Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010	0	and ending	12/31/2	2010
Α	This return/report is for: single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plar	year return/report (less than 12 mo	onths)	
С	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter description	n)			
Pa	rt II Basic Plan Information—enter all requested information	ation			
	Name of plan	411011		1b	Three-digit
	E TSINGTAO MEDICAL PC DEFINED BENEFIT PENSION PLAN				plan number 001
				_	(PN) ▶
				1C	Effective date of plan 01/01/2006
2a	Plan sponsor's name and address (employer, if for single-employer	nlan)		2h	Employer Identification Number
	E TSINGTAO MEDICAL PC	piarij		~	(EIN) 20-5468959
70.0	VELLOWOTONE BLVD			2c	Plan sponsor's telephone number
	YELLOWSTONE BLVD EST HILLS, NY 11375			24	917-301-1705
				Zu	Business code (see instructions) 621111
3a	Plan administrator's name and address (if same as Plan sponsor, et	nter "Same	e")	3b	Administrator's EIN
LIIII	E TSINGTAO MEDICAL PC 72-61 YELLO FOREST HIL			-	20-5468959
				3C	Administrator's telephone number 917-301-1705
4 1	the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN
- 1	name, EIN, and the plan number from the last return/report. Sponso	r's name		4-	D.I.
-	Total acception of a cuticin code at the hardward of the alexander			4c	PN 1
	Total number of participants at the beginning of the plan year				1
b	Total number of participants at the end of the plan year			5b	<u>'</u>
С	Total number of participants with account balances as of the end of complete this item)		` .	5c	
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes No
b	Are you claiming a waiver of the annual examination and report of a	an indeper	ndent qualified public accountant (IC	QPA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		Yes No
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	500.	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
-	Total plan assets	. 7a	9301	7	225986
b	Total plan liabilities			0	0
C	Net plan assets (subtract line 7b from line 7a)	7c	9301	7	225986
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
a	Contributions received or receivable from:		` ,	0	(0) 1000
	(1) Employers	8a(1)	15794		
	(2) Participants	8a(2)		0	
	(3) Others (including rollovers)	8a(3)		0	
b	Other income (loss)	8b	-2203	1	405000
C.	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			135909
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0	
е	Certain deemed and/or corrective distributions (see instructions)	8e		0	
f	Administrative service providers (salaries, fees, commissions)	8f		0	
g	Other expenses		294	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			2940
i	Net income (loss) (subtract line 8h from line 8c)	8i			132969
i	Transfers to (from) the plan (see instructions)			0	

	Fo	rm 5500-SF 2010	Page 2-
Par	t IV	Plan Characteristics	
9a	If the	lan provides pension benefits, enter th	ne applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amo	unt	
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		X				
С	Was the plan covered by a fidelity bond?	10c		X				
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				
е	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		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
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						
art	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					X	Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver							
	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		-		Yes	١	lo	N/A
art				<u>.</u>				
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					П	Yes	X No
-	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co				Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plar	n(s) to					_
1	3c(1) Name of plan(s):		130	(2) EII	N(s)		13c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	le cau	se is	establi	ished.	<u> </u>		
Jnde SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, it is true, correct, and complete.	ırn/rep	ort, in	cluding	g, if appli			
	Filed with authorized/valid electronic signature. 07/05/2011 .II WFI							

SIGN	Filed with authorized/valid electronic signature.	07/05/2011	JI WEI
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/05/2011	JI WEI
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

