benefit offered. |
| b. Monthly Benefit | N/A                                  |

10. Late Retirement:

- |                    |                                                                                                                                                               |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. Eligibility     | Past Normal Retirement Age, but not later than age 70 ½ if a 5% owner.                                                                                        |
| b. Monthly Benefit | Greater of the Accrued Benefit using compensation and service through the Late Retirement Date and the Actuarial Equivalent of the Normal Retirement benefit. |

**2011 Schedule SB, Part V – Plan Provisions**

**Plan Name: Professional Radiology, Inc. Defined Benefit Plan**

**EIN: 31-0667480**

**PN: 005**

---

11. Vested Retirement:

- |                    |                                                                                          |
|--------------------|------------------------------------------------------------------------------------------|
| a. Eligibility     | 20% after 2 years plus 20% per year thereafter to 100% after 6 years of vesting service. |
| b. Monthly Benefit | Accrued Benefit times the participant's vesting percentage.                              |

12. Disability Retirement:

- |                |                                                                  |
|----------------|------------------------------------------------------------------|
| a. Eligibility | Eligible for Social Security Administration disability benefits. |
| b. Benefit     | Actuarial Equivalent of Accrued Benefit.                         |

13. Pre-Retirement Death:

- |                |                                                           |
|----------------|-----------------------------------------------------------|
| a. Eligibility | A Participant with an Accrued Benefit.                    |
| b. Benefit     | Actuarial Present Value of Participant's Accrued Benefit. |

14. Payment Forms:

- |             |                                                                                                                           |
|-------------|---------------------------------------------------------------------------------------------------------------------------|
| a. Normal   | Life annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor annuity for married participants. |
| b. Optional | Lump sum distribution.                                                                                                    |

**2011 Schedule SB, Part V – Plan Provisions**

**Plan Name: Professional Radiology, Inc. Defined Benefit Plan**

**EIN: 31-0667480**

**PN: 005**

---

15. Actuarial Equivalency:

a. Other than Lump Sums

Pre-retirement: 1994 Group Annuity Reserve Table, blended 50% male/50% female, and 5.50% interest.

Post-retirement: 1994 Group Annuity Reserve Table, blended 50% male/50% female, and 5.50% interest.

b. Lump Sums

Greater of the lump sum calculated using (a) and the lump sum calculated using the 417(e) Applicable Mortality Table and 417(e) Applicable Interest Rate for the second month prior to the beginning of the Plan Year in which the distribution occurs.

16. Maximum Annual Benefit:

\$195,000 per year for participants retiring at age 62 during the 2011 Plan Year.

17. Changes Since Last Year:

None.

**2011 Schedule SB, Part V – Actuarial Assumptions**

**Plan Name: Professional Radiology, Inc. Defined Benefit Plan**

**EIN: 31-0667480**

**PN: 005**

---

1. Interest Rates:

|                               |       |
|-------------------------------|-------|
| Segment 1                     | 2.94% |
| Segment 2                     | 5.82% |
| Segment 3                     | 6.46% |
| Effective Rate:               | 5.75% |
|                               |       |
| Post-retirement Lump Sum Rate | 5.00% |

2. Mortality Rates:

Preretirement: None.

Postretirement: 2011 Applicable Mortality Table under IRC Sec. 417(e)

3. Salary Scale: None.

4. Retirement Rates: Normal Retirement Age under the Plan, or Attained Age, if later.

**2011 Schedule SB, Part V – Actuarial Assumptions**

**Plan Name: Professional Radiology, Inc. Defined Benefit Plan**

**EIN: 31-0667480**

**PN: 005**

---

- |                                             |                                                                                                                                                |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. <u>Termination Rates:</u>                | None.                                                                                                                                          |
|                                             |                                                                                                                                                |
| 6. <u>Disability Rates:</u>                 | None.                                                                                                                                          |
|                                             |                                                                                                                                                |
| 7. <u>Plan Expenses:</u>                    | None.                                                                                                                                          |
|                                             |                                                                                                                                                |
| 8. <u>Actuarial Cost Method:</u>            | Unit Credit under PPA Rules.                                                                                                                   |
|                                             |                                                                                                                                                |
| 9. <u>Asset Valuation Method:</u>           | Market Value of all trust investments, plus any accrued contributions as of the Valuation Date.                                                |
|                                             |                                                                                                                                                |
| 10. <u>Assumed Form of Benefit Payment:</u> | Lump sum distribution.                                                                                                                         |
|                                             |                                                                                                                                                |
| 11. <u>Employee Data:</u>                   | An employee census was supplied by Professional Radiology, Inc. and included all employees in the Eligible Class. We did not audit the census. |
|                                             |                                                                                                                                                |
| 12. <u>Asset Data:</u>                      | Asset data and contribution amounts and dates were supplied by Professional Radiology, Inc. We did not audit the data.                         |
|                                             |                                                                                                                                                |
| 13. <u>Changes Since Last Year:</u>         | Interest rates changed as required by PPA.                                                                                                     |