Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RADIATION THERAPY SERVICES, INC. PROFIT SHARING 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1991

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

RADIATION THERAPY SERVICES, INC.

2234 COLONIAL BLVD
FORT MYERS, FL 33907-1412

2b Employer Identification Number (EIN) 65-0768951

2c Sponsor's telephone number 239-931-7335

2d Business code (see instructions) 621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2013	LAURA BOYETTE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2013	LAURA BOYETTE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	2151
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	2147
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	119
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2266
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	2266
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1552
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	159
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2R 2S 2T 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
RADIATION THERAPY SERVICES, INC. PROFIT SHARING 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RADIATION THERAPY SERVICES, INC.

D Employer Identification Number (EIN)
65-0768951

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	613953	2266	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	**(d)** Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT

b	Balance at the end of the previous year			7b	11601972
c	Additions: (1) Contributions deposited during the year	7c(1)	972334		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	284380		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	2314388		
	▶ LOAN PAYMENT, ROLLOVER, OUTSIDE INVESTMENT TRANSFER				
	(6) Total additions			7c(6)	3571102
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	15173074
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	659736		
	(2) Administration charge made by carrier	7e(2)	2680		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	2086205		
	▶ LOAN WITHDRAWAL, OUTSIDE INVESTMENT TRANSFER, 401(K) (M) EXCESS CONTRIBUTION				
	(5) Total deductions			7e(5)	2748621
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	12424453

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
RADIATION THERAPY SERVICES, INC. PROFIT SHARING 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RADIATION THERAPY SERVICES, INC.

D Employer Identification Number (EIN)
65-0768951

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

LPL FINANCIAL LLC - RPCP

04-3046611

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 99	INVESTMENT ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	31883	Yes [ ] No [X]

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

LPL FINANCIAL

26-1199085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 99	INVESTMENT ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	15009	Yes [ ] No [X]

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	15353	Yes [X] No [ ]	Yes [X] No [ ]	3587	Yes [ ] No [X]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LPL FINANCIAL LLC - RPCP	27 99	31883

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY PO BOX 9394 DES MOINES, IA 50306-9394	INVESTMENT ADVISORY SERVICES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LPL FINANCIAL	27 99	15009

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY PO BOX 9394 DES MOINES, IA 50306-9394	INVESTMENT ADVISORY SERVICES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY	13 37 50 64	3587

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PERSHING, LLC 13-2741729	PRINCIPAL SELF DIRECTED BROKERAGE ACCOUNT FEES

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: SARBEY KAUFMAN, LLC

b EIN: 65-1014182

c Position: ACCOUNTANT

d Address: 3107 STIRLING ROAD
SUITE 201
FT LAUDERDALE, FL 33312

e Telephone: 954-374-0555

Explanation: BUSINESS DECISION

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
RADIATION THERAPY SERVICES, INC. PROFIT SHARING 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RADIATION THERAPY SERVICES, INC.

D Employer Identification Number (EIN)
65-0768951

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	467170
(2) Participant contributions	1b(2)	0	12669
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	306802	615283
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1180671	1458882
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	46210383	57640895
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	11601972	12424453
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	59299828	72619352
Liabilities			
g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	59299828	72619352

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	467170	
(B) Participants	2a(1)(B)	8303425	
(C) Others (including rollovers)	2a(1)(C)	988631	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		9759226
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	71506	
(F) Other	2b(1)(F)	284380	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		355886
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	8146	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	797865	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		806011
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	20704	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		20704

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6120011
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		17061838
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3699427	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	1261	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3700688
f Corrective distributions (see instructions)	2f		18824
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	19953	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	2849	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		22802
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3742314
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		13319524
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: HILL BARTH & KING **(2)** EIN: 34-1897225

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		151
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	0

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	0
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	0
e	Was this plan covered by a fidelity bond?	4e	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
RADIATION THERAPY SERVICES, INC. PROFIT SHARING 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RADIATION THERAPY SERVICES, INC.

D Employer Identification Number (EIN)
65-0768951

Part I Distributions

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

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

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

EIN(s): 42-0127290

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

RADIATION THERAPY SERVICES, INC.
PROFIT SHARING 401(k) RETIREMENT PLAN

December 31, 2012 and 2011

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---ooOoo---

HILL, BARTH & KING LLC

8010 Summerlin Lakes Drive
Fort Myers, Florida 33907
(239) 482-5522 PHONE
(239) 482-1573 FAX
www.hbkcpa.com

October 14, 2013

To the Plan Administrator and Participants of
Radiation Therapy Services, Inc.
Profit Sharing 401(k) Retirement Plan
Fort Myers, Florida

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Radiation Therapy Services, Inc. Profit Sharing 401(k) Retirement Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2012, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information referred to in Note C, which was certified by Principal Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2012 and 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

Additionally, as discussed in Note K, we were unable to assure the completeness of contributions receivable due to continued investigation whether bonuses should be included as eligible wages. We were unable to perform auditing procedures at the plan sponsor to satisfy ourselves by other means with respect to the calculation of the receivable.

OFFICES SERVING CLIENTS IN OHIO, FLORIDA and PENNSYLVANIA
Member American Institute of Certified Public Accountants Division of CPA Firms - Center for Public Company Audit Firms and Private Companies Practice Section

Disclaimer of Opinion

Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraphs, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the financial statements referred to in the first paragraph.

Other Matter - Supplemental Schedules

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of delinquent participant contributions and schedule of assets held for investment purposes at end of year as of December 31, 2012, which is the responsibility of management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraphs, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Other Matter - 2011 Financial Statements

The financial statements of Radiation Therapy Services, Inc. Profit Sharing 401(k) Retirement Plan as of and for the year ended December 31, 2011, were audited by other auditors whose report dated October 11, 2012, expressed a unqualified opinion on those statements.