						<u> </u>	File as a	an attachn	ent to Form	5500 or	5500-S	F.					
For	caler	ndar p	lan year 201	0 or fisc	al plan ye	ar beginnir	ng <mark>0</mark> 1	1/01/2010				and endi	ng 12/31	/201	0		
•	Rour	nd off	amounts to	nearest	t dollar.												
•	Cauti	ion: A	penalty of \$	1,000 wi	ill be asse	essed for la	ite filing o	of this repor	t unless reas	onable ca	ause is e	establishe	ed.				
		of pla	n TAO MEDIC	AL PC E	DEFINED	BENEFIT	PENSION	N PLAN				Three-dig			•	001	
			r's name as		on line 2a	of Form 55	500 or 55	00-SF			D E	mployer l	dentificati	on N	umber ((EIN)	
LIT	LE T	SING	TAO MEDIC	AL PC							20-5	468959					
E 1	уре с	of plan:	X Single	Mu	ıltiple-A	Multiple	-В	F	Prior year pla	an size: 🛚	100 c	r fewer	101-50	0	More t	than 500	
Pa	art I	В	asic Infor	matior	n												
1	Ent		valuation da			lonth 01		Day01	Year _	2010	_						
2	Ass	ets:															
	а	Mark	et value										2a				92733
	b	Actu	arial value										2b				92733
3	Fun	nding t	arget/particip	ant cou	nt breakd	own				(1) N	lumber	of particip	ants		(2)	Funding Targ	get
	а	For i	etired partici	pants ar	nd benefi	ciaries rece	eiving pay	ment	3a				0				0
	b	For t	erminated ve	· ested pa	articipants				3b				0				0
	С	For a	active partici	pants:	·												
			Non-vested		s				3c(1)								0
		` '	Vested bene							ł							88129
		` '	Total active										1				88129
	d	` '	Total active										1				88129
4											П						
		•				•	` ,	` '					4a				
	a b		0 0	Ū	0.		•										
	D								nsition rule fo ding factor				4b				
5	Effe	ective	nterest rate.										5				6.65 %
6	Tar	get no	rmal cost										6				82344
	To the laccorda	best of rance wit		e informati and regula	tions. In my	opinion, each o	other assum									ibed assumption of and such other a	
	IGN ERI														06/20/2	2011	
					Signat	ure of actua	ary								Date		
THE	ODO	RE AN	IDERSEN M	I.A.A.A.,	M.S.P.A										11-020	034	
PEN	SION	I ASS	OCIATES	Ту	ype or prir	nt name of	actuary						Most re		enrollm 03-356-	ent number	
					Fi	rm name						Te	lephone r	numb	er (incl	uding area co	ode)
SUI	E 23	0	IN STREET T 06902													J	,
					Addre	ess of the f	irm				_						
If the	201	an, ha	e not fully ro	flactada	any rogula	ation or rulis	na prom	lasted und	er the statute	in comple	ating th	e echod	le check	tha h	ov ond	200	
instru		•	s not rully re	nected a	ariy regula	uon or rull	ig promu	igated unde	er trie statute	пт сотпріє	ະແກ່ຊ ເກີເ	s scriedu	e, check	uie D	ox and	3 00	

	^		1
age	Z -	1	

Pa	art II	Begin	ning of year	carryove	er and prefunding b	alanc	ces						
	•			-				(a) (Carryover balance)	(b) l	Prefundi	ng balance
7		•	•		cable adjustments (Item 1		-			0			0
8	Portion (used to	offset prior year's	funding req	uirement (Item 35 from p	ior yea	ar)			0			0
9	Amount	remainir	ng (Item 7 minus i	tem 8)						0			0
10	Interest	on item	9 using prior year	's actual ret	turn of%					0			0
11	Prior yea	ar's exce	ess contributions t	o be added	to prefunding balance:								
	a Exce	ess contr	ributions (Item 38	from prior y	/ear)								23977
	b Inter	est on (a	a) using prior year	's effective	rate of6.40 %								1535
					ear to add to prefunding ba								25512
	d Portion of (c) to be added to prefunding balance												
12	2 Reduction in balances due to elections or deemed elections												
13	Balance	at begir	nning of current ye	ear (item 9 -	+ item 10 + item 11d – ite	m 12)				0			25512
Р	art III	Fun	ding percenta	ages									
14	Funding											14	76.27 %
15					e							15	105.22 %
16	Prior yea	ar's fund	ling percentage fo	r purposes	of determining whether ca	arryove	er/prefund	ling balaı	nces may be used	to reduce		16	82.81 %
17	•		<u> </u>		s less than 70 percent of t							17	%
P	art IV	Con	tributions an	d liauidit	v shortfalls						l.	J.	
				•	ear by employer(s) and er	nplove	es:						
	(a) Date	Э	(b) Amount p	aid by	(c) Amount paid by		(a) Dat		(b) Amount p		(0	-	nt paid by
	M-DD-Y\ 2/28/2011	YYY)	employer	(s) 2940	employees	(N	MM-DD-Y	YYY)	employer	(s)		empl	oyees
	3/09/2011			20000)							
	1/10/2011			15000									
	3/01/2011			100000									
	3/19/2011			20000)							
						Tot	tals ▶	18(b)		157940	18(c)		0
19	Discoun	ted emp	lover contributions	s – see inst	ructions for small plan wit	h a valı	uation dat	` '	ne beginning of th	e vear:	-(-)		
					mum required contribution					19a			0
	_				' ljusted to valuation date					19b			0
					ired contribution for curren					19c			146347
20			outions and liquidit			, , , , , ,							
		-	-	-	he prior year?							Г	Yes X No
	b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?												
				-	ete the following table as			,				<u> </u>	<u>. Ll * </u>
		,		pic	Liquidity shortfall as of			of this pla	an year				
		(1) 1s	st		(2) 2nd			(3)	3rd			(4) 4th	1

