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.

2000

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

For	art I Annual Report Identification Information				
	r calendar plan year 2009 or fiscal plan year beginning 07/01/200	9	and ending 0	6/30/2	2010
Α	This return/report is for:	multiple-e	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for:	final retur	n/report		_
	an amended return/report	short plan	year return/report (less than 12 mor	nths)	
C	Check box if filing under:		extension	,	DFVC program
·	special extension (enter description				
Dr	art II Basic Plan Information—enter all requested inform	,			
	Name of plan	alion		1h	Three-digit
	INER & GILBERT, PC RETIREMENT PLAN				plan number
	,				(PN) • 001
				1c	Effective date of plan
				26	07/01/1978
	 Plan sponsor's name and address (employer, if for single-employer INER & GILBERT, PC 	plan)		ZD	Employer Identification Number (EIN) 13-2858603
17 (14)	INCINCIONES INCINCIONAL INCINCIONALI INCINCION			2c	Plan sponsor's telephone number
	HUGUENOT ST. SUITE 204				914-385-0244
NEW	V ROCHELLE, NY 10801			2d	Business code (see instructions)
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	,")	3h	541110 Administrator's EIN
	INER & GILBERT, PC 145 HUGUE	NOT ST. S	UITE 204		13-2858603
	NEW ROCH	ELLE, NY	10801	3с	Administrator's telephone number
<u> </u>	If the name and/or EIN of the plan sponsor has changed since the la	at ratura/ra	nort filed for this plan anter the	4b	914-385-0244
	name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	40	EIN
				4c	PN
5a	Total number of participants at the beginning of the plan year			5a	4
b	Total number of participants at the end of the plan year			5b	4
С			,	F.	
	complete this item)			5c	
ьа	Were all of the plan's assets during the plan year invested in eligib		(Soo inetructions)		V V N-
h			'		X Yes No
b	, , , , ,	an indeper	dent qualified public accountant (IQI	PA)	
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	an indeper and conditi	dent qualified public accountant (IQI ons.)	PA)	
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper and conditi	dent qualified public accountant (IQI ons.)	PA)	
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Pa 7 a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities	an indeper and conditi orm 5500-	dent qualified public accountant (IQI ons.)SF and must instead use Form 55	PA) 00 .	(b) End of Year
Pa 7 a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets	an indeper and conditi orm 5500-	dent qualified public accountant (IQI ons.)SF and must instead use Form 55	00.	(b) End of Year
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Pa 7 a b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	an indeper and conditi orm 5500- 7a 7b	dent qualified public accountant (IQI ons.)	PA)	(b) End of Year 38435
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Pa 7 a b c 8	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	an indeper and condition 5500- . 7a . 7b . 7c . 8a(1) . 8a(2)	dent qualified public accountant (IQI ons.)	PA)	(b) End of Year 38435
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Part IV	Dlan	Charac	torictics
Part IV	Plan	Charac	reristics