Hill, Barth & King LLC
Certified Public Accountants

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

RADIATION THERAPY SERVICES, INC.
PROFIT SHARING 401(k) RETIREMENT PLAN

December 31, 2012 and 2011

	2012	2011
ASSETS		
INVESTMENTS AT FAIR VALUE		
Guaranteed investment contract	$ **11,803,230**	$ 11,021,873
Registered investment companies and common stock	**58,256,178**	46,517,185
TOTAL INVESTMENTS	**70,059,408**	57,539,058
RECEIVABLES		
Employer contributions receivable	**467,170**	0
Participant contributions receivable	**12,669**	0
Participant notes receivable	**1,458,882**	1,180,671
TOTAL RECIEVABLES	**1,938,721**	1,180,671
TOTAL ASSETS	**71,998,129**	58,719,729
LIABILITIES		
Excess contributions	**62,624**	0
NET ASSETS AT FAIR VALUE	**71,935,505**	58,719,729
Adjustment from fair value to contract value for fully benefit-responsive investment contract	**621,223**	580,099
NET ASSETS AVAILABLE FOR BENEFITS	$ **72,556,728**	$ 59,299,828

See accompanying notes to financial statements

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

RADIATION THERAPY SERVICES, INC.
PROFIT SHARING 401(k) RETIREMENT PLAN

Year ended December 31, 2012

ADDITIONS TO NET ASSETS		
Contributions:		
Participants		$ 8,240,801
Employer		467,170
Rollovers		988,631
Interest on notes receivable		71,506
Net appreciation in fair value of investments		7,231,106
	TOTAL ADDITIONS	16,999,214
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants		3,719,512
Administrative, management and investment expenses		22,802
	TOTAL DEDUCTIONS	3,742,314
	NET INCREASE	13,256,900
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		59,299,828
End of year		$ 72,556,728

See accompanying notes to financial statements

RADIATION THERAPY SERVICES, INC.
PROFIT SHARING 401(k) RETIREMENT PLAN

December 31, 2012 and 2011

NOTE A - DESCRIPTION OF PLAN

The following description of Radiation Therapy Services, Inc. Profit Sharing 401(k) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General:
Radiation Therapy Services, Inc. (the plan sponsor) established the Plan to provide employees with a systematic means of saving and investing for the future. The Plan is a defined contribution 401(k) plan covering all eligible employees of the plan sponsor, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All permissible employees of the plan sponsor are eligible to enroll after completing six months of service and reaching the age of twenty-one. An employee shall not be eligible to participate if the employee is part of a collective bargaining agreement, is a non-resident alien, is a leased employee or is a resident of Puerto Rico.

Plan Contributions:
Each year, participants may contribute a portion of their salary or wages through payroll deduction contributions, subject to certain dollar limits established by the current applicable section of the IRS Code. Each participant is permitted to defer up to 60% of his or her compensation. The total annual participant deferral contribution is limited to $17,000 in 2012 and $16,500 in 2011 ($22,500 in 2012 and $22,000 in 2011 for employees of the age of fifty or older).

Effective October 1, 2011, the Plan provides for an automatic election to have employee elective deferral contributions made. The automatic elective deferral contribution shall be pre-tax elective deferral contributions and shall be 4% of compensation. The participant may affirmatively elect a different percentage or elect not to make elective deferral contributions. The automatic election shall apply when a participant first becomes eligible to make elective deferral contributions or again becomes eligible after a period during which the participant was not an active participant.

Employer contributions are discretionary; the plan sponsor may, at its discretion, contribute on behalf of each participant a matching contribution equal to a discretionary percentage of a participant's compensation contributed as an elective deferral contribution with respect to each plan year. For the years ended December 31, 2012 and 2011, the discretionary employer match was $467,170 and $-0-, respectively.

The Plan allows new employees to rollover amounts into the Plan from other qualified plans. The rollover contribution is permitted, provided the trust from which the funds are to be transferred permits the transfer to be made and, in the opinion of the Company's legal counsel, such transfer will not jeopardize the tax exempt status of the Plan or create adverse tax consequences for the Company.

Allocations:
Participants' contributions to the Plan are submitted to the custodian who invests the contributions and investment earnings as directed by the participants. Brokerage fees incurred pursuant to participant-directed investments are paid solely with the funds from the individual account of the participant.

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

Benefits and Vesting:
Participants or their beneficiaries are eligible to receive benefits under the Plan upon normal retirement, termination of employment, death or permanent disability or attainment, while in service, at age 59 ½. Subject to vesting requirements, participants or their beneficiaries will receive a lump sum payment or annuity form of payment as defined. Furthermore, participants may withdraw funds from their accounts for financial hardship.

Participants are immediately vested in their elective contributions plus actual earnings thereon as well as any qualified non-elective contributions made by the plan sponsor. Matching and discretionary contributions vest based on years of service as detailed in the vesting schedule below:

Years of Service	Percent of Nonforfeitable Interest
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Forfeited Accounts:
Forfeitures of the nonvested portion of terminated participants' account balances related to the plan sponsor's contributions may first be used to pay the administrative expenses of the Plan. Forfeitures of matching contributions that relate to excess amounts that have not been used to pay administrative expenses, are applied to reduce matching contributions and discretionary contributions made after the forfeitures are determined. Any other forfeitures that have not been used to pay administrative expenses shall be applied to reduce the earliest employer contributions made after the forfeitures are determined. At December 31, 2012 and 2011, forfeited nonvested accounts totaled $93,111 and $61,051, respectively.

Notes Receivable:
Participants may borrow from their fund accounts at the discretion of the custodian. Notes receivable are limited to the lesser of $50,000 less the highest outstanding note receivable balance during the one-year prior to the new note receivable, or the greater of 50% of their vested account balance, reduced by any outstanding note receivable balance, and $10,000. Notes receivable must be a minimum of $1,000. The notes receivable are secured by the balance in the participant's account. Principal and interest are paid ratably through payroll deductions. Participants may only have two notes receivable outstanding at any time.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates:
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of certain assets, liabilities and disclosures. Accordingly, the actual amounts could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

Notes Receivable from Participants:
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Investment Valuation and Income Recognition:
At December 31, 2012 and 2011, the Plan's investments were held in various mutual funds, registered investment companies, common stock and a guaranteed investment contract and are stated at fair value. The net appreciation in net value of investments includes realized and unrealized gains and losses on the fair value of investments held by the Plan. Purchases and sales of investments are recorded on a settlement date basis. Interest income is accrued as it is earned and dividends are recorded as of the ex-dividend date.

Per FASB ASC 926, investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of net assets available for benefits for a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount that participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in an investment contract. As required by FASB ASC 926, the statements of net assets available for benefits presents the fair value of the investment as well as the adjustment of the investment from fair value to contract value relating to the investment contract. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Management fees and operating expenses charged to the Plan for investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of net appreciation in fair value of investments.

The change in net unrealized appreciation/depreciation of investments held from the beginning of the Plan year to the end of the Plan year is included with realized gains/losses as net investment income reported in the accompanying statement of changes in net assets available for benefits.

Contributions:
Contributions from employees are recorded in the period in which the plan sponsor makes the payroll deductions from participant earnings. Contributions from the plan sponsor are allocated as of the last day of the plan year and shall be credited to the participant's account.

Distributions:
Distributions are recorded when paid. At December 31, 2012, there were no benefits processed and approved for payment, but not paid.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Expenses:
Expenses of the Plan, to the extent that the Employer does not pay such expenses, may be paid out of the assets of the Plan provided that such payment is consistent with ERISA. Such expenses include, but are not limited to, expenses for bonding required by ERISA; expenses for recordkeeping and other administrative services; fees and expenses of the Trustee or Annuity Contract; expenses for investment education service; and direct costs that the Employer incurs with respect to the Plan.

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

Subsequent Events:
Management evaluated all activity of the Plan through October 14, 2013, the date the financial statements were available to be issued, and concluded that no subsequent events have occurred that would require recognition or disclosure in the financial statements or notes.

NOTE C - CERTIFICATION FROM THE CUSTODIAN

The plan administrator has elected the method of compliance permitted pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations and Disclosure under the Employment Retirement Income Security Act of 1974. Accordingly Principal Trust Company, the plan custodian, has certified that all of the investments and investment-related activity presented in the statements of net assets available for benefits, statement of changes in net assets available for benefits and supplemental schedule of assets held for investment purposes as of and for the years ended December 31, 2012 and 2011 are complete and accurate. Such information has not been audited by independent auditors except for comparing such information with the related information included in the financial statements and supplemental schedules as of December 31, 2012 and 2011 and for the year ended December 31, 2012.

NOTE D - INVESTMENTS

The following presents investments that represent 5 percent or more of the Plan's net assets at:

	December 31,	
	2012	2011
Principal Fixed Income Guaranteed Option Fund	**$ 11,803,230**	$ 11,601,972
T. Rowe Price Retirement 2015 R Fund	**3,674,709**	*
T. Rowe Price Retirement 2020 R Fund	**4,836,597**	3,683,256
T. Rowe Price Retirement 2025 R Fund	**4,363,448**	3,814,141
T. Rowe Price Retirement 2030 R Fund	**4,318,497**	3,226,981
Pimco Total Return ADM Fund	**7,000,973**	*
Pimco Total Return A Fund	*	4,899,347

*Investment was less then 5% of the Plan's net assets.

NOTE D - INVESTMENTS (CONTINUED)

During 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated as follows:

	2012
Capital gains	$ 6,140,716
Dividends	806,010
Investment contract interest	284,380
Net appreciation in investments	$ 7,231,106

NOTE E - GURANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has entered into a benefit-responsive guaranteed investment contract with Principal Life Insurance Company (Principal). Principal maintains the contributions in a general account. The account is created with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Principal. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. As described in Note B, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2012 and 2011 was $11,803,230 and $11,021,873, respectively. The crediting interest is based on a formula agreed upon with the issuer, but may not be less than 1%. Such interest rates are reviewed on a semiannual basis for resetting.

Certain events limit the Plan's ability to transact at contract value with Principal. Such events include the following: (a) amendments to the plan documents (including complete or partial Plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

NOTE E - GURANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY (CONTINUED)

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

	December 31,	
	2012	2011
Average yields:		
Based on actual earnings	**2.48%**	2.83%
Based on interest rate credited to participants	**2.48%**	2.83%

NOTE F - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by the custodian. These transactions qualify as party-in-interest transactions. Recordkeeping, custodial, and other expenses paid by the Plan were incurred with parties-in-interest as defined in Section 3(14) of ERISA.

NOTE G - INCOME TAX STATUS

The Plan administrator will be filing for a determination letter from the Internal Revenue Service to ensure that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC) during the next applicable determination cycle. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

NOTE H - PLAN TERMINATION

Although it has not expressed any intention to do so, the plan sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. However, no such action may deprive any participant or beneficiary under the Plan of any vested right.

NOTE I - FAIR VALUE MEASUREMENTS

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

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

- Level 2 – Inputs to the valuation methodology include

    - quoted prices for similar assets or liabilities in active markets;
    - quoted prices for identical or similar assets or liabilities in inactive markets;
    - inputs other than quoted prices that are observable for the asset or liability;
    - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

    If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value.