Pa	rt V Assumptio	ns used to determine f	unding target and tar	get no	ormal cost						
21	Discount rate:										
	a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %		3rd segment: 6.76 %		N/A, full yield curve used				
	b Applicable month	(enter code)				21b	0				
22	Weighted average ret	tirement age				22	62				
23	Mortality table(s) (see	e instructions)	escribed - combined	Presc	ribed - separate	Substitut	e				
Pa	rt VI Miscellane	ous items									
24	Has a change been m	nade in the non-prescribed act	•		•		~ · — —				
25											
26											
27	· · · · · · · · · · · · · · · · · · ·	•	•								
		or (and is using) alternative fur	•			27					
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contributi	ons f	or prior years						
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0				
29	' '	contributions allocated toward			' '	29	0				
30	· ·	f unpaid minimum required cor				30	0				
Pai	rt VIII Minimum	required contribution	for current vear			<u> </u>					
31		djusted, if applicable (see insti				31	82344				
32	Amortization installme	, , , , , , , , , , , , , , , , , , , ,	,		Outstanding Bala	nce	Installment				
	a Net shortfall amorti	ization installment			-	5739	1360				
	b Waiver amortizatio	on installment				0	0				
33		approved for this plan year, en Day Year				33	0				
34		ment before reflecting carryove	. • • • •			34	83704				
			Carryover balance		Prefunding balar	nce	Total balance				
35	Balances used to offs	set funding requirement		0		0	0				
36	Additional cash requir	rement (item 34 minus item 35	i)			36	83704				
37		ed toward minimum required co	•	•		37	146347				
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	62643				
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 36	over it	em 37)	39	0				
40	Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)										

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

					001.	
_	art I Annual Report Identification Information			<u> </u>		
For	the calendar plan year 2010 or fiscal plan year beginning	01/01	L/2010	and ending	12/31/2010	
Α	This return/report is for: x single-employer plan	multiple-er	nployer plan (n	ot multiemployer)	one-partic	pant plan
В	This return/report is for: first return/report	final return	/report			
	an amended return/report	short plan	year return/rep	ort (less than 12 month	hs)	
С	Check box if filing under:	automatic	extension		☐ DFVC pro	ıram
•	special extension (enter description					,
- 22		·				······································
	art II Basic Plan Information enter all requested infor	mation.			46	
ıa	Name of plan				1b Three-digit plan number	
	Little Tsingtao Medical PC Defined Benefit Pen	sion Pla	an		(PN) ▶	001
				1	1c Effective date	•
2-					01/01/200	
2a	Plan sponsor's name and address (employer, if for single-employer plantle Tsingtao Medical PC	ian)			(EIN) 20-1	ntification Number
	little Isingtao medicai FC				h	's telephone number
	72-61 Yellowstone Blvd				(917) 301	-1705
ΠS	Forest Hills NY 11375					e (see instructions)
3 <u>a</u>		nter "Same"	γ		621111 3b Administrator	's FIN
-	Same	nor ourne	,		Taninioticion	o Env
					3c Administrator	's telephone number
					JC Administrator	s telepriorie flumber
_						
4	If the name and/or EIN of the plan sponsor has changed since the las name, EIN and the plan number from the last return/report. Sponsor's		ort filed for this	plan, enter the	4b EIN	
	name, and the plan named well are nectoral moporal eponeers	, , , , , , , , , , , , , , , , , , , ,			4c PN	
5a	Total number of participants at the beginning of the plan year				5a	1
b	Total number of participants at the end of the plan year			The state of the s	5b	11
С	Total number of participants with account balances as of the end of the complete this item)				5c	
6a	Were all of the plan's assets during the plan year invested in eligible a					x Yes No
b	Are you claiming a waiver of the annual examination and report of an					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and		,			x Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Forn	n 5500-SF a	and must inste	ead use Form 5500.		
Pε	art III Financial Information	Text to see the second	Υ	·		
7	Plan Assets and Liabilities		(a) Be	eginning of Year	(b) E	nd of Year
а	Total plan assets	. 7a		93,017		225,986
b	Total plan liabilities	, 7b		0		0
С	Net plan assets (subtract line 7b from line 7a)	. 7с		93,017		225,986
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(o) Total
а	Contributions received or receivable from:			455 040		
	(1) Employers	. 8a(1)		157,940		
	(2) Participants	. 8a(2)		0		
	(3) Others (including rollovers)	. 8a(3)		0	+	
b	Other income (loss)	. 8b		(22,031)		
Ç	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				135,909
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	04		0		
е	Certain deemed and/or corrective distributions (see instructions)	· 8d , 8e		0		
f	Administrative service providers (salaries, fees, commissions)	. 8f		0		
g	Other expenses	. 8g		2,940		
	· ·			2,330		2,940
h !	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				132,969
1	Net income (loss) (subject line 8h from line 8c)	. <u>8i</u>				404,303
i	Transfers to (from) the plan (see instructions)	. Ri	l	0	 Lot Lab to reflect to \$40,000 	