Signature of plan administrator

SIGN HERE Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

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

D '	11 1111	plan provides wellare benefits, effect the applicable wellare feati	ure codes from the f	LIST OF FRANCISCO	ICICIIS	iic Coi	ics III	ine mande	tions.	
Part	٧	Compliance Questions								
10	Dur	ng the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian	•		10a		X			
b		e there any nonexempt transactions with any party-in-interest? (Dine 10a.)		•	10b		X			
С	Wa	s the plan covered by a fidelity bond?			10c	X				100000
d		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?		•	10d		X			
	insı	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of thructions.)	e benefits under the	e plan? (See	10e		X			
f	Has	the plan failed to provide any benefit when due under the plan? $% \left(\frac{1}{2}\right) =\frac{1}{2}\left(\frac$			10f		X			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X			
h	<u>a</u>						X			
i		th was answered "Yes," check the box if you either provided the respitions to providing the notice applied under 29 CFR 2520.101-3.			10i					
Part '	VI	Pension Funding Compliance								
11	ls th 550	is a defined benefit plan subject to minimum funding requirements)))	s? (If "Yes," see inst	tructions and com	plete	Sched	lule SE	3 (Form	X Ye	s No
12	ls t	nis a defined contribution plan subject to the minimum funding req	uirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Ye	s 🛚 No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	,							
		vaiver of the minimum funding standard for a prior year is being a ting the waiver.								
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule Mi					Day		T Cal	
		er the minimum required contribution for this plan year		-			12b			
С	Ente	er the amount contributed by the employer to the plan for this plan	year				12c			
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a minu	us sign to the left	of a		12d			
е	Will	the minimum funding amount reported on line 12d be met by the f	funding deadline?					Yes	No	N/A
Part \	VII	Plan Terminations and Transfers of Assets								_
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Ye	s X No
	If "Y	es," enter the amount of any plan assets that reverted to the empl	lover this year				13a		<u> </u>	
	Wei	e all the plan assets distributed to participants or beneficiaries, tra					ntrol		Ye	s X No
		ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	n(s) to			•	
13	3c(1	Name of plan(s):				13	c(2) El	N(s)	13c(3) PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonab	le cau	ıse is	establ	ished.		
SB or	Sch	alties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.						·	,	
SIGN	F	led with authorized/valid electronic signature.	09/06/2011	LESTER TANNE	R					
HERE	- [Signature of plan administrator	Date	Enter name of ir	ndividu	ual sin	ning as	s plan adm	ninistrator	

Date

Date

09/06/2011

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

LESTER TANNER

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

2009

This Form is Open to Public Inspection

	ocl-	der :	lon voor 0000	or figget at a			7/01/2009	nent to Form	5500 or	5500-		din -	06/30/2	2010	1		
			lan year 2009			ar beginning 0	1/01/2009				and en	uing	00/30/2	2010	,		
			amounts to														
	Cauti	on: A	penalty of \$1	1,000 will be a	sse	ssed for late filing of	of this repor	rt unless reas	onable ca	ause is	s establish	ned.					
A I	lame	of pla	n	ETIDEMENT	D. 4	. N				В	Three-d	igit					
IAN	INER	& GII	BERT, PC R	ETIREMENT	PLA	AN					plan nur	mber	(PN))	•	001	
				shown on line	2a (of Form 5500 or 55	00-SF			D	Employe	r Ider	ntification	n Nu	mber (EIN)	
TAN	NER	& GIL	BERT, PC							12	-2858603						
										13.	2030003						
Εī	ype o	f plan	Single	Multiple-A	. [Multiple-B	F	Prior year pl	an size:	X 100	or fewer	П	101-500	П	More t	han 500	
		Ė						- , 1	<u> </u>								
Pa	rt I	В	asic Inforr	nation													
1	Ente	er the	valuation dat	e:	Mo	onth <u>07</u> 1	Day <u>01</u> _	Year _	2009	_							
2	Ass	ets:															
	а	Mark	et value										2a				32290
	b	Actu	arial value										2b				32290
3	Fun	dina t	arget/participa	ant count bre	akdo	nwn			(1) N	Jumbe	er of partic	rinan	te		(2)	Funding Tar	net
·	_	U	• • •			iaries receiving pav	mont	3a	(1)1	v arribe	or partic	лрап	1		(2)	i dildilig rai	22144
	a					01.	•						2				106429
	b				nts .			3b									100429
	С	For	active particip	ants:													
		(1)	Non-vested I	benefits				3c(1)									0
		(2)	Vested bene	fits				3c(2)									0
		(3)	Total active.					3c(3)					0				0
	d	` '											3				128573
4						omplete items (a)			I	П							
7	11 (11	•	•			. , ,	` '			ш							
	а	Fund	ling target dis	regarding pre	scril	oed at-risk assump	tions						4a				
	b					umptions, but disre							4b				
						ve years and disre		-					_				0.00
5	Effe	ctive	interest rate										5				6.68 %
6	Tar	get no	rmal cost										6				0
Stat	emen	t by	Enrolled Act	uary													
						n this schedule and accor pinion, each other assum											
						ience under the plan.	ipitori io redoor	lable (taking into t	occurr tric t	охропоп	loc of the pla	iii ana	reasonasie	СХРС	otations	una odom otnor	accumptions, in
•	IGN																
	ERE													0	3/09/2	011	
	LNL	_								_							
CTE	/ENL 1	- 1 1 KU		Sig	natu	re of actuary									Date		
SIE	VENI	ELLN	EK							_					08-043	320	
				Type or	prin	t name of actuary						N	∕lost rece	ent e	enrollm	ent number	
PEN	SION	PAR	AMETERS, L	LC										73	2-583-	1313	
					Fir	m name					7	ГеІер	hone nu	mbe	er (inclu	ıding area c	ode)
675	LINE	RD													,	3	,
1 ARF	RDFF	N. N.	J 07747														
				A	dre	ss of the firm				_							
If the	actur	arv ha	s not fully rofl	lected any ro	uulat	ion or ruling promu	ilasted und	or the statuto	in compl	etina t	his school	lule 4	chack th	a ho	v and	200	П
	action		S not fully reli	iccieu arry re(juial	ion or running proffic	iigai c u uilu	or trie statute	iii compi	oung t	1113 301160	iui c , (OHOOK III	G DO	n allu	30 0	Ш

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Pa	art II	Begir	ning of year	carryov	er and prefunding ba	lances						
	·			-			(a)	Carryover balance		(b) F	Prefundir	ng balance
7					icable adjustments (Item 13				0			0
8	Portion	used to	offset prior year's	funding re	quirement (Item 35 from pri	or year)			0			0
9	Amount	remaini	ng (Item 7 minus	item 8)					0			0
10	Interest	on item	9 using prior year	's actual re	eturn of%				0			0
11	Prior yea	ar's exce	ess contributions	to be adde	d to prefunding balance:							
	a Exce	ess conti	ributions (Item 38	from prior	year)							0
	b Inter	est on (a	a) using prior year	r's effective	e rate of							0
					year to add to prefunding bal							0
	d Porti	ion of (c)	to be added to p	refunding l	palance							0
12					eemed elections				0			0
13					+ item 10 + item 11d - item				0			0
	art III		ding percent			•			ı.			
											14	25.11 %
					ge						15	25.11 %
16	Prior yea	ar's fund	ling percentage fo	or purposes	s of determining whether ca	rryover/pref	unding bala	ances may be used	to reduce		16	83.07 %
17			<u> </u>		is less than 70 percent of th					-	17	25.11 %
					·	io rariairig te	argot, oritor	odon poroomago				70
	art IV		tributions an	•	•							
10	(a) Date		(b) Amount p		/ear by employer(s) and em (c) Amount paid by	` ` 	Date	(b) Amount pa	aid by	10	-) Amour	nt paid by
(N	M-DD-Y		employer		employees		D-YYYY)	employer(-	,	emplo	
03	3/04/2011			17018	0							
						Totals ▶	18(b))	17018	18(c)		0
19	Discoun	ted emp	loyer contribution	s – see ins	structions for small plan with	a valuation	date after	the beginning of the	year:			
	a Contr	ibutions	allocated toward	unpaid mir	nimum required contribution	from prior y	ears		19a			0
	b Contr	ibutions	made to avoid re-	strictions a	djusted to valuation date				19b			0
	C Contri	ibutions a	allocated toward m	inimum req	juired contribution for current	year adjuste	d to valuation	on date	19c			15195
20	Quarterl	y contrib	outions and liquidi	ty shortfall:	s:							
	a Did th	ne plan h	ave a "funding sh	ortfall" for	the prior year?						X	Yes No
	b If 20a	is "Yes,	" were required q	uarterly ins	stallments for the current ye	ar made in a	a timely ma	nner?			∏	Yes X No
				•	lete the following table as a		•					
				<u> </u>	Liquidity shortfall as of e		er of this p	lan year				
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4th	
			0			0			0			0

