	Form 5500-SF			Report of Small Emplo	OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service		Benefit d under se	Plan ctions 104 and 4065 of the Employe	e	2010			
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	ct of 1974	(ERISA), and section 6058(a) of the Code (the Code).		This Form is Open to Public			
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance with	n the instructions to the Form 550	500-SF.				
		entification Information	2		0/04/	2010			
_	calendar plan year 2010 or fisca	al plan year beginning 01/01/2010			2/31/2				
	This return/report is for:			mployer plan (not multiemployer)		one-participant plan			
B	This return/report is for:	first return/report	final retur	·	- (1)				
•		an amended return/report		year return/report (less than 12 mo	nths)				
C	Check box if filing under:	Form 5558		extension		X DFVC program			
De	rt II Decie Dien Inform	special extension (enter descriptio	,						
	nrt II Basic Plan Inform	nation—enter all requested informa	ation		1b	Three-digit			
		Y ASSOCIATES OF MANHATTAN,	P.C. CASH	H BALANCE PLAN		plan number 003			
						(PN) ►			
					1c	Effective date of plan 01/01/2003			
		ess (employer, if for single-employer Y ASSOCIATES OF MANHATTAN,			2b	Employer Identification Number (EIN) 13-3789526			
	AST 57TH STREET, SUITE 120				2c	Plan sponsor's telephone number 212-593-0303			
	YORK, NY 10022				2d	Business code (see instructions) 621210			
3a	Plan administrator's name and	address (if same as Plan sponsor, er Y ASSOCIATES OF 41 EAST 57T	nter "Same	;") T, SUITE 1204	3b	Administrator's EIN 13-3789526			
MAN	HATTAN, P.C.	NEW YORK,	NY 10022		3c	Administrator's telephone number			
4	f the name and/or EIN of the pla	n sponsor has changed since the las	st return/re	port filed for this plan, enter the	4h	212-593-0303 EIN			
		r from the last return/report. Sponso		,					
50	Total number of participants at	the beginning of the plan year				PN 9			
		the beginning of the plan year			-	Ja			
b C		the end of the plan year th account balances as of the end of			5b	9			
	· · ·			· ·	5c				
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		Yes 🗌 No			
b		e annual examination and report of a See instructions on waiver eligibility a				X Yes No			
	(er 6a or 6b, the plan cannot use Fo		,					
Pa	rt III Financial Informa								
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End of Year			
a	I		7a	36760	(403082			
b	I	·····	7b	36760	7	403082			
<u> </u>		'b from line 7a)	7c		·				
8 a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total			
a			8a(1)						
	(2) Participants		8a(2)						
	(3) Others (including rollovers))	8a(3)						
b	Other income (loss)		8b	38879	9				
C h		8a(2), 8a(3), and 8b)	8c			38879			
d		ollovers and insurance premiums	8d						
е	, ,	ive distributions (see instructions)	8e						
f		s (salaries, fees, commissions)	8f						
g	Other expenses		8g	3404	4				
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			3404			
i	Net income (loss) (subtract line	e 8h from line 8c)	8i			35475			
j	Transfers to (from) the plan (se	e instructions)	8i						

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

Part IV **Plan Characteristics**

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 1A 1C 11
- **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		Amou	Int	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х				
С	Was the plan covered by a fidelity bond?	10c	Х				5	5000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x				
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					X	Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	ERISA?		Yes X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.						er ruling	
lf y	ou 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				
С	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 negative amount)			12d				
е	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?					X	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co				Yes X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):		130	:(2) Ell	N(s)	13	Bc(3) PN	N(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is i	establi	ished	1		

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	Filed with authorized/valid electronic signature.	01/09/2012	CONNIE SCHNABEL
HERE	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