,	Form 5500-SF 2010		Page 2-					
Par	V Plan Characteristics				·····		·····	
	If the plan provides pension benefits, enter the applicable pension featu	re codes from the Lis	t of Plan Characteris	tic Co	des in the in:	structions:	-u	
	1.4							
b	If the plan provides welfare benefits, enter the applicable welfare feature	e codes from the List	of Pian Characterist	c Cod	es in the insi	ructions:		
gueinera.	tV Compliance Questions			<u>_</u>	AN, MI			
10	During the plan year:			T	Yes No		Amount	
a		within the time period	i described in		x		144444444	
L	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	y Correction Program)	10a				
þ	Were there any nonexempt transactions with any party-in-interest? (Don line 10a.)		tions reported	106	x			
c	Was the plan covered by a fidelity bond?			10c	x		(1)	
d	Did the plan have a loss, whether or not reimbursed by the plan's fide		used by fraud					
	or dishonesty?			10d	X	<u> </u>		
e	Were any fees or commissions paid to any brokers, agents, or other pe					ļ		
	insurance services or other organization that provides some or all of tinstructions.)			10e	x			
f	Has the plan failed to provide any benefit when due under the plan?			101	x	J		
g	Did the plan have any participant loans? (If "Yes." enter amount as of	fyearend.)		10g	x			
h			CFR		x			
	2520.101-3.)			10h				74484. 744, 779
ĺ	If 10h was answered "Yes," check the box if you either provided the nexceptions to providing the notice applied under 29 CFR 2520.101-3			10i				
Par	i∛i Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirement	•	uctions and complet	e Sche	edule SB (Fo	m	X Yes	No
12	Is this a defined contribution plan subject to the minimum funding req		112 of the Code or s	ection	302 of ERIS	A? .	Yes X	No
	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable							
а								
LF.	granting the waiver you completed line 12a, complete lines 3, 9, and 10 of Schedule Mi			1th	Day	/	Year	
b	Enter the minimum required contribution for this plan year	•	•		12b	[
¢	Enter the amount contributed by the employer to the plan for this plan		* .	- •	120			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the	•			12d			
	negative amount) , , ,		4 * * * * *	* *		Yes		
TOTAL PROPERTY.	Will the minimum funding amount reported on line 12d be met by the	funding deadline?	* * * * * * * * * * * * * * * * * * *			Tes	No No	N/A
1981 1	and the second s						Yes X	NA
1.5a	Has a resolution to terminate the plan been adopted during the plan y If "Yes," enter the amount of any plan assets that reverted to the emp				13a	1	. L. 193 E	, NO
h	Were all the plan assets distributed to participants or beneficiaries, to		 -	ar the				
	of the PBGC?	anatolico in enomeri	Sant or procedure and	ж (Д) (С)			. Tyes 🕱	No
¢	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another p	lan(s), identify the pl	lan(s) i	to .			
	43c(1) Name of plan(s):			T	13c(2) E	:INI/=1	13c(3) PN(s	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	135(1) Nears of pan(a).	7	, A	†	rade; L	114(3)	inclass to said	*/
				<u> </u>				
	2		lana rac	las I	naturbii t-			
	ion: A penalty for the late or incomplete filing of this return/report		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Calcadada	
38 o	er penalties of perjury and other penalties set forth in the instructions. I d r Schedule MB completed and signed by an enrolled actuary, as well as f, it is true, correct, and complete.	the electronic versions of the electronic version	n of this return/repor	t, and	to the best o	ppiidable, s if my know	edge and	
Sic		6/26/11	Ji Wei			TO THE STATE OF TH	······································	
Min. Sin	RE Signature of plan administrator	Date	Enter name of inc	dividus	l signing as	plan admir	nistrator	
SK	1 Ware	6/26/11	Ji Wei	-				Name of Street, or other Persons
HE	37 () () () () () () () () () (Date	Enter name of inc	Jiyidua	al signing as	employer o	or plan sponsor	Hidden