Pa	rt V Assumptio	ns used to determine t	unding target and ta	rget n	ormal cost					
21	Discount rate:									
	a Segment rates:	1st segment: 5.21 %	2nd segment: 6.74 %		3rd segment: 6.84 %		N/A, full yield curve used			
	b Applicable month	(enter code)				21b	0			
22	Weighted average ret	tirement age				22				
23	Mortality table(s) (see	e instructions)	escribed - combined	Pres	cribed - separate	Substitut	е			
Pa	rt VI Miscellane	ous items								
24	•	nade in the non-prescribed act	•		•		· · · · · · · · · · · · · · · · · · ·			
25	Has a method change	e been made for the current pl	an year? If "Yes," see instru	uctions r	egarding required attac	hment	Yes X No			
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see	instructi	ons regarding required	attachment.	Yes X No			
27		or (and is using) alternative fui	9 / 11			27				
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribut	tions f	or prior years					
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0			
29	29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)					29	0			
30	Remaining amount of	f unpaid minimum required cor	ntributions (item 28 minus ite	em 29)		30	0			
Pa	rt VIII Minimum	required contribution	for current year							
31		djusted, if applicable (see inst				31	0			
32	Amortization installme		,		Outstanding Bala	ince	Installment			
	a Net shortfall amort	tization installment				88569	15163			
	b Waiver amortization	on installment				0	0			
33		approved for this plan year, en Day Year				33	0			
34	0 1	ment before reflecting carryove	1 0			34	15163			
			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	· · · · · · · · · · · · · · · · · · ·			36	15163			
37		ed toward minimum required co	•	•		37	15195			
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	32			
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 3	6 over it	em 37)	39	0			
40		uired contribution for all years				40				

Schedule SB, line 32 -Schedule of Amortization Bases Tanner & Gilbert, Pc Retirement Plan Trust

13-2858603 / 001

For the plan year 7/1/2009 through 6/30/2010

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	07/01/2008	11,488	Shortfall	10,060	6	1,916
	07/01/2009	78,509	Shortfall	78,509	7	13,247
Totals:				\$88,569		\$15,163

Schedule SB, line 19 - Discounted Employer Contributions

Tanner & Gilbert, Pc Retirement Plan Trust

13-2858603 / 001

For the plan year 7/1/2009 through 6/30/2010 Valuation Date: 7/1/2009

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	3/4/2011	\$17,018					
Applied to Additional Contribution	7/1/2009	36	32	0	0	6.68	0
Applied to MRC	7/1/2009	15,070	13,524	0	0	6.68	0
Applied to Quarterly Contribution	10/15/2009	478	403	0	478	6.68	11.68
Applied to Quarterly Contribution	1/15/2010	478	407	0	478	6.68	11.68
Applied to Quarterly Contribution	4/15/2010	478	412	0	478	6.68	11.68
Applied to Quarterly Contribution	7/15/2010	478	417	0	478	6.68	11.68
Totals for Deposited Contribution		\$17,018	\$15,195	\$0	\$1,912		

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Tanner & Gilbert, Pc Retirement Plan Trust

13-2858603 / 001

For the plan year 7/1/2009 through 6/30/2010

Valuation Date:

7/1/2009

Funding Method:

As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

New participants are 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) Minimum

Interest Rates

permitted under IRC 430(h)(2)(C)								
Segment#	Year	Rate %						
Segment 1	0 - 5	5.21						
Segment 2	6 - 20	6.74						
Segment 3	> 20	6.84						

Pre-Retirement - Mortality Table -

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

Post-Retirement - Mortality Table -

09C - 2009 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living -

None

None

Lump Sum -

U84 - 1984 Unisex wth Males set back 3 years and Females set back 3 years at 5%

09E - 2009 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method:

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:

Pre-Retirement - Interest -

8%

Post-Retirement - Interest -

Mortality Table -

G83M - 1983 Group Annuity (male)

Permissively Aggregated Plans - Not tested As Single Plan

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

Schedule SB, Part V Summary of Plan Provisions

Tanner & Gilbert, Pc Retirement Plan Trust

13-2858603 / 001

For the plan year 7/1/2009 through 6/30/2010

Employer: Tanner & Gilbert, Pc

Type of Entity - C-Corporation

EIN: 13-2858603

TIN: 13-2858603

Plan #: 001

Dates: Effective - 7/1/1978

Year end - 6/30/2010

Valuation - 7/1/2009

Top Heavy Years - 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002,

2003, 2004, 2005, 2006, 2007, 2008, 2009

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

Minimum age - 21 Months of service - 6

Hours Required for - Eligibility - 1000

Benefit accrual - 1000

Vesting - 1000

Plan Entry - Anniversary date on or next following eligibility satisfaction

Retirement: Normal - Attainment of age 65 and completion of 5 years of participation

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 fixed benefit formula below:

90% of average monthly compensation reduced by 1/10 for each year of participation less than

10 years

Accrued Benefit - Pro-rata based on participation

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 - Present Value of Accrued Benefit

Top Heavy Minimum: 1.8% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

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

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

Normal Form: Life Annuity Guaranteed for 10 years

Optional Forms: Life Annuity

Life Annuity Guaranteed for 10 Years

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

Vesting Schedule: Years Percent

0-1 0% 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

Tanner & Gilbert, Pc Retirement Plan Trust

13-2858603 / 001

For the plan year 7/1/2009 through 6/30/2010

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

417(e):

Interest Rates -

Segment#	Years	Rate %
Segment 1	0 - 5	4.27
Segment 2	6 - 20	5.35
Segment 3	> 20	5.33

Mortality Table - 09E - 2009 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest -

6%

Mortality Table -

None

Post-Retirement - Interest -

5%

Mortality Table -

U84 - 1984 Unisex wth Males set back 3 years and Females set back 3 years

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009		and en	ding	06/30	/2010			
 ▶ Round off amounts to nearest dollar. ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reas 	onable ca	use is esta	blished.					
A Name of plan Tanner & Gilbert, PC Retirement Plan				digit umber ((PN) ▶ 001			
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ			D Employ	yer ide:	ntification Number (EIN)			
Tanner & Gilbert, PC			13-28	35860	3			
	ear plan si	ze: 🗴 100	or fewer	10	1-500 More than 500			
Part I Basic Information								
1 Enter the valuation date: Month 07 Day 01	_ Year	2009						
2 Assets:								
				2a	20.000			
a Market value		• • • • •		2b	32,290 32,290			
3 Funding target/participant count breakdown		1	ber of partic		(2) Funding Target			
a For retired participants and beneficiaries receiving payment	3a	(1) (Vai)	1	parito	22,144			
b For terminated vested participants	3b	-	2		106,429			
C For active participants:								
(1) Non-vested benefits	3c(1)				0			
(2) Vested benefits	3c(2)	1			0			
(3) Total active	3c(3)		0		0			
d Total	3d		3		128,573			
4 If the plan is at-risk, check the box and complete lines a and b								
a Funding target disregarding prescribed at-risk assumptions		· • • • •		4a				
b Funding target reflecting at-risk assumptions, but disregarding transition rule for	r plans tha	it have bee	n	١				
at-risk for fewer than five consecutive years and disregarding loading factor				4b				
5 Effective interest rate				5	6.68			
6 Target normal cost				6	0			
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attach accordance with applicable law and regulations. In my opion, such other assumption is reasonable (taking into account the ecombination, offer my best estimate of anticipated experience under the plan.	ments, if any, is xperience of the	s complete and a e plan and reason	ccurate. Each press able expectations)	ibed assur and such	mption was applied in other assumptions, in			
SIGN STEW CLEW			Marca	4 9	,2011			
Signature of actuary				-	/ Date			
Steven Ellner	08-04320							
Type or print name of actuary					Most recent enrollment number			
PENSION PARAMETERS, LLC				(732) 583-1313				
Firm name		7	Telephone n	umber	(including area code)			
675 LINE RD								
1								
US ABERDEEN NJ 07747								
Address of the firm								
If the actuary has not fully reflected any regulation or ruling promulgated under the statute	in comple	eting this so	chedule, che	ck the I	box and see			

Pa	rt II Beginr	ning of year carryover a	and prefunding balances						
_				(8	a) Carryover balance	(b) Pre	funding	balance	
7	Balance at beginning of prior year after applicable adjustments (item 13 from prior						101101119	20101100	
		·		·	0			0	
-8			requirement (item 35 from prior yea		0	-		0	
					0			0	
10	Interest on ite	m Queina prior veare actus	al return of <u>0.00</u> %	• • • • • •	0			0	
			***************************************	seside		103504130413400	-2000		
			ributions to be added to prefunding balance:						
		Excess contributions (item 38 from prior year)						0	
		Interest on (a) using prior year's effective rate of 5.99 %					0		
		able at beginning of current plan year to add to prefunding balance							
42					0	-		0	
			r deemed elections		0				
		ing percentages	n 9 + item 10 + item 11d - item 12).		U			0	
								05 13	
							14	25.11 %	
			ntage				15	25.11 %	
	-		ses of determining whether carryove		•		16	83.07 %	
			an is less than 70 percent of the fund				17	25.11 %	
Рa	rt IV Cont	ributions and liquidity	shortfalls						
18	Contributions (made to the plan for the the	e plan year by employer(s) and empl	oyees:					
	(a) Date	(b) Amount paid by	(c) Amount paid by	(a) Date	(b) Amount paid by	,	(c) Amo	unt paid by	
(M	M-DD-YYYY)	employer(s)	employees	(MM-DD-YYYY)	employer(s)	employees			
03/	/04/2011	17,0	18						
				Totals ► 18(b) 17	,018 18(c)		
19	Discounted en	nployer contributions – see	instructions for small plan with a val	uation date after	the beginning of the year:				
	a Contribution	ns allocated toward unpaid	minimum required contribution from	prior years		19a		0	
	b Contribution	ns made to avoid restriction	ns adjusted to valuation date			19b		0	
	C Contributions	s allocated toward minimum re	equired contribution for current year adjus	sted to valuation da	te	19c		15,195	
20	Quarterly conti	ributions and liquidity short	fall(s):			V. (4)			
	a Did the plan	have a "funding shortfall"	for the prior year?				X Yes	□No	
	a Did the plan have a "funding shortfall" for the prior year?								
	c If 20a is "Yes," see instructions and complete the following table as applicable:								
		,	Liquidity shortfall as of er		his plan vear	1			
		(1) 1st	(2) 2nd	(3) 3r		(4)	4th		
					_	, ,			
		0	0		0			0	

Part V Assumpt	ions used to determine fo	unding target and target norr	nal cost				
21 Discount rate:							
a Segment rates:	1st segment	2nd segment	3rd segment		N/A, full yield curve used		
	5.21 %	6.74 %	6.84 %				
b Applicable month	(enter code)			21b	0		
22 Weighted average		22	65				
23 Mortality table(s) (Substitute					
Part VI Miscellaneous items							
24 Has a change bee	en made in the non-prescribed	actuarial assumptions for the cu	rent plan year? If "Yes," see	e inst	ructions regarding required		
attachment		· · · · · · · · · · · · · · · · · · ·					
25 Has a method cha	inge been made for the curre	nt plan year? If "Yes," see instruct	ions regarding required atta	chme	ent Yes 🕱 No		
26 Is the plan require	d to provide a Schedule of Ad	ctive Participants? If "Yes," see ins	structions regarding required	d atta			
		e funding rules, enter applicable o					
regarding attachm		• • • • • • • • • • • • • • • • • • • •		27			
Part VII Reconci		n required contributions for					
		ior years		28	0		
29 Discounted emplo	yer contributions allocated to	ward unpaid minimum required co	ntributions from prior years				
		· · · · · · · · · · · · · · · · · · ·		29	0		
30 Remaining amour	30	0					
	n required contribution for			1			
31 Target normal cost, adjusted, if applicable (see instructions)							
32 Amortization installments: Outstanding Balance			1	Installment			
a Net shortfall amort				569 15,1			
				0	···		
		r, enter the date of the ruling letter	granting the approval				
(Month		r) and the waived a		33	0		
34 Total funding requ	irement before reflecting carr						
(item 31 + item 32a + item 32b - item 33)					15,163		
		Carryover balance	Prefunding Balance	34	Total balance		
35 Balances used to	offset funding requirement	0		0	0		
		m 35)		36	15,163		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date							
(item 19c)					15,195		
38 Interest-adjusted excess contributions for current year (see instructions)				37 38	32		
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)				39			
40 Unpaid minimum required contribution for all years				40			
					<u> </u>		