

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 BEL-PARK ANESTHESIA ASSOCIATES DEFINED BENEFIT PLAN	1b Three-digit plan number (PN) ▶ <u>003</u> 1c Effective date of plan <u>01/01/2004</u>
2a Plan sponsor's name and address (employer, if for single-employer plan) BEL-PARK ANESTHESIA ASSOCIATES INC 4135 BOARDMAN CANFIELD RD, STE 101 CANFIELD, OH 44406-9803	2b Employer Identification Number (EIN) <u>34-1039898</u> 2c Plan sponsor's telephone number <u>330-286-5330</u> 2d Business code (see instructions) <u>621111</u>
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") BEL-PARK ANESTHESIA ASSOCIATES INC 4135 BOARDMAN CANFIELD RD, STE 101 CANFIELD, OH 44406-9803	3b Administrator's EIN <u>34-1039898</u> 3c Administrator's telephone number <u>330-286-5330</u>
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	4b EIN 4c PN
5a Total number of participants at the beginning of the plan year	5a <u>61</u>
b Total number of participants at the end of the plan year	5b <u>61</u>
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c
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 Total plan assets	7a (a) Beginning of Year <u>1031774</u> (b) End of Year <u>1365623</u>
b Total plan liabilities	7b
c Net plan assets (subtract line 7b from line 7a).....	7c (a) Beginning of Year <u>1031774</u> (b) End of Year <u>1365623</u>
8 Income, Expenses, and Transfers for this Plan Year	
a Contributions received or receivable from:	(a) Amount (b) Total
(1) Employers	8a(1) <u>229000</u>
(2) Participants	8a(2)
(3) Others (including rollovers).....	8a(3)
b Other income (loss).....	8b <u>104849</u>
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c <u>333849</u>
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 <u>0</u>
i Net income (loss) (subtract line 8h from line 8c).....	8i <u>333849</u>
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:

1C 1G 3H

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		500000
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	THOMAS DEASCENTIS
	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>BEL-PARK ANESTHESIA ASSOCIATES DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BEL-PARK ANESTHESIA ASSOCIATES INC</u>	D Employer Identification Number (EIN) <u>34-1039898</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>12</u> Day <u>31</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>1136623</u>
b	Actuarial value 2b <u>1136623</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>4</u> <u>48416</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>986860</u>
(3)	Total active 3c(3) <u>56</u> <u>986860</u>
d	Total 3d <u>60</u> <u>1035276</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>5.74</u> %
6	Target normal cost 6 <u>211914</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 <u>CAROL R SEARS FSPA, MAAA,FCA,CPC,EA</u>	Date <u>11-03581</u>
Type or print name of actuary <u>ACTUARIAL CONSULTING GROUP, INC</u>	Most recent enrollment number <u>309-263-5622</u>
Firm name <u>P O BOX 5355</u> <u>MORTON, IL 61550</u>	Telephone number (including area code)
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 ☐

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	0
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	0
10	Interest on item 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of _____%		
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....		0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	109.78 %
15	Adjusted funding target attainment percentage.....	15	109.78 %
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	111.96 %
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	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2011	229000	0			
			Totals ►	229000	18(c) 0

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 225353
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: 3.14 %	2nd segment: 5.90 %	3rd segment: 6.45 %	☐ N/A, full yield curve used
b Applicable month (enter code)	21b			0
22 Weighted average retirement age	22			62
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	211914
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	211914
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		Total balance
		0
36 Additional cash requirement (item 34 minus item 35).....	36	211914
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	225353
38 Interest-adjusted excess contributions for current year (see instructions).....	38	13439
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

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	Under 1 Avg. No. Comp	1 To 4 Avg. No. Comp	5 To 9 Avg. No. Comp	10 To 14 Avg. No. Comp	15 To 19 Avg. No. Comp	20 To 24 Avg. No. Comp	25 To 29 Avg. No. Comp	30 To 34 Avg. No. Comp	35 To 39 Avg. No. Comp	40 & Up Avg. No. Comp
Under 25	0	0	1	0	0	0	0	0	0	0
25 to 29	0	0	1	0	0	0	0	0	0	0
30 to 34	0	4	0	0	0	0	0	0	0	0
35 to 39	0	3	5	0	0	0	0	0	0	0
40 to 44	0	0	6	0	0	0	0	0	0	0
45 to 49	0	2	11	0	0	1	0	0	0	0
50 to 54	0	3	10	0	0	0	0	0	0	0
55 to 59	0	2	4	0	0	0	0	0	0	0
60 to 64	0	0	3	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	0	0

Name of plan: Bel-Park Anesthesia Associates Defined Benefit Plan
Plan sponsor's name: Bel-Park Anesthesia Associates, Inc.

Plan number: 003
EIN: 34-1039898

PLAN: Bel-Park Anesthesia Associates Defined Benefit Plan

PLAN SPONSOR: Bel-Park Anesthesia Associates

EMPLOYER IDENTIFICATION NUMBER: 34-1039898

PLAN NUMBER: 003

2010 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Effective Date of the Plan

The Plan was effective as of January 1, 2004. The Plan was amended in February 2008 to accelerate vesting and to change the Normal Retirement Age (as required by the Pension Protection Act). The Plan was amended in December, 2008 to remove the benefit offset, effective January, 2008.

Plan Year

The Plan Year will be each 12-month period, commencing on January 1st and ending on December 31st.

Year of Service

A Year of Service will be credited for each Plan Year, during which an employee works at least 1,000 hours.

Eligibility

Eligible Employees participate as of their date of employment or age 21. Per Diem Employees and Student Employees are not eligible.

Normal Retirement Age

Normal Retirement Age is the later of Participant's 62nd birthday or the 2nd anniversary of Plan entry.

Normal Retirement Date

The Normal Retirement Date is the first of the month next following the Participant's Normal Retirement Age.

Retirement Income Formula

The monthly benefit for a Participant as of his Normal Retirement Date is the Actuarial Equivalent of the Hypothetical Account. For each Plan Year, a Participant shall have such Participant's Hypothetical Account credited for that Plan Year with an annual Hypothetical Allocation equal to the following amounts (with the subsequent restrictions):

\$30,000.00 to each Participant of Group A, which shall consist of: Steven Sheakoski.

\$36,000.00 to each Participant of Group B, which shall consist of: John Jakubek.

\$24,000.00 to each Participant of Group C, which shall consist of: Rafik Boutros.

Defined Benefit Plan Summary (continued)

\$43,000.00 to each Participant of Group D, which shall consist of: Steven Scharf.

\$10,000.00 to each Participant of Group E, which shall consist of: Alan Weiss.

\$25,000.00 to each Participant of Group F, which shall consist of: Ronald Mullis.

\$60,000.00 to each Participant of Group G, which shall consist of: Frederick Peachman.

\$20,000.00 to each Participant of Group H, which shall consist of: Gerald Matteucci.

\$15,000.00 to each Participant of Group I, which shall consist of: Peter Motolenich.

The following amount to each Participant Group J, which shall consist of Participants who have no ownership interest in the Employer and who are not included in Groups A through I, based upon their cumulative Years of Service as of the applicable Plan Year end:

<u>Years of Service as of the applicable</u>	
<u>Plan Year End is:</u>	<u>Hypothetical Allocation</u>
Less than 10	\$0
At least 10, but less than 15	\$500
At least 15, but less than 20	\$1,000
More than 20	\$1,500

For purposes of the Hypothetical Allocations, the determination period shall be a Plan Year.

Only Participants who work and earn a Year of Service during the Plan Year shall be eligible to receive the Hypothetical Allocation for that year. The Hypothetical Allocation shall be credited as of the last day of the Plan Year.

For each Plan Year continuing until the last day of the Plan Year before payment of a Participant's Accrued Benefit commences, each Participant's Hypothetical Account shall be credited, whether or not the Participant remains an Employee, with a hypothetical Interest Credit determined by multiplying the dollar amount representing the balance of the Participant's Hypothetical Account as of the beginning of the Plan Year, including all previous Hypothetical Allocations and Interest Credits, minus any distributions made during the Plan Year, by the Applicable Interest Rate as defined in Section 1.3. However, no interest shall be credited for any period after payment of the Participant's Accrued Benefit commences, unless the distribution is made as a lump sum. Interest shall be credited as of the last day of the Plan Year.

Benefit Accrual

A Participant's Accrued Benefit shall be as per calculated using the Retirement Income Formula and Year of Accrual Service earned as of the date of determination Notwithstanding the above, the Participant's Hypothetical Allocation for each Plan Year determined above shall be reduced by the Actuarial Equivalent of the Participant's Annual Addition attributable to discretionary Employer Non-elective Contributions and related Forfeitures in the Bel-Park Anesthesia Associates Retirement Savings Plan as allocated on behalf of the Plan Year for which such Hypothetical Allocation is being calculated.

Defined Benefit Plan Summary (continued)

Normal Form of Annuity

The Normal Form of Annuity, which is the actuarial equivalent of the retirement benefit, is a monthly annuity payable for the Participant's lifetime, and continuing to pay 50% of the initial amount to the surviving spouse.

Pre-Retirement Death Benefit

The Pre-Retirement Death Benefit, payable as a monthly annuity to a surviving spouse, is Actuarially Equivalent to 100% of the Participant's Vested Accrued Normal Retirement Benefit. The Participant's Vested Accrued Normal Retirement Benefit will be adjusted to reflect commencement before Normal Retirement Date, but not earlier than the Early Retirement Date, as well as the Qualified Joint and Survivor Normal Form.

Vested Accrued Benefit

The Vested Accrued Benefit is equal to the Participant's Accrued Benefit multiplied by the Vested Percentage below:

Vesting Schedule	
<u>Years of Service</u>	<u>Percentage</u>
1	20 %
2	40 %
3	100 %

A Participant will be 100% vested at Normal Retirement Date or Disability Retirement Date regardless of his Years of Service. Years of Service earned before age 18 will not be considered.

PLAN: Bel-Park Anesthesia Associates Defined Benefit Plan

PLAN SPONSOR: Bel-Park Anesthesia Associates

EMPLOYER IDENTIFICATION NUMBER: 34-1039898

PLAN NUMBER: 003

2010 SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

- | | | |
|-----|---|--|
| 1. | Minimum Required Contribution (MRC) Prescribed 24-Month Average Corporate Bond Segment Rates for December 2010: | |
| a. | First Segment: | 3.14% per annum (was 4.71% in 2009) |
| b. | Second Segment: | 5.90% per annum (was 6.67% in 2009) |
| c. | Third Segment: | 6.45% per annum (was 6.77% in 2009) |
| 2. | Mortality Tables for MRC: | Static Sex Distinct Annuitant and Non-Annuitant RP 2000 Mortality Tables projected with Scale AA as per IRS Proposed Regulation §1.430(h)(3)-1 to 2010 |
| 3. | Disability Incidence: | None anticipated |
| 4. | Salary Scale: | None |
| 5. | Pre-Retirement Withdrawal: | T-3 Table |
| 6. | Retirement Rates: | 100% at age 62 |
| 7. | Decrement age: | Decrement are assumed to occur at nearest age on future valuation dates |
| 8. | Provisions for Expenses and Contingencies: | None assumed |
| 9. | Funding for Death and Withdrawal Benefit: | Actuarially determined according to the above assumptions and included in liabilities for all funding purposes. |
| 10. | Marital Status: | Not applicable as benefits available regardless of marital status |
| 11. | Lump Sum Probability for MRC: | 95% |
| 12. | Cash Balance Future Interest Credit Rate | 5.00% |
| 13. | Cash Balance Conversion Factors | 5.00% and §417(e) Applicable Mortality Table for 2009 |
| 14. | Asset Valuation Method | Market Value adjusted for discounted receivable contributions for prior year, if any |

PLAN: Bel-Park Anesthesia Associates Defined Benefit Plan

PLAN SPONSOR: Bel-Park Anesthesia Associates

EMPLOYER IDENTIFICATION NUMBER: 34-1039898

PLAN NUMBER: 003

2010 SCHEDULE SB (FORM 5500), line 22 –Description of Weighted Average Retirement Age

All participants are assumed to retire at age 62 or actual age if later.

