

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>		<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>		<div>OMB Nos. 1210-0110 1210-0089</div> <div>2010</div> <div>This Form is Open to Public Inspection</div>			
Part I Annual Report Identification Information							
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010							
A This return/report is for:		<input checked="" type="checkbox"/> single-employer plan		<input type="checkbox"/> multiple-employer plan (not multiemployer)		<input type="checkbox"/> one-participant plan	
B This return/report is for:		<input type="checkbox"/> first return/report		<input type="checkbox"/> final return/report			
		<input type="checkbox"/> an amended return/report		<input type="checkbox"/> short plan year return/report (less than 12 months)			
C Check box if filing under:		<input checked="" type="checkbox"/> Form 5558		<input type="checkbox"/> automatic extension		<input type="checkbox"/> DFVC program	
		<input type="checkbox"/> special extension (enter description)					
Part II Basic Plan Information—enter all requested information							
1a Name of plan MANUEL PEREZ, M.D. RETIREMENT PLAN				1b Three-digit plan number (PN) ▶ 003			
				1c Effective date of plan 01/01/2000			
2a Plan sponsor's name and address (employer, if for single-employer plan) MANUEL PEREZ, M.D. 183 MAMARONECK ROAD SCARSDALE, NY 10583				2b Employer Identification Number (EIN) 13-3151456			
				2c Plan sponsor's telephone number 718-863-9295			
				2d Business code (see instructions) 621111			
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") MANUEL PEREZ, M.D. 183 MAMARONECK ROAD SCARSDALE, NY 10583				3b Administrator's EIN 13-3151456			
				3c Administrator's telephone number 718-863-9295			
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 2			
b Total number of participants at the end of the plan year				5b 2			
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.)				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.)				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 532450		798389			
b Total plan liabilities		7b 0		0			
c Net plan assets (subtract line 7b from line 7a)		7c 532450		798389			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
a Contributions received or receivable from:							
(1) Employers		8a(1) 60000					
(2) Participants		8a(2)					
(3) Others (including rollovers)		8a(3)					
b Other income (loss)		8b 205939					
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c		265939			
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		0			
i Net income (loss) (subtract line 8h from line 8c)		8i		265939			
j Transfers to (from) the plan (see instructions)		8j					

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

Form 5500-SF (2010)
v.092308.1

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**

10	During the plan year:	Yes	No	Amount
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)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		80000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	X		7329
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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			

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.	09/26/2011	MANUEL PEREZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/26/2011	MANUEL PEREZ
	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>MANUEL PEREZ, M.D. RETIREMENT 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>MANUEL PEREZ, M.D.</u>	D Employer Identification Number (EIN) <u>13-3151456</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> 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>521316</u>
b	Actuarial value 2b <u>521316</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>0</u> <u>0</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>672759</u>
(3)	Total active 3c(3) <u>2</u> <u>672759</u>
d	Total 3d <u>2</u> <u>672759</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>
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>6.41</u> %
6	Target normal cost 6 <u>5718</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>09/22/2011</u>
Signature of actuary	Date
<u>N OLIVIA CORRAO</u>	<u>11-02300</u>
Type or print name of actuary	Most recent enrollment number
<u>CERTIFIED ACTUARIAL SERVICES, INC.</u>	<u>973-227-7766</u>
Firm name	Telephone number (including area code)
<u>348 CHANGE BRIDGE ROAD</u> <u>BOX 693</u> <u>PINE BROOK, NJ 07058</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	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)		
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)		7681
b	Interest on (a) using prior year's effective rate of <u>49.84</u> %		3828
c	Total available at beginning of current plan year to add to prefunding balance		11509
d	Portion of (c) to be added to prefunding balance.....		
12	Reduction in balances due to elections or deemed elections.....		
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	77.48 %
15	Adjusted funding target attainment percentage.....	15	77.48 %
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	49.84 %
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
	04/11/2011	10000	
	05/11/2011	10000	
	07/25/2011	10000	
	08/30/2011	10000	
	09/16/2011	10000	
	06/15/2001	10000	
	Totals ►	18(b)	60000
		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	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	60000
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 67
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	
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	5718
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	124533	26429
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	32147
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35).....	36	32147
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	60000
38 Interest-adjusted excess contributions for current year (see instructions).....	38	27853
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
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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**

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 Manuel Perez, M.D. Retirement Plan		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Manuel Perez, M. D.		D Employer Identification Number (EIN) 13-3151456
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value		2a	521,316
b Actuarial value		2b	521,316
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment		3a	0
b For terminated vested participants		3b	0
c For active participants:			
(1) Non-vested benefits		3c(1)	0
(2) Vested benefits		3c(2)	672,759
(3) Total active		3c(3)	672,759
d Total		3d	672,759
4 If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>			
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	6.41 %
6 Target normal cost		6	5,718

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**

N OLIVIA CORRAO

Signature of actuary

Type or print name of actuary

CERTIFIED ACTUARIAL SERVICES, INC.

Firm name

348 CHANGE BRIDGE ROAD

BOX 693

PINE BROOK

NJ 07058

Address of the firm

09/22/2011

Date

11-02300

Most recent enrollment number

(973) 227-7766

Telephone number (including area code)

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	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)		
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)		7,681
b Interest on (a) using prior year's effective rate of <u>49.84</u> %		3,828
c Total available at beginning of current plan year to add to prefunding balance		11,509
d Portion of (c) to be added to prefunding balance		
12 Reduction in balances due to elections or deemed elections		
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	77.48 %
15 Adjusted funding target attainment percentage	15	77.48 %
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	49.84 %
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
04/11/2011	10,000				
05/11/2011	10,000				
07/25/2011	10,000				
08/30/2011	10,000				
09/16/2011	10,000				
06/15/2001	10,000				
Totals ▶			18(b)	60,000	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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	60,000

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**

67

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****29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)**29****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**

5,718

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

124,533

26,429

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**

32,147

35 Balances used to offset funding requirement

Carryover balance

Prefunding balance

Total balance

0

36 Additional cash requirement (item 34 minus item 35)**36**

32,147

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)**37**

60,000

38 Interest-adjusted excess contributions for current year (see instructions)**38**

27,853

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, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Male Nonannuitant: 2010 Nonannuitant Male
Female Nonannuitant: 2010 Nonannuitant Female
Male Annuitant: 2010 Annuitant Male
Female Annuitant: 2010 Annuitant Female
Applicable months from valuation month: 0
Probability of lump sum: 0.00%
Use pre-retirement mortality: No

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates:	4.60	6.65	6.76
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	4.60	6.65	6.76
Override:	0.00	0.00	0.00

Salary Scale

Male: 0.00%
Female: 0.00%

Withdrawal

Male: None
Female: None

Withdrawal-Select

Male: None
Female: None

Early Retirement Rates

Male: None
Female: None

Subsidized Early Retirement Rates

Male: None
Female: None

Options:

Use optional combined mortality table for small plans: Yes
Use discount rate transition: No
Lump sums use proposed regulations: Yes

Actuarial Equivalent Floor

Stability period: plan year
Lookback months: 1
Nonannuitant: None
Annuitant: 2010 Applicable

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	3.21	5.19	5.67
Override:	0.00	0.00	0.00

Late Retirement Rates

Male: None
Female: None

Marriage Probability

Male: 0.00%
Female: 0.00%
Expense loading: 0.00%

Setback

0

Disability Rates

Male: None
Female: None

Mortality

Male: None
Female: None

Setback

0

0

Name of Plan: MANUEL PEREZ, M.D. RETIRE
Plan Sponsor's EIN: 13-3151456
Plan Number: 003
Plan Sponsor's Name: MANUEL PEREZ, M.D.