	CHEDULE SB	Single-Em	ploye	r Define	d Ben	efit Plan	_		OMB No. 1210-0110		
((Form 5500)			al Inform							
	partment of the Treasury ternal Revenue Service			<i>с</i> н. н. н.					2010		
	Department of Labor	This schedule is requered. Retirement Income Se						This F	Form is Open to Public		
	Benefits Security Administration Benefit Guaranty Corporation	- Inte	ernal Reve	enue Code (th	e Ćode).				Inspection		
				nent to Form	5500 or			1/0040			
	ar plan year 2010 or fiscal		/01/2010			and end	ling 12/	31/2010			
	off amounts to nearest d	onar. be assessed for late filing of	this repor	t unless reaso	nable ca	use is establish	ed				
A Name of	fplan	ASSOCIATES OF MANHA	-			B Three-dig			003		
PLAN			VI 17-VIN, I .	O. OAGH BAL		plan num	nber (PN)	•			
C Plan spo	onsor's name as shown on	line 2a of Form 5500 or 550	0-SF			D Employer	Identifica	tion Num	ber (EIN)		
ORAL & MA	AXILLOFACIAL SURGERY	ASSOCIATES OF MANHA	TTAN, P.	C.		13-3789526					
E Type of p	plan: 🏾 Single 🗌 Multip	le-A Multiple-B	F	Prior year pla	ın size: 🗡	100 or fewer	101-5	500 M	ore than 500		
Part I	Basic Information										
	the valuation date:	Month D	ay <u>01</u>	Year 2	010						
2 Asset	ts:										
a N	Market value						2a		367599		
	Actuarial value						2b		367599		
3 Fundi	ing target/participant count	breakdown			(1) N	umber of partici			(2) Funding Target		
		beneficiaries receiving payr					0		С		
		cipants		3b			4		11381		
CF	For active participants:										
•	()								0		
	()						5		328370 328370		
	()			• • •			9		339751		
-		ox and complete items (a) ar				Π	0		000101		
		· · · · · · · · · · · · · · · · · · ·	()				40				
		prescribed at-risk assumpti					4a				
		risk assumptions, but disreg onsecutive years and disreg					4b				
5 Effect	tive interest rate						5		6.73 %		
6 Targe	et normal cost						6		0		
To the bes accordance		s. In my opinion, each other assumption							rescribed assumption was applied in tions) and such other assumptions, in		
SIGN											
HERE								08/	08/2011		
MICHAEL C	C. GUNVALSON	Signature of actuary						Da 11	ate -04266		
LURIE BES	Type IKOF LAPIDUS & CO, LLP	e or print name of actuary					Most		ollment number 377-4404		
2501 WAYZ MINNEAPO	ZATA BLVD. DLIS, MN 55405	Firm name				т	elephone	number (including area code)		
		Address of the firm				_					
If the actuary	y has not fully reflected any	regulation or ruling promul	gated und	er the statute	in comple	eting this schedu	ule, checł	the box a	and see		
		and OMB Control Numbe			· -		0.00	0	chedule SB (Form 5500) 20		

Part II	Beginning of	year carryover and	l prefunding balances
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Pa	art II	Begi	nning of year	carryove	er and prefunding b	alances							
								(a)	Carryover balance	9	(b)	Prefundii	ng balance
7		-			cable adjustments (Item 1					0			0
8	Portion	used to	offset prior year's	funding rec	uirement (Item 35 from p	rior year)				0			0
9	Amoun	t remaini	ing (Item 7 minus i	tem 8)						0			0
10	Interes	t on item	9 using prior year	's actual re	turn of <u>16.53</u> %								
11					I to prefunding balance:								
	a Exc	ess cont	ributions (Item 38	from prior y	/ear)								0
	b Interest on (a) using prior year's effective rate of <u>6.11 %</u>											0	
			,		ear to add to prefunding b					-			0
					alance								
12					emed elections					0			0
					+ item 10 + item 11d – ite					0			0
	art III		ding percent				<u> </u>						
14	Fundin	g target a	attainment percent	age								14	108.19 %
15	Adjuste	ed fundin	g target attainmen	t percentag	le							15	108.19 %
	 15 Adjusted funding target attainment percentage									16	73.17 %		
17			-		s less than 70 percent of t							17	%
P	art IV	Cor	ntributions an	d liauidi	tv shortfalls		-				I	I	
					ear by employer(s) and er	nployees:							
	(a) Da	te	(b) Amount p	aid by	(c) Amount paid by	(a)	Date		(b) Amount p		(•	nt paid by
(N	1M-DD-Y	YYY)	employer	(s)	employees	(MM-E	D-YYY	(Y)	employer	(s)		emplo	byees
												1	
						Totals		18(b)		0	18(c)		0
19	Discou	nted emp	oloyer contribution	s – see inst	ructions for small plan wit	h a valuatio	n date	after t	he beginning of th	e year:			
	a Cont	ributions	allocated toward	unpaid min	imum required contributio	n from prior	years.			19a			0
	b Cont	ributions	made to avoid re	strictions ac	ljusted to valuation date					19b			0
	C Cont	ributions	allocated toward m	inimum requ	uired contribution for curren	t year adjust	ed to va	aluatio	n date	19c			0
20	Quarte	rly contri	butions and liquidi	ty shortfalls	:								
	a Did t	he plan l	have a "funding sh	ortfall" for t	he prior year?							X	Yes No
	b If 20	a is "Yes	," were required q	uarterly ins	tallments for the current y	ear made in	a time	ly mar	nner?			X	Yes No
	C If 20	a is <u>"</u> Yes	," see instructions	and comple	ete the following table as	applicable:							
					Liquidity shortfall as of	end of Qua	rter of t						
		(1) 1			(2) 2nd			(3)	3rd	0		(4) 4th	
			0			0				0			0

Page 3

Pa	rt V Assumptions	used to determine fu	unding target and target	normal cost		
21	Discount rate:					
	a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %		N/A, full yield curve used
	b Applicable month (enter	ter code)			21b	4
22					22	62
	Mortality table(s) (see ins	2-2-2		escribed - separate	Substitute	9
Pa	rt VI Miscellaneous	s items				
		e in the non-prescribed actu	arial assumptions for the curren			
25	Has a method change bee	en made for the current pla	in year? If "Yes," see instruction	s regarding required attac	hment	Yes 🎽 No
26	Is the plan required to pro	ovide a Schedule of Active I	Participants? If "Yes," see instru	ctions regