For	m 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
	ment of the Treasury al Revenue Service	This form is required to be filed		4065 of the Employee Re	tirement	2017
	partment of Labor nefits Security Administration	Income Security Act of 1974 (057(b) and 6058(a) of the		This Form is Open to
Pension Ber	nefit Guaranty Corporation	Complete all entries in a	ccordance with the ins	tructions to the Form 55	00-SF.	Public Inspection
Part I		Identification Information				
For calenda	ir plan year 2017 or fis	cal plan year beginning 01/01/20			/31/2017	
A This retu	urn/report is for:	a single-employer plan	list of participating e	mployer information in ac		king this box must attach a vith the form instructions.)
D This make		a one-participant plan	a foreign plan			
B This retu	rn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	
C Check b	ox if filing under:	X Form 5558	automatic extension		DFVC p	rogram
		special extension (enter descri	ption)			
Part II	Basic Plan Info	rmation—enter all requested info	ormation			
1a Name of	•				1b Thre	5
VICKSBURG	ONCOLOGY, LLC PR	ROFIT SHARING PLAN			plan (PN)	number 001
				-		ctive date of plan
						01/01/1997
		ver, if for a single-employer plan) n, apt., suite no. and street, or P.O.	. Box)		2b Empl (EIN)	oyer Identification Number 64-0858887
City or		e, country, and ZIP or foreign posta		structions)	· · /	nsor's telephone number
				-	2d Busin	601-376-2101 ness code (see instructions)
P. O. BOX 49	97				Zu Busii	621111
JACKSON, M	IS 39296-4997					021111
3a Plan ac	Iministrator's name an	d address 🗙 Same as Plan Spon	sor		3b Admi	nistrator's EIN
			501.	-		
					3c Admi	inistrator's telephone number
		plan sponsor or the plan name hat nsor's name, EIN, the plan name ar			4b EIN	
a Sponso					4d PN	
C Plan Na	ame					
5a Total n	umber of participants	at the beginning of the plan year			5a	10
b Total n	umber of participants	at the end of the plan year			5b	10
		account balances as of the end of th			5c	10
d(1) Tota	I number of active par	ticipants at the beginning of the pla	an year		5d(1)	9
d(2) Tota	al number of active par	rticipants at the end of the plan yea	r		5d(2)	8
		terminated employment during the			5e	0
Caution: A	penalty for the late of	or incomplete filing of this return	/report will be assessed	d unless reasonable cau		
SB or Sche	dule MB completed an	ner penalties set forth in the instruct ad signed by an enrolled actuary, as				
	rue, correct, and comp	valid electronic signature.	09/26/2018	STEVEN ZACHOW, M	ID	
HERE	Signature of plan ad	Ŭ	Date	Enter name of individu		as plan administrator
SIGN		valid electronic signature.	09/26/2018	STEVEN ZACHOW, M		
HERE	Signature of employ	č	Date			as employer or plan sponsor
Ean Damanus		a see the Instructions for Form 5500			a signing	Eorm 5500-SE (2017)

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

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6a	Were all of the plan's assets during the plan year invested in eligib			
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a			
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Fo	rm 5500-SF and must instead us	e Form 5500.
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 4021)?	P Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this plan year	(See instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	822555	987409
b	Total plan liabilities	7b		
C	Net plan assets (subtract line 7b from line 7a)	7c	822555	987409
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:	0-(1)	75000	
	(1) Employers	8a(1)	75690	
	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	91813	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		167503
d	Benefits paid (including direct rollovers and insurance premiums			

		22		
C Tota	income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		167503
	ofits paid (including direct rollovers and insurance premiums ovide benefits)	8d		
e Certa	ain deemed and/or corrective distributions (see instructions)	8e		
f Adm	inistrative service providers (salaries, fees, commissions)	8f	2581	
g Othe	r expenses	8g	68	
h Tota	expenses (add lines 8d, 8e, 8f, and 8g)	8h		2649
i Neti	ncome (loss) (subtract line 8h from line 8c)	8i		164854
j Tran	sfers to (from) the plan (see instructions)	8j		
Part IV	Plan Characteristics			

9a	If the	plan	provid	es pension	benefits,	enter the a	applicable	pension fe	eature c	odes fro	m the Lis	t of Plan	Characteris	tic Codes	s in the inst	tructions:	
	2F	2F	2G	3D													

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

Par	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
С	Was the plan covered by a fidelity bond?	10c	Х		550000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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Part	VIF	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete \$ 5500) and line 11a below)	Sche	dule S	SB		Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ? 	tion	302 o	f	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver.	and	enter _ Da		of the le		uling
If y	you co	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	6 X	No	
	lf "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) ℕ	lame of plan(s): 13c	:(2)	EIN(s)		13	c(3)	PN(s)

For						
101	m 5500-SF	Short Form Annu	al Return/Report of	of Small Employe	e	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be fil	Benefit Plan ed under sections 104 and 40	65 of the Employee Retirem	ient	2017
	epartment of Labor enefits Security Administration	Income Security Act of 197-	4 (ERISA), and sections 6057 Revenue Code (the Code).	(b) and 6058(a) of the Interr	This F	Form is Open to blic Inspection
Pension Be	enefit Guaranty Corporation	Complete all entries in	accordance with the instru	ctions to the Form 5500-S		ino inoprotion
Part I	Annual Report	Identification Information		control of the allowed	10/01/00:	1.72
or calenda	ar plan year 2017 or fis	scal plan year beginning	01/01/2017	and ending	12/31/20	
This ret	turn/report is for:	a single-employer plan	list of participating emp a foreign plan	n (not multiemployer) (Filers loyer information in accorda	ance with the for	m instructions.)
This set	urn/report is					
This retu	unineportia	the first return/report an amended return/report	the final return/report a short plan year return.	report (less than 12 months)	
Check	box if filing under:	Earm EEE9	automatic extension		FVC program	
CHECK	box in mang under.	Form 5558			vo program	
		special extension (enter des	and the second se			
Part II	A second s	rmation-enter all requested i	ntormation	16	Three-digit	
a Name icksb		LLC Profit Sharing	Plan	15	plan number	001
				1c	Effective date 01/01/19	
Mailing	g address (include roo	over, if for a single-employer plan) m, apt., suite no. and street, or P	.O. Box)		Employer Iden (EIN) 64-085	tification Number
		ce, country, and ZIP or foreign po Associates, LLC	stal code (if foreign, see instru	actions) 2c	Sponsor's tele (601)376-	•
				2d	the second s	e (see instructions
P. O.	Box 4997					
Jackso	and some it was a second some of the second source			39296-4997	621111	
Jackso	and some it was a second some of the second source	nd address 🛛 Same as Plan Sp			621111 Administrator's	s EIN
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Jackso a Plan a	administrator's name a		onsor.	3b 3c	Administrator's	
Jackso a Plan a If the this p	administrator's name an name and/or EIN of the plan, enter the plan spo	nd address 🔀 Same as Plan Sp ne plan sponsor or the plan name onsor's name, EIN, the plan name	onsor. has changed since the last re	turn/report filed for e last return/report.	Administrator's	
Jackso a Plan a If the this p	administrator's name and name and/or EIN of the plan, enter the plan spo sor's name	e plan sponsor or the plan name	onsor. has changed since the last re	turn/report filed for e last return/report.	Administrator's Administrator's EIN	
a Plan a If the this p a Spons c Plan N	administrator's name an name and/or EIN of th plan, enter the plan spo sor's name Name	e plan sponsor or the plan name	onsor. has changed since the last re and the plan number from th	turn/report filed for e last return/report. 4d	Administrator's Administrator's EIN	
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