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements

Age (yrs) : 21
 Age (months) : 0
 Wait (months) : 24
 Two year eligibility : Yes

Service/Participation Requirements

Definition of years: Hours worked
 Continuing hours: 1,000
 Excluded classes:

Earnings

Total compensation excluding : 403(b)
 Cafeteria
 Other

<u>Retirement</u>	<u>Normal</u>	<u>Early</u>	<u>Subsidized Early</u>	<u>Disability</u>	<u>Death</u>
Age:	65	55			
Service:	0	10			
Participation:	5	0			
Defined:	1st of month following	1st of month following			

Benefit Reduction / Mortality table & setback

Male:	Actuarial Equivalence	Actuarial Equivalence	None	0
Female:	Actuarial Equivalence	Actuarial Equivalence	None	0
Rates - Male:	None	None	None	
Rates - Female:	None	None	None	

Use Social Security Retirement Age: No **REACT Benefits Percentage:** 50.00%
 Vesting Schedule: Immediate **Pre-retirement death benefit**
 Vesting Definition: Hours Worked **Percentage of accrued benefit:** 100.00%
 Death Benefit Payment method: PVAB

	<u>Annuity</u>	<u>Percent</u>	<u>Years</u>
Normal:	Life only	0.00%	0
QJSA:	Joint and contingent	50.00%	0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: MANUEL PEREZ, M.D. RETIREMENT PLAN
 Plan Sponsor's EIN: 13-3151456
 Plan Number: 003
 Plan Sponsor's Name: MANUEL PEREZ, M.D.

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula: Benefit formula
Type of Formula: Flat benefit
Effective Date: 01/01/2008

Flat benefit non-integrated type: Percent
Total percent of salary: 35.76%
Dollar amount: None
Reduction based on: Service
Benefit reduction for years less than: 10

Averaging

Projection method:	Current Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	3	Annualize short plan years:	No
In the last:	99	Include compensations based	
Excluding:	0	on years of:	Accrual

Accrual

Frozen:	No					
Definition of years:	Hours worked					Fractions based on: N/A
Accrual credit:	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	Precision: N/A
	1000	0	0	0	1000	Limit current credit to: N/A
Years based on:	Participation					Cap/floor years: 0
Maximum past accrual years:	8.0000					Cap or floor: Floor
Method:	Fractional					Accrual % per year: 0.00%
						Apply 415 before accrual: No

Name of Plan: MANUEL PEREZ, M.D. RETIREMENT PLAN
Plan Sponsor's EIN: 13-3151456
Plan Number: 003
Plan Sponsor's Name: MANUEL PEREZ, M.D.

Schedule SB, line 32 - Schedule of Amortization Bases

Charges/Credits

<u>Type of Base</u>	<u>Effective Date</u>	<u>Interest Rate</u>	<u>Initial Amount</u>	<u>Initial Amort</u>	<u>Current Balance</u>	<u>Rem Amort</u>	<u>Payment</u>
Shortfall	01/01/2008	4.60 / 6.65	295,632	7.00	262,262	6.00	49,447
Shortfall	01/01/2009	4.60 / 6.65	70,866	7.00	71,401	7.00	11,933
Shortfall	01/01/2010	4.60 / 6.65	-209,130	7.00	-209,130	7.00	-34,951
Totals							26,429

Name of Plan: MANUEL PEREZ, M.D. RETIREMENT PLAN
Plan Sponsor's EIN: 13-3151456
Plan Number: 003
Plan Sponsor's Name: MANUEL PEREZ, M.D.

Schedule SB, line 19 - Discounted Employer Contributions

Interest Rates:

Effective: 6.41%

Late Quarterly: 11.41%

<u>Effective Date</u>	<u>Amount</u>	<u>Contribution Year End Date</u>	<u>Effective Interest</u>	<u>Quarterly Interest</u>	<u>Discounted</u>
06/15/2011	\$10,000	12/31/2010	0	0	\$10,000
09/16/2011	\$10,000	12/31/2010	0	0	\$10,000
08/30/2011	\$10,000	12/31/2010	0	0	\$10,000
07/25/2011	\$10,000	12/31/2010	0	0	\$10,000
05/11/2011	\$10,000	12/31/2010	0	0	\$10,000
04/11/2011	\$10,000	12/31/2010	0	0	\$10,000
Total:	<u>\$60,000</u>				<u>\$60,000</u>

Name of Plan: MANUEL PEREZ, M.D. RETIRE
Plan Sponsor's EIN: 13-3151456
Plan Number: 003
Plan Sponsor's Name: MANUEL PEREZ, M.D.

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

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

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

Name of Plan: Manuel Perez,M.D. Retirement Plan
Plan Sponsor's EIN: 13-3151456
Plan Number: 003

Employer: Manuel Perez M.D. Retirement Plan
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