The weight applied at age 62 is 100% and is 0% for any preceding age.

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 BEL-PARK ANESTHESIA ASSOCIATES DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BEL-PARK ANESTHESIA ASSOCIATES INC	D Employer Identification Number (EIN) 34-1039898	
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>12</u> Day <u>31</u> Year <u>2010</u>			
2 Assets:			
a Market value	2a	1136623	
b Actuarial value	2b	1136623	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	0	0
b For terminated vested participants	3b	4	48416
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		986860
(3) Total active	3c(3)	56	986860
d Total	3d	60	1035276
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	5.74%	
6 Target normal cost	6	211914	

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 CAROL R SEARS FSPA, MAAA, FCA, CPC, EA Type or print name of actuary ACTUARIAL CONSULTING GROUP, INC Firm name P O BOX 5355 MORTON IL 61550 Address of the firm	<u>09/21/2011</u> Date <u>1103581</u> Most recent enrollment number <u>309-263-5622</u> Telephone number (including area code)
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PLAN: Bel-Park Anesthesia Associates, Inc. Defined Benefit Plan

PLAN SPONSOR: Bel-Park Anesthesia Associates, Inc.

EMPLOYER IDENTIFICATION NUMBER: 37-1039898

PLAN NUMBER: 003

CERTIFICATION STATEMENT

2010 SCHEDULE SB (FORM 5500)

I certify that the information provided on lines 2a, 8, 12, 18, 21, 22, 23, 25 and 35 of this Schedule SB, and the Summary of Plan Provisions attached hereto has been provided to the Enrolled Actuary by my office, or that of my authorized and qualified representative(s), and is both complete and accurate and that the pension plan and trust are qualified under IRC sections 401(a) and 501(a). We have received independent legal counsel relative to the legal issues arising out of the pension plan. I have authorized and agree to the use of the actuarial cost method, asset valuation method, and actuarial assumptions.

Bel-Park Anesthesia Associates, Inc.

Date: 9-21-2011

By:  Plan Administrator
Thomas A. De Ascentis

To the best of my knowledge, (1) the assumptions used in determining the Funding Targets and Target Normal Cost, in accordance with Internal Revenue Code §430, are believed to be those which are required by the statute and do not necessarily represent my best estimate of anticipated experience under the plan, and (2) the other assumptions used in preparing this Schedule SB are, in the aggregate, reasonably related to the experience of the plan and to reasonable expectations, and represent my best estimate of anticipated experience under the plan.

I have not audited the data provided. This Schedule SB has been prepared based upon the assumed completeness and accuracy of said data. It is, to the best of my knowledge, complete and accurate. This Schedule SB certification and the Statement by Enrolled Actuary on the face of this Schedule SB are in effect only with completion of the above Plan Administrator Certification, and are subject to the accuracy thereof.

Date: 9-21-2011


Carol R. Sears, FSPA, MAAA, FCA, CPC, EA
Actuarial Consulting Group, Inc.
P.O. Box 5355
Morton, IL 61550
Telephone No.: (309) 263-5622
Enrollment No.: 11-03581

Schedule SB, line 19 - Discounted Employer Contributions

Interest Rates:

Effective: 5.74%

Late Quarterly: 10.74%

<u>Effective Date</u>	<u>Amount</u>	<u>Contribution Year End Date</u>	<u>Discounted</u>
04/15/2011	\$229,000	12/31/2010	\$225,353
Total:	<u>\$229,000</u>		<u>\$225,353</u>

Name of Plan: Bel-Park Anesthesia Associates
Plan Sponsor's EIN: 34-1039898
Plan Number: 003
Plan Sponsor's Name: Bel-Park Anesthesia Associates, Inc.