Registered investment companies and common stock: Valued at the quoted market price available on an active market at the Plan year end.

Guaranteed investment contract: Valued at fair value that the plan sponsor would receive at the Plan year end if they were to withdraw or transfer funds with the Plan prior to maturity. This fair value represents discontinuation value or contract value times 95 percent (1 minus 5 percent withdrawal charge).

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

RADIATION THERAPY SERVICES, INC.
PROFIT SHARING 401(k) RETIREMENT PLAN

December 31, 2012 and 2011

NOTE I - FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012 and 2011:

Assets at Fair Value as of December 31, 2012

	Level 1	Level 2	Level 3	Total
Registered investment companies	**$ 57,640,895**	**$ 0**	**$ 0**	**$ 57,640,895**
Common stock	**615,283**	**0**	**0**	**615,283**
Guaranteed investment contract	**0**	**0**	**11,803,230**	**11,803,230**
Total assets at fair value	**$ 58,256,178**	**$ 0**	**$ 11,803,230**	**$ 70,059,408**

Assets at Fair Value as of December 31, 2011

	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 46,517,185	$ 0	$ 0	$ 46,517,185
Guaranteed investment contract	0	11,021,873	0	11,021,873
Total assets at fair value	$ 46,517,185	$11,021,873	$ 0	$ 57,539,058

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2012.

	Guaranteed Investment Contract
Balance, beginning of year	**$ 11,021,873**
Interest credited	**284,380**
Purchases	**3,286,722**
Administrative expenses	**(2,680)**
Sales	**(2,745,941)**
Unrealized loss	**(41,124)**
Balance, end of year	**$ 11,803,230**

NOTE J - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

		2012
Net assets available for benefits:		
Per financial statements	$	72,556,728
Add: excess contributions		62,624
Per Form 5500, Schedule H	$	72,619,352

The following is a reconciliation of the net increase in assets available for benefits from the financial statements to Schedule H of Form 5500:

		2012
Increase in net assets available for benefits:		
Per financial statements	$	13,256,900
Add: excess contributions		62,624
Per Form 5500, Schedule H	$	13,319,524

NOTE K - DISCLAIMER DUE TO BONUSES

In 2013, it was discovered that the definition of eligible wages being utilized by the plan sponsor did not agree to the definition per the Plan Agreement. Management's intent was to not automatically include bonuses as eligible wages in the deferral calculation, but the Plan Agreement was not written as such. The plan sponsor is currently working with an ERISA attorney to determine if a monetary correction to the Plan is necessary or if the Plan Agreement will be restated to agree with management's intent.

SCHEDULE H, PART IV, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

RADIATION THERAPY SERVICES, INC.
PROFIT SHARING 401(k) RETIREMENT PLAN

EIN: 65-0768951
PLAN NUMBER: 001

Year ended December 31, 2012

Participant Contributions Transferred Late to Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
* Pay period ending January 10, 2010	$ 151	$ 0	$ 0	$ 0

* Late participant note repayments included

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

RADIATION THERAPY SERVICES, INC.
PROFIT SHARING 401(k) RETIREMENT PLAN

EIN: 65-0768951
PLAN NUMBER: 001

December 31, 2012

(a) PARTY -IN- INTEREST	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
	American Century Growth A Fund	Registered Investment Company	**	$ 141,119
	American Century MdCp Val A Fd	Registered Investment Company	**	854,931
	American Funds Fundamental Investors R4	Registered Investment Company	**	3,114,048
	Blackrock S&P 500 Index Fund Inst Class	Registered Investment Company	**	255,934
	Chase Growth Fund Class N	Registered Investment Company	**	49,840
	Col Seliq Comm and Info A Fd	Registered Investment Company	**	845,498
	Eagle Mid CAP Growth A Fund	Registered Investment Company	**	1,321,146
	Eaton Vance Worldwide Health Sci A	Registered Investment Company	**	1,161,635
	Federated Capital Reserves	Registered Investment Company	**	332,203
	Fidelity Adv Small Cap T Funf	Registered Investment Company	**	374,189
	Fidelity Emerging Europe Middle East AFR	Registered Investment Company	**	3,830
	Fidelity Floating Rate High Income Fund	Registered Investment Company	**	21,911
	Fidelity Low-Priced Stock Fund	Registered Investment Company	**	1,430,036
	Fidelity Select Gold Fund	Registered Investment Company	**	7,203
	Heartland Value Plus Fund	Registered Investment Company	**	955,832
	Hussman Strategic Growth Fund	Registered Investment Company	**	24,190
	ICON Energy Fund Class S	Registered Investment Company	**	8,925
	Invesco Charter Fund Class A	Registered Investment Company	**	346,233
	Invesco Constellation Fund Class A	Registered Investment Company	**	228,883
	Invesco Divers Dividend A Fund	Registered Investment Company	**	1,349,005
	Invesco International Growth Fund Class	Registered Investment Company	**	86,852
	Janus Overseas Fund Class T	Registered Investment Company	**	7,552
	John Hancock Fin Ind A Fund	Registered Investment Company	**	671,004
	Meridian Value Fund	Registered Investment Company	**	62,456

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

RADIATION THERAPY SERVICES, INC.
PROFIT SHARING 401(k) RETIREMENT PLAN

EIN: 65-0768951
PLAN NUMBER: 001

December 31, 2012

(a) PARTY -IN- INTEREST	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
	MFS Global Equity R3 Fund	Registered Investment Company	**	$ 302,586
	MFS Value R3 Fund	Registered Investment Company	**	179,833
	Oppenheimer International DIV Y Fund	Registered Investment Company	**	3,564,823
	Pimco Investment Grade Corporate Bond FU	Registered Investment Company	**	12,232
	Pimco Total Return ADM Fund	Registered Investment Company	**	7,000,973
*	Principal LgCp S&P 500 Idx Inst Fd	Registered Investment Company	**	3,199,010
*	Principal SmCap S&P 600 Idx Inst Fd	Registered Investment Company	**	1,598,426
	Prudential Jenn Nat Res A Fd	Registered Investment Company	**	1,486,055
	Prudential Jenn Sm Co A Fund	Registered Investment Company	**	29,892
	Royce Total Return Fund Investment Class	Registered Investment Company	**	41,902
	T. Rowe Price Retirement 2005 R Fund	Registered Investment Company	**	19,132
	T. Rowe Price Retirement 2010 R Fund	Registered Investment Company	**	804,260
	T. Rowe Price Retirement 2015 R Fund	Registered Investment Company	**	3,674,709
	T. Rowe Price Retirement 2020 R Fund	Registered Investment Company	**	4,836,597
	T. Rowe Price Retirement 2025 R Fund	Registered Investment Company	**	4,363,448
	T. Rowe Price Retirement 2030 R Fund	Registered Investment Company	**	4,318,497
	T. Rowe Price Retirement 2035 R Fund	Registered Investment Company	**	2,151,269
	T. Rowe Price Retirement 2040 R Fund	Registered Investment Company	**	1,965,443
	T. Rowe Price Retirement 2045 R Fund	Registered Investment Company	**	724,655
	T. Rowe Price Retirement 2050 R Fund	Registered Investment Company	**	262,882
	T. Rowe Price Retirement 2055 R Fund	Registered Investment Company	**	236,601
	T. Rowe Price Retirement Income R Fund	Registered Investment Company	**	315,969
	TCW Total Return Bond Fund Class N	Registered Investment Company	**	11,820
	Vanguard Developed Foreign Markets Index	Registered Investment Company	**	16,265

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

RADIATION THERAPY SERVICES, INC.
PROFIT SHARING 401(k) RETIREMENT PLAN

EIN: 65-0768951
PLAN NUMBER: 001

December 31, 2012

(a) PARTY -IN- INTEREST	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
	Vanguard Emerging Markets Stock Index FU	Registered Investment Company	**	$ 24,673
	Vanguard Growth Index Fund Investor Share	Registered Investment Company	**	34,660
	Vanguard International Value Portfolio	Registered Investment Company	**	16,360
	Vanguard Long-Term Investment Grade Fund	Registered Investment Company	**	13,322
	Vanguard REIT Index Trust Fund	Registered Investment Company	**	19,305
	Vanguard Short-Term Bond Portfolio	Registered Investment Company	**	37,448
	Vanguard Small-Cap Index Fund	Registered Investment Company	**	17,442
	Vanguard Small-Cap Value Index Fund	Registered Investment Company	**	17,654
	Vanguard Total Bond Market Index Fund	Registered Investment Company	**	39,681
	Vanguard Value Index Trust Fund	Registered Investment Company	**	38,498
	Wells Fargo ADV Growth I Fund	Registered Investment Company	**	2,598,647
	Yacktman Fund Service Class	Registered Investment Company	**	11,470
	Advanced Cell Technology Inc Com	Corporate Stock - Common	**	540
	Advanced Micro Devices Inc Com	Corporate Stock - Common	**	3,840
	AGFEED INDS Inc Com	Corporate Stock - Common	**	14,902
	AMTEL Corp	Corporate Stock - Common	**	1,454
	APERAM NY Registry SHS	Corporate Stock - Common	**	75
	Apple Inc Com	Corporate Stock - Common	**	82,487
	ARCELORMITTAL SA Luxembourg N Y Reg	Corporate Stock - Common	**	1,782
	Bank Amer Corp Com	Corporate Stock - Common	**	25,414
	Brocade Communications SYS Inc Com New	Corporate Stock - Common	**	1,668
	CD INTL Enterprises Inc Com	Corporate Stock - Common	**	1,616
	Chipotle Mexican Grill Inc Com	Corporate Stock - Common	**	4,462

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

RADIATION THERAPY SERVICES, INC.
PROFIT SHARING 401(k) RETIREMENT PLAN

EIN: 65-0768951
PLAN NUMBER: 001

December 31, 2012

(a) PARTY -IN- INTEREST	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
	Citigroup Inc Com New ISIN#US1729674242	Corporate Stock - Common	**	$ 14,519
	Cliffs Nat Res Inc Com	Corporate Stock - Common	**	3,857
	Dendreon Corp Com	Corporate Stock - Common	**	608
	Dolby Laboratories Inc CL A	Corporate Stock - Common	**	2,933
	EBIX Inc Com New	Corporate Stock - Common	**	1,612
	EXELIXIS Inc Com	Corporate Stock - Common	**	2,742
	Facebook Inc. CL A	Corporate Stock - Common	**	12,884
	Forward Inds Inc NY Com New	Corporate Stock - Common	**	2,960
	Geron Corp Com	Corporate Stock - Common	**	162
	GSI Technology Inc Com	Corporate Stock - Common	**	1,254
	HHGREGG Inc Com	Corporate Stock - Common	**	2,808
	IPG Photonics Corp Com	Corporate Stock - Common	**	66,917
	Ishares TR Russell 2000 Index FD	Corporate Stock - Common	**	122,261
	Leading Brands Inc Com New ISIN#CA52170U	Corporate Stock - Common	**	825
	Liquidity Svcs Inc Com	Corporate Stock - Common	**	5,108
	Mako Surgical Corp Com	Corporate Stock - Common	**	1,285
	Men's Warehouse Inc	Corporate Stock - Common	**	9,036
	Micron Technology Inc	Corporate Stock - Common	**	1,845
	Office Depot Inc Com	Corporate Stock - Common	**	617
	Pain Therapeutics Inc Com	Corporate Stock - Common	**	136
	Questcor Pharmaceuticals Inc Com	Corporate Stock - Common	**	3,474
	Rackspace Hosting Inc Com	Corporate Stock - Common	**	73,824
	RF Micro Devices Inc Com	Corporate Stock - Common	**	578
	Select Sector SPDR TR Financial	Corporate Stock - Common	**	7,244

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

RADIATION THERAPY SERVICES, INC.
PROFIT SHARING 401(k) RETIREMENT PLAN

EIN: 65-0768951
PLAN NUMBER: 001

December 31, 2012

(a) PARTY -IN- INTEREST	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
	SPDR Gold TR Gold SHS	Corporate Stock - Common	**	$ 24,627
	SPDR S&P 500 ETF TR Unit	Corporate Stock - Common	**	99,687
	Transatlantic Petroleum LTD SHS ISIN#BMG	Corporate Stock - Common	**	2,905
	YM Biosciences Inc Com C/A EFF 02/14/13 1	Corporate Stock - Common	**	4,549
	Zalicuz Inc Com	Corporate Stock - Common	**	2,148
	Zipcar Inc Com C/A EFF 03/14/13 1 OLD/US	Corporate Stock - Common	**	3,296
	Zynga Inc CL A	Corporate Stock - Common	**	343
*	Principal Fixed Income Guar Option	Investment contract	**	11,803,230
				69,756,822
*	Participant notes receivable	Interest rates range from 5.75% to 6.00%	$ 0	1,458,882
				$ 71,215,704

* Represents party-in-interest
** Cost omitted for participant directed-investments

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

RADIATION THERAPY SERVICES, INC. PROFIT SHARI

EIN 65 0768951
PLAN NUMBER 001
PLAN YEAR 01/01/2012 TO 12/31/2012

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	MERIDIAN FD INC	Registered Investment Company *MERIDIAN VALUE FUND	$ 0.00	$ 62,456.21
	American Century Investments	Registered Investment Company Am Cent Growth A Fund	$ 0.00	$ 141,119.16
	American Century Investments	Registered Investment Company American Cent MdCp Val A Fd	$ 0.00	$ 854,931.20
	ADVANCED CELL TECHNOLOGY INC	Corporate Stock - Common ADVANCED CELL TECHNOLOGY INC COM	$ 0.00	$ 540.00
	ADVANCED MICRO DEVICES INC	Corporate Stock - Common ADVANCED MICRO DEVICES INC COM	$ 0.00	$ 3,840.00
	AGFEED INDS INC	Corporate Stock - Common AGFEED INDS INC COM	$ 0.00	$ 14,902.36
	The American Funds	Registered Investment Company AM FUNDS FDMNTL INV R4 FUND	$ 0.00	$ 3,114,048.17
	APERAM	Corporate Stock - Common APERAM N Y REGISTRY SHS	$ 0.00	$ 75.15
	APPLE INC	Corporate Stock - Common APPLE INC COM	$ 0.00	$ 82,486.80
	ARCELORMITTAL SA LUXEMBOURG	Corporate Stock - Common ARCELORMITTAL SA LUXEMBOURG N Y REGISTRY	$ 0.00	$ 1,781.94
	ATMEL CORP	Corporate Stock - Common ATMEL CORP	$ 0.00	$ 1,454.10
	BANK AMER CORP	Corporate Stock - Common BANK AMER CORP COM	$ 0.00	$ 25,414.29
	BLACKROCK INDEX FDS INC	Registered Investment Company BLACKROCK S&P 500 INDEX FUND INST CLASS	$ 0.00	$ 255,933.58
	BROCADE COMMUNICATIONS SYS INC	Corporate Stock - Common BROCADE COMMUNICATIONS SYS INC COM NEW	$ 0.00	$ 1,668.29
	Seligman Funds	Registered Investment Company Col Selig Comm and Info A Fd	$ 0.00	$ 845,498.02

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

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

RADIATION THERAPY SERVICES, INC. PROFIT SHARI

EIN 65 0768951
PLAN NUMBER 001
PLAN YEAR 01/01/2012 TO 12/31/2012

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	CD INTL ENTERPRISES INC	Corporate Stock - Common CD INTL ENTERPRISES INC COM	$ 0.00	$ 1,616.07
	ADVISORS SER TR	Registered Investment Company CHASE GROWTH FUND CLASS N	$ 0.00	$ 49,839.67
	CHIPOTLE MEXICAN GRILL INC	Corporate Stock - Common CHIPOTLE MEXICAN GRILL INC COM	$ 0.00	$ 4,461.90
	CITIGROUP INC	Corporate Stock - Common CITIGROUP INC COM NEW ISIN#US1729674242	$ 0.00	$ 14,518.52
	CLIFFS NAT RES INC	Corporate Stock - Common CLIFFS NAT RES INC COM	$ 0.00	$ 3,857.00
	DENDREON CORP	Corporate Stock - Common DENDREON CORP COM	$ 0.00	$ 608.35
	DOLBY LABORATORIES INC	Corporate Stock - Common DOLBY LABORATORIES INC CL A	$ 0.00	$ 2,933.00
	Eaton Vance	Registered Investment Company Eatn Vnce Wrlwd Hlth Sci A Fd	$ 0.00	$ 1,161,635.07
	Eagle Financial Services, Inc.	Registered Investment Company EAGLE MID CAP GROWTH A FUND	$ 0.00	$ 1,321,145.62
	EBIX INC	Corporate Stock - Common EBIX INC COM NEW	$ 0.00	$ 1,612.00
	EXELIXIS INC	Corporate Stock - Common EXELIXIS INC COM	$ 0.00	$ 2,742.00
	Fidelity Investments	Registered Investment Company Fidelity Adv Small Cap T Fund	$ 0.00	$ 374,189.43
	Fidelity Investments	Registered Investment Company Fidelity Low-Priced Stock Fund	$ 0.00	$ 1,430,036.22
	FACEBOOK INC	Corporate Stock - Common FACEBOOK INC CL A	$ 0.00	$ 12,883.93
	FEDERATED INVESTORS, INC.	Registered Investment Company FEDERATED CAPITAL RESERVES	$ 0.00	$ 332,202.95

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

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

RADIATION THERAPY SERVICES, INC. PROFIT SHARI

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	FIDELITY INVT TR	Registered Investment Company FIDELITY EMERGING EUROPE MIDDLE EAST AFR	$ 0.00	$ 3,830.29
	FIDELITY ADVISOR SER II	Registered Investment Company FIDELITY FLOATING RATE HIGH INCOME FUND	$ 0.00	$ 21,910.81
	FIDELITY SELECT PORTFOLIOS	Registered Investment Company FIDELITY SELECT GOLD FUND	$ 0.00	$ 7,203.30
	FORWARD INDS INC N Y	Corporate Stock - Common FORWARD INDS INC NY COM NEW	$ 0.00	$ 2,960.00
	GERON CORP	Corporate Stock - Common GERON CORP COM	$ 0.00	$ 162.15
	GSI TECHNOLOGY INC	Corporate Stock - Common GSI TECHNOLOGY INC COM	$ 0.00	$ 1,254.00
	Heartland Funds	Registered Investment Company Heartland Value Plus Fund	$ 0.00	$ 955,831.74
	HHGREGG INC	Corporate Stock - Common HHGREGG INC COM	$ 0.00	$ 2,808.00
	HUSSMAN INVT TR	Registered Investment Company HUSSMAN STRATEGIC GROWTH FUND	$ 0.00	$ 24,190.28
	AIM Investments	Registered Investment Company Invesco Divers Dividend A Fund	$ 0.00	$ 1,349,004.98
	ICON FDS	Registered Investment Company ICON ENERGY FUND CLASS S	$ 0.00	$ 8,925.21
	AIM EQUITY FDS-INVESCO EQUITY	Registered Investment Company INVESCO CHARTER FUND CLASS A	$ 0.00	$ 346,233.24
	AIM EQUITY FDS-INVESCO EQUITY	Registered Investment Company INVESCO CONSTELLATION FUND CLASS A	$ 0.00	$ 228,883.08
	AIM INTL MUT FDS INVESCO INTL	Registered Investment Company INVESCO INTERNATIONAL GROWTH FUND CLASS	$ 0.00	$ 86,852.12
	IPG PHOTONICS CORP	Corporate Stock - Common IPG PHOTONICS CORP COM	$ 0.00	$ 66,916.60

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

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RADIATION THERAPY SERVICES, INC. PROFIT SHARI

EIN 65 0768951
PLAN NUMBER 001
PLAN YEAR 01/01/2012 TO 12/31/2012

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	ISHARES TR	Corporate Stock - Common ISHARES TR RUSSELL 2000 INDEX FD	$ 0.00	$ 122,260.81
	John Hancock	Registered Investment Company John Hancock Fin Ind A Fund	$ 0.00	$ 671,004.43
	JANUS INVT FD	Registered Investment Company JANUS OVERSEAS FUND CLASS T	$ 0.00	$ 7,551.89
	LEADING BRANDS INC	Corporate Stock - Common LEADING BRANDS INC COM NEW ISIN#CA52170U	$ 0.00	$ 824.90
	LIQUIDITY SVCS INC	Corporate Stock - Common LIQUIDITY SVCS INC COM	$ 0.00	$ 5,107.50
	MAKO SURGICAL CORP	Corporate Stock - Common MAKO SURGICAL CORP COM	$ 0.00	$ 1,285.00
	MENS WEARHOUSE INC	Corporate Stock - Common MENS WEARHOUSE INC COM	$ 0.00	$ 9,036.40
	MFS Investment Management	Registered Investment Company MFS Global Equity R3 Fund	$ 0.00	$ 302,585.56
	MFS Investment Management	Registered Investment Company MFS Value R3 Fund	$ 0.00	$ 179,832.65
	MICRON TECHNOLOGY INC	Corporate Stock - Common MICRON TECHNOLOGY INC	$ 0.00	$ 1,844.94
	OFFICE DEPOT INC	Corporate Stock - Common OFFICE DEPOT INC COM	$ 0.00	$ 616.64
	Oppenheimer	Registered Investment Company OPPENHEIMER INT'L DIV Y FUND	$ 0.00	$ 3,564,823.15
*	Principal Life Insurance Company	Insurance Company General Prin Fixed Inc Guar Option	$ 0.00	$ 12,424,452.80
*	Principal Funds Inc	Registered Investment Company Prin LgCp S&P 500 Idx Inst Fd	$ 0.00	$ 3,199,010.04
*	Principal Funds Inc	Registered Investment Company Prin SmCap S&P 600 Idx Inst Fd	$ 0.00	$ 1,598,425.69

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

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

RADIATION THERAPY SERVICES, INC. PROFIT SHARI

EIN 65 0768951
PLAN NUMBER 001
PLAN YEAR 01/01/2012 TO 12/31/2012

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	Jennison Dryden	Registered Investment Company Prudential Jenn Nat Res A Fd	$ 0.00	$ 1,486,055.27
	Jennison Dryden	Registered Investment Company Prudential Jenn Sm Co A Fund	$ 0.00	$ 29,891.78
	PAIN THERAPEUTICS INC	Corporate Stock - Common PAIN THERAPEUTICS INC COM	$ 0.00	$ 135.50
	PIMCO FDS PAC INVT MGMT SER	Registered Investment Company PIMCO INVESTMENT GRADE CORPORATE BOND FU	$ 0.00	$ 12,232.37
	PIMCO Funds	Registered Investment Company PIMCO TOTAL RETURN ADM FUND	$ 0.00	$ 7,000,973.35
	QUESTCOR PHARMACEUTICALS INC	Corporate Stock - Common QUESTCOR PHARMACEUTICALS INC COM	$ 0.00	$ 3,473.60
	RACKSPACE HOSTING INC	Corporate Stock - Common RACKSPACE HOSTING INC COM	$ 0.00	$ 73,824.38
	RF MICRO DEVICES INC	Corporate Stock - Common RF MICRO DEVICES INCCOM	$ 0.00	$ 577.92
	ROYCE FD	Registered Investment Company ROYCE TOTAL RETURN FUND INVESTMENT CLASS	$ 0.00	$ 41,902.30
	SELECT SECTOR SPDR TR	Corporate Stock - Common SELECT SECTOR SPDR TR FINANCIAL	$ 0.00	$ 7,244.38
	SPDR GOLD TR	Corporate Stock - Common SPDR GOLD TR GOLD SHS	$ 0.00	$ 24,627.10
	SPDR S&P 500 ETF TR	Corporate Stock - Common SPDR S&P 500 ETF TR TR UNIT	$ 0.00	$ 99,687.00
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt Income R Fd	$ 0.00	$ 315,969.17
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2005 R Fund	$ 0.00	$ 19,132.22
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2010 R Fund	$ 0.00	$ 804,260.48

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

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RADIATION THERAPY SERVICES, INC. PROFIT SHARI

EIN 65 0768951
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PLAN YEAR 01/01/2012 TO 12/31/2012

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	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2015 R Fund	$ 0.00	$ 3,674,708.73
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2020 R Fund	$ 0.00	$ 4,836,596.51
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2025 R Fund	$ 0.00	$ 4,363,448.31
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2030 R Fund	$ 0.00	$ 4,318,496.69
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2035 R Fund	$ 0.00	$ 2,151,268.88
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2040 R Fund	$ 0.00	$ 1,965,442.87
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2045 R Fund	$ 0.00	$ 724,654.66
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2050 R Fund	$ 0.00	$ 262,882.28
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Rtmt 2055 R Fund	$ 0.00	$ 236,600.58
	TCW FDS INC	Registered Investment Company TCW TOTAL RETURN BOND FUND CLASS N	$ 0.00	$ 11,819.73
	TRANSATLANTIC PETROLEUM LTD	Corporate Stock - Common TRANSATLANTIC PETROLEUM LTD SHS ISIN#BMG	$ 0.00	$ 2,905.00
	VANGUARD STAR FD	Registered Investment Company VANGUARD DEVELOPED FOREIGN MARKETS INDEX	$ 0.00	$ 16,265.44
	VANGUARD INTL EQUITY INDEX FDS	Registered Investment Company VANGUARD EMERGING MARKETS STOCK INDEX FU	$ 0.00	$ 24,672.50
	VANGUARD INDEX FDS	Registered Investment Company VANGUARD GROWTH INDEX FUND INVESTOR SHAR	$ 0.00	$ 34,660.16
	VANGUARD EXPLORER FD	Registered Investment Company VANGUARD INTERNATIONAL VALUE PORTFOLIO	$ 0.00	$ 16,360.40

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

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

RADIATION THERAPY SERVICES, INC. PROFIT SHARI

EIN 65 0768951
PLAN NUMBER 001
PLAN YEAR 01/01/2012 TO 12/31/2012

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	VANGUARD FIXED INCOME SECS FD	Registered Investment Company VANGUARD LONG-TERM INVESTMENT GRADE FUND	$ 0.00	$ 13,322.16
	VANGUARD SPECIALIZED	Registered Investment Company VANGUARD REIT INDEX FUND	$ 0.00	$ 19,304.52
	VANGUARD BD INDEX FDS	Registered Investment Company VANGUARD SHORT-TERM BOND PORTFOLIO	$ 0.00	$ 37,448.25
	VANGUARD INDEX FDS	Registered Investment Company VANGUARD SMALL-CAP INDEX FUND	$ 0.00	$ 17,442.22
	VANGUARD INDEX FDS	Registered Investment Company VANGUARD SMALL-CAP VALUE INDEX FUND	$ 0.00	$ 17,653.81
	VANGUARD INDEX BD FD INC	Registered Investment Company VANGUARD TOTAL BOND MARKET INDEX FUND	$ 0.00	$ 39,681.49
	VANGUARD INDEX FDS	Registered Investment Company VANGUARD VALUE INDEX TRUST FUND	$ 0.00	$ 38,497.59
	Wells Fargo	Registered Investment Company WELLS FARGO ADV GROWTH I FUND	$ 0.00	$ 2,598,646.83
	MANAGERS AMG FDS	Registered Investment Company YACKTMAN FUND SERVICE CLASS	$ 0.00	$ 11,469.82
	YM BIOSCIENCES INC	Corporate Stock - Common YM BIOSCIENCES INC COM C/A EFF 02/14/131	$ 0.00	$ 4,548.95
	ZALICUS INC	Corporate Stock - Common ZALICUS INC COM	$ 0.00	$ 2,148.25
	ZIPCAR INC	Corporate Stock - Common ZIPCAR INC COM C/A EFF 03/14/13 1 OLD/US	$ 0.00	$ 3,296.00
	ZYNGA INC	Corporate Stock - Common ZYNGA INC CL A	$ 0.00	$ 342.20
	Participant Loans	Range of Interest Rates Rates Range From 5.75% To 6.00%	$ 0.00	$ 1,458,882.00

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