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

Little Tsingtao Medical PC Defined Benefit Plan 20-5468959 / 001 For the plan year 1/1/2010 through 12/31/2010

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 19 - Discounted Employer Contributions

Little Tsingtao Medical PC Defined Benefit Plan 20-5468959 / 001

For the plan year 1/1/2010 through 12/31/2010

Valuation Date: 1/1/2010

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
D	2/22/2244	\$2.040					
Deposited Contribution	2/28/2011	\$2,940			_		_
Applied to MRC	1/1/2010	1,580	1,466	0	0	6.65	0
Applied to Quarterly Contribution	4/15/2010	340	303	0	340	6.65	11.65
Applied to Quarterly Contribution	7/15/2010	340	307	0	340	6.65	11.65
Applied to Quarterly Contribution	10/15/2010	340	310	0	340	6.65	11.65
Applied to Quarterly Contribution	1/15/2011	340	314	0	340	6.65	11.65
Deposited Contribution	3/1/2011	\$100,000					
Applied to Additional Contribution	1/1/2010	12,705	11,789	0	0	6.65	0
Applied to MRC	1/1/2010	87,295	81,004	0	0	6.65	0
Deposited Contribution	3/9/2011	\$20,000					
Applied to Additional Contribution	1/1/2010	20,000	18,533	0	0	6.65	0
Deposited Contribution	3/19/2011	\$20,000					
Applied to Additional Contribution	1/1/2010	20,000	18,500	0	0	6.65	0
Deposited Contribution	4/10/2011	\$15,000					
Applied to Additional Contribution	1/1/2010	15,000	13,821	0	0	6.65	0
Totals for Deposited Contribution		\$157,940	\$146,347	\$0	\$1,360		

Schedule SB, line 32 - Schedule of Amortization Bases

Little Tsingtao Medical PC Defined Benefit Plan 20-5468959 / 001

For the plan year 1/1/2010 through 12/31/2010

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2008	12,166	Shortfall	9,319	5	2,035
	01/01/2009	-3,992	Shortfall	-3,580	6	-675
Totals:				\$5,739		\$1,360

Schedule SB, Part V Summary of Plan Provisions

Little Tsingtao Medical PC Defined Benefit Plan 20-5468959 / 001

For the plan year 1/1/2010 through 12/31/2010

Employer: Little Tsingtao Medical PC

Type of Entity - S-Corporation

EIN: 20-5468959 TIN: Plan #: 001

<u>Dates:</u> Effective - 5/1/2007 Year end - 12/31/2010 Valuation - 1/1/2010

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 500 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Attainment of age 62 and completion of 10 years of service

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the unit credit benefit formula below rounded to the nearest dollar:

3% of average monthly compensation per year of service beginning year 1 limited to 10 year(s)

Accrued Benefit - Unit credit based on service

Minimum Benefit - None

Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - 100 times the Monthly Retirement Benefit

Top Heavy Minimum: None

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$195,000

Maximum 401(a)(17) compensation - \$245,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:YearsPercent0-10%

2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

Little Tsingtao Medical PC Defined Benefit Plan 20-5468959 / 001

For the plan year 1/1/2010 through 12/31/2010

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence 417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	3.21
Segment 2	6 - 20	5.19
Segment 3	> 20	5.67

Mortality Table - 10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

		P [1]	ie as an attachment to F	01111 2200 (JI 3300-3F.			
For c	alendar plan year 2010 or fiscal plan year	beginning	01/01/2010		and ending	12/	31/2010	
	ound off amounts to nearest dollar. aution: A penalty of \$1,000 will be asses	sed for late filin	g of this report unless reas	sonable cau	use is established	l.		
A Name of plan Little Tsingtao Medical PC Defined Benefit Pension Plan					B Three-digit plan number (PN) ▶ 001			
C Pi	an sponsor's name as shown on line 2a o	f Form 5500 or	5500-EZ		D E	mployer l	dentificatio	n Number (EIN)
	Little Tsingtao Medical F	°C			2	0-5468	959	
Εĭ	rpe of plan: X Single Multip	le-A Mult	iple-B F Prior y	ear plan siz	e: X 100 or few	er 🔲	101-500	More than 500
Part	Basic Information							
1	Enter the valuation date:	Month0	1 Day <u>01</u>	Year	2010			
2	Assets:							
	a Market value	• • • • • • •			• • • • • • • •	2		92,733
						2		92,733
	Funding target/participant count breakdov			2	(1) Number of		ts (2) Funding Target
	For retired participants and beneficiar			3a		0		0
	b For terminated vested participants			3b		- U		U
	C For active participants:			2-(4)				0
	(1) Non-vested benefits			3c(1)			-	
	· ,			3c(2)		-		88,129
	(3) Total active			3c(3)		1		88,129
	d Total			<u>j su</u>				88,129
	a Funding target disregarding prescribe	· ·		· • • • • •	•• 🗀	4	a	
	b Funding target reflecting at-risk assur					`` 	<u>u</u>	
	at-risk for fewer than five consecutive	•				4	b	
5							5	6.65
	Effective interest rate						3	82,344
	Target normal cost						-	
residentes	To the best of my knowledge, the information supplied in this accordance with applicable law and regulations. In my opion, combination, offer my best estimate of anticipated experience.	each other assumption	anying schedules, statements and attact is reasonable (taking into account the e	experience of the	plan and reasonable expe	ach preshibed a ectations) and s	assumption was a such other assum	pplied in ptions, in
SIC HE		IL A				0 (5/20/201	1
	Signa	ture of actuary					Date	
	Theodore Andersen M.A.A.A.						11-02034	
	Type or pi	rint name of act	uary		I/	lost recer	nt enrollmer	nt number
	Pension Associates						56-0306	****
	F	irm name			Teleph	one numb	er (includin	g area code)
	2001 West Main Street							
	Suite 230							
US		06902						
		ss of the firm						
If the a	actuary has not fully reflected any regulations	on or ruling pro	mulgated under the statute	e in comple	ting this schedule	e, check th	ne box and	see

Part II Begini	ning of year carryover a	nd prefunding balances						
				(a) Carryover balance	(b)	Prefunding	balance	
7 Balance at be	ginning of prior year after ap	plicable adjustments (item 13 from p	prior				-	
year)				0	0		0	
8 Portion used t	to offset prior year's funding	requirement (item 35 from prior year	r)	0	0 0			
9 Amount rema	ining (item 7 minus item 8)			0				0
	m 9 using prior year's actual			0				0
	cess contributions to be add		SEE					
a Excess co	ntributions (item 38 from pric	or year)				· · · · · · · · · · · · · · · · · · ·	23	,977
	(a) using prior year's effective						1	,535
c Total avail	able at beginning of current	plan year to add to prefunding balan	ce				25	,512
d Portion of i	item (c) to be added to prefu	nding balance					25	,512
		deemed elections		0	1			0
		9 + item 10 + item 11d - item 12).		0	1	***************************************	25	,512
12920.000.000.000.000.000.000.000.000.000	ding percentages		•					·
						14	76.27	%
		stage				1 . 1	105.22	
		es of determining whether carryover						
•						. 16	82.81	. %
		in is less than 70 percent of the fund						%
The second secon	tributions and liquidity s		<i>J</i> ,			· . ; ,/		
		plan year by employer(s) and employer	ovees:	,				
(a) Date	(b) Amount paid by	(c) Amount paid by	(a) Date	(b) Amount paid by		(c) Amo	unt paid by	
(MM-DD-YYYY)	employer(s)		(MM-DD-YYYY				loyees	
02/28/2011	2,94	10	03/01/2011	100	,000			
03/09/2011	20,00		03/19/2011		,000			
04/10/2011	15,00	00	······································		-			
			······································					
	:							
			Totals ▶ 186	(b) 157	,940	18(c)		
19 Discounted er	mplover contributions see i	instructions for small plan with a valu						
	· •	minimum required contribution from			19a			0
	ons made to avoid restriction	•			19b			0
		quired contribution for current year adjus			19c		146	,347
	tributions and liquidity shortfa							
•	in have a "funding shortfall" f	• •			· ·	🔲 Yes	x No	<u> </u>
•	•	installments for the current year ma				Tyes	No	
		mplete the following table as applica			. ,			in Seek
U II ZVa IS I	co, see mandellons and col	Liquidity shortfall as of en	······································	this plan year	£			<u>wateropean</u>
	(1) 1st	(2) 2nd		3rd	(4	1) 4th		
-	X-7	<u> </u>				,		
			L		L			

Part V Assumpt	ions used to determine f	unding target and target nori	mal cost				
21 Discount rate:							
a Segment rates:	1st segment	2nd segment	3rd segment		N/A, full yield curve used		
	4.60 %	6.65 %	6.76 %				
b Applicable month	(enter code)		• • • • • • • • • • • • •	21b	0		
22 Weighted average	<u> </u>	Prescribed combined		22	62		
23 Mortality table(s) (Prescribed separate		Substitute				
Part VI Miscella	aneous items						
24 Has a change bee	n made in the non-prescribed	actuarial assumptions for the curr	ent plan year? If "Yes," see	instru	ctions regarding required		
attachment	• • • • •				Yes X No		
25 Has a method cha	ange been made for the curren	t plan year? If "Yes," see instruction	ons regarding required attacl	nmen	t Yes x No		
26 Is the plan require	d to provide a Schedule of Act	tive Participants? If "Yes," see inst	ructions regarding required a	attach	ment Yes X No		
27 If the plan is eligib	le for (and is using) alternative	e funding rules, enter applicable co	de and see instructions				
regarding attachm	ient			27			
Part VII Reconc	iliation of unpaid minimu	m required contributions for	prior years				
28 Unpaid minimum	required contribution for all price	or years		28	0		
29 Discounted emplo	yer contributions allocated tov	vard unpaid minimum required con	tributions from prior years				
(item 19a)					0		
30 Remaining amour	nt of unpaid minimum required	contributions (item 28 minus item	29)	30	0		
Part VIII Minimui	m required contribution fo	or current year					
31 Target normal cos	st, adjusted, if applicable (see i	nstructions)		31	82,344		
32 Amortization insta	Ilments:		Outstanding Balance		Installment		
a Net shortfall amortization installment 5,739					1,360		
b Waiver amortization installment				0			
33 If a waiver has be	en approved for this plan year	, enter the date of the ruling letter	granting the approval				
(Month	Day Yea		mount	33	0		
34 Total funding requ	irement before reflecting carry	vover/prefunding balances					
		<u> </u>		34	83,704		
		Carryover balance	Prefunding Balance		Total balance		
35 Balances used to	offset funding requirement	0		0	0		
36 Additional cash re	quirement (item 34 minus item	135)		36	83,704		
37 Contributions allo	cated toward minimum require	d contribution for current year adju					
	·			37	146,347		
38 Interest-adjusted excess contributions for current year (see instructions)				38	62,643		
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)							
40 Unpaid minimum	required contribution for all yea	ars		40			

Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

Little Tsingtao Medical PC Defined Benefit Plan 20-5468959 / 001

For the plan year 1/1/2010 through 12/31/2010

1/1/2010 **Valuation Date:**

Funding Method: As prescribed in IRC Section 430

> Age - Eligibility age at last birthday and other ages at last birthday New participants are not included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	4.60
Segment 2	6 - 20	6.65
Segment 3	> 20	6.76

Pre-Retirement - Mortality Table -None

> Turnover/Disability -None Salary Scale -None Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living -

Lump Sum -10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A) at 5%

10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Asset Valuation Method:

Pre-Retirement - Interest -8%

> Mortality Table -U84 - 1984 Unisex

8%

Permissively Aggregated Plans - Tested as a Single Plan

Post-Retirement - Interest -

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits