

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
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B This return/report is for:	☐ first return/report ☐ final return/report ☐ an amended return/report ☐ short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information							
1a Name of plan MUSEUM MEDICAL, PC DEFINED BENEFIT PLAN		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1997</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan 01/01/1997			
1b Three-digit plan number (PN) ►	001							
1c Effective date of plan 01/01/1997								
2a Plan sponsor's name and address (employer, if for single-employer plan) MUSEUM MEDICAL, PC 211 CENTRAL PARK WEST NEW YORK, NY 10024		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">2b Employer Identification Number (EIN) 13-3859703</td> <td style="width:40%;"></td> </tr> <tr> <td>2c Plan sponsor's telephone number 212-887-3120</td> <td></td> </tr> <tr> <td>2d Business code (see instructions) 621111</td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) 13-3859703		2c Plan sponsor's telephone number 212-887-3120		2d Business code (see instructions) 621111	
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2c Plan sponsor's telephone number 212-887-3120								
2d Business code (see instructions) 621111								
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") MUSEUM MEDICAL, PC 211 CENTRAL PARK WEST NEW YORK, NY 10024		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">3b Administrator's EIN 13-3859703</td> <td style="width:40%;"></td> </tr> <tr> <td>3c Administrator's telephone number 212-887-3120</td> <td></td> </tr> </table>	3b Administrator's EIN 13-3859703		3c Administrator's telephone number 212-887-3120			
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3c Administrator's telephone number 212-887-3120								
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. Sponsor's name		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">4b EIN</td> <td style="width:40%;"></td> </tr> <tr> <td>4c PN</td> <td></td> </tr> </table>	4b EIN		4c PN			
4b EIN								
4c PN								
5a Total number of participants at the beginning of the plan year		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">5a</td> <td style="width:40%; text-align: center;">3</td> </tr> <tr> <td>5b</td> <td style="text-align: center;">3</td> </tr> <tr> <td>5c</td> <td></td> </tr> </table>	5a	3	5b	3	5c	
5a	3							
5b	3							
5c								
b Total number of participants at the end of the plan year								
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....								
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		☒ Yes ☐ No						
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....		☒ Yes ☐ No						
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								

Part III	Financial Information		
7 Plan Assets and Liabilities			
		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1085900	1250481
b Total plan liabilities	7b	0	
c Net plan assets (subtract line 7b from line 7a)	7c	1085900	1250481
8 Income, Expenses, and Transfers for this Plan Year			
		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	80000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	84581	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		164581
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		
i Net income (loss) (subtract line 8h from line 8c)	8i		164581
j Transfers to (from) the plan (see instructions)	8j		

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

1A 3D

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

		Yes	No	Amount
10 During the plan year:				
a 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	
c 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	
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		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			
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			

Part VI Pension Funding Compliance

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

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

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

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

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

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

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

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

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2011	DANIEL EISENBAUM, CPA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN 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). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>MUSEUM MEDICAL, PC DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MUSEUM MEDICAL, PC</u>	D Employer Identification Number (EIN) <u>13-3859703</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>1084604</u>
b	Actuarial value 2b <u>1084604</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>0</u> <u>0</u>
b	For terminated vested participants 3b <u>1</u> <u>65369</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>1249711</u>
(3)	Total active 3c(3) <u>2</u> <u>1249711</u>
d	Total 3d <u>3</u> <u>1315080</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.65</u> %
6	Target normal cost 6 <u>21995</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>09/21/2011</u>
Signature of actuary	Date
<u>LARRY N. ROTHWEILER, JR.</u>	<u>11-05095</u>
Type or print name of actuary	Most recent enrollment number
<u>INTAC ACTUARIAL SERVICES, INC.</u>	<u>201-447-2525</u>
Firm name	Telephone number (including area code)
<u>545 ROUTE 17 SOUTH</u> <u>RIDGEWOOD, NJ 07450</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	53000
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	0	53000
10	Interest on item 9 using prior year's actual return of <u>18.89</u> %	0	10012
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		99644
b	Interest on (a) using prior year's effective rate of <u>6.41</u> %		6387
c	Total available at beginning of current plan year to add to prefunding balance		106031
d	Portion of (c) to be added to prefunding balance.....		106031
12	Reduction in balances due to elections or deemed elections.....	0	141426
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	27617

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	80.37 %
15	Adjusted funding target attainment percentage.....	15	80.37 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	100.03 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and liquidity shortfalls	
18 Contributions made to the plan for the plan year by employer(s) and employees:		
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2011	80000	
Totals ►		18(b) 80000
		18(c)

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

a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	75012

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 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 retirement age				22 55
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	21995
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	205490	34343
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	56338
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	56338
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	75012
38 Interest-adjusted excess contributions for current year (see instructions).....	38	18674
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

MUSEUM MEDICAL, P.C. DEFINED BENEFIT PLAN

Statement of Actuarial Assumptions and Method

Plan Year: 1/1/2010 to 12/31/2010

Valuation Date: 1/1/2010

	<u>For PPA Funding</u>	<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>
Interest Rates	Segment 1 4.60%	Segment 1 3.24%	Pre-Retirement 5.00%
	Segment 2 6.65%	Segment 2 5.02%	Post-Retirement 5.00%
	Segment 3 6.76%	Segment 3 5.32%	
Pre-Retirement			
Turnover	None	None	None
Mortality	None	None	None
Assumed Ret Age	Early retirement age Attainment of Age 55 5 years of participation	Early retirement age Attainment of Age 55 5 years of participation	Early retirement age Attainment of Age 55 5 years of participation
Post-Retirement			
Mortality	2010 Applicable Mortality Table from Rev Rul 2006-67	2010 Applicable Mortality Table from Rev Rul 2006-67	Male-IA83M-5 Female-1983 Individual Annuity Mortality Male - Setback 5 Years
Assumed Benefit Form For Funding		Lump Sum	
Calculated Effective Interest Rate		6.65%	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

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
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For calendar plan year 2010 or fiscal plan year beginning _____ and ending _____

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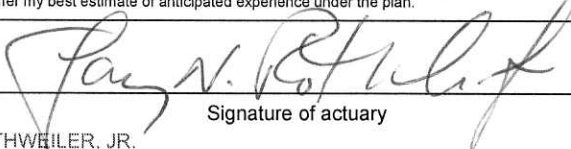
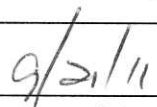
A Name of plan MUSEUM MEDICAL, PC DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MUSEUM MEDICAL, PC	D Employer Identification Number (EIN) 13-3859703	

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500
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Part I Basic Information			
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2	Assets:		
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	b Actuarial value.....	2b	1084604
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	a For retired participants and beneficiaries receiving payment	3a	0
	b For terminated vested participants	3b	65369
	c For active participants:		
	(1) Non-vested benefits.....	3c(1)	0
	(2) Vested benefits.....	3c(2)	1249711
	(3) Total active	3c(3)	1249711
	d Total.....	3d	1315080
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	6.65 %
6	Target normal cost.....	6	21995

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	 Date 11-05095
	LARRY N. ROTHWEILER, JR. Type or print name of actuary	Most recent enrollment number 201-447-2525
	INTAC ACTUARIAL SERVICES, INC. Firm name	Telephone number (including area code)
	545 ROUTE 17 SOUTH RIDGEWOOD NJ 07450 Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

(b) Prefunding balance

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

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

21 Discount rate:				
a Segment rates:	1st segment: 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 retirement age				22 55
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
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Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	21995
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	205490	34343
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	34	56338
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	56338
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	75012
38 Interest-adjusted excess contributions for current year (see instructions).....	38	18674
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

MUSEUM MEDICAL, P.C. DEFINED BENEFIT PLAN

Summary of Plan Provisions
Plan Year: 1/1/2010 to 12/31/2010

Plan Effective Date	January 1, 1997
Plan Year	From January 1 to December 31
Eligibility	All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements: 1 year of service Minimum age 21
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on the later of the following: Attainment of age 62 Completion of 5 years of participation
Normal Retirement Benefit	Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following: 10 percent of compensation times credited years Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following: Years with less than 1,000 hours with a maximum of 10 years Maximum benefit is \$16,250 per month Maximum percent of salary is 100% Benefit is based on average salary during the highest 3 consecutive years of employment
Early Retirement Age	Attainment of age 55 5 years of participation
Early Retirement Benefit	Accrued Benefit
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	The normal retirement benefit described above calculated based on the salary and/or service to the date of calculation, but payable at normal retirement.

MUSEUM MEDICAL, P.C. DEFINED BENEFIT PLAN

Summary of Plan Provisions

Plan Year: 1/1/2010 to 12/31/2010

Termination Benefit

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	20
3	40
4	60
5	80
6	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Each participant will be entitled to a minimum accrued benefit equal to the following:

2 percent of average compensation times credited years

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1,000 hours
excluding years plan not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

Top-Heavy Normal Form

A benefit payable for the life of the participant

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

MUSEUM MEDICAL, P.C. DEFINED BENEFIT PLAN

Shortfall Amortization

Valuation Date: January 1, 2010

<u>Valuation Date</u>	<u>Amortization Method</u>	<u>Number of Future Installments</u>	<u>Installment</u>	<u>Value of Future Installments</u>
01/01/2010	7-year	7	\$34,343	\$205,490
Total			\$34,343	\$205,490

MUSEUM MEDICAL, P.C. DEFINED BENEFIT PLAN

Funded Status
Valuation Date: January 1, 2010

(a) Funding Target	\$1,315,080
(b) Actuarial Value of Assets	\$1,084,604
(c) Carryover Balance	\$0
(d) Prefunding Balance	\$27,617
(e) Funding Target Attainment Percentage per IRC 430(d)(2) $\frac{[(b)-(c)-(d)]}{(a)}$, not less than 0%	80.37%
(f) Funding Ratio for current plan year per IRC 430(f)(3) $\frac{[(b)-(d)]}{(a)}$, not less than 0%	80.37%
(g) Funding Ratio for prior plan year per IRC 430(f)(3) <i>(Must be at least 80.00% to use carryover and prefunding balances toward current year minimum contribution.)</i>	100.03%
<u>Funding Shortfall</u>	
(h) Funding shortfall $((a)-((b)-(c)-(d)))$, not less than zero <i>(If greater than zero, quarterly contributions are required in next plan year. If equal to zero, there is no Shortfall Amortization Base for the current year and prior bases are reduced to zero.)</i>	\$258,093
(i) Plan effective after 12/31/2007 or subject to deficit reduction in 2007?	No
(j) Percentage of Funding Target used to determine shortfall	96.00%
(k) Funding shortfall before IRC 430(c)(5) exemption <i>(a)*(j) less ((b)-(c)-(d)), not less than zero</i>	\$205,490
(l) Was a portion of the prefunding balance used toward minimum?	Yes
(m) Funding shortfall for purposes of IRC 430(c)(5) exemption <i>If (l)=Yes, (a)*(j) less (b)-(d), not less than zero</i> <i>If (l)=No, (a)*(j) less(b), not less than zero</i>	\$205,490
(n) Funding shortfall for current plan year <i>Zero if (m)=0; $\{[(a)*(j)]-[(b)-(c)-(d)]\}$ if (m) greater than 0</i>	\$205,490
<u>AFTAP Percentage Adjustment to Avoid Benefit Restrictions</u>	
(o) AFTAP percentage for current plan year	80.37%
(p) Credit balance reduction to increase AFTAP to 60% or 80%	\$0

MUSEUM MEDICAL, P.C. DEFINED BENEFIT PLAN
Employer ID# 13-3859703: Plan No. 001

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: January 1, 2010

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<u>Rate</u>	<u>Adj Ctb</u>
01-01-2011	80,000.00	2010	6.65%	75,011.72
Totals:	80,000.00			75,011.72

19	Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year			
a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0.00	
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0.00	
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	75,011.72	

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

MUSEUM MEDICAL, PC DEFINED BENEFIT PLAN
Plan Year Ending 12/31/2010

EIN: 13-3859703
PN: 001

Note to line 22: All participants are assumed to retire at their earliest retirement age (age 55 with 5 years of participation). Post – ERA active participants are assumed to retire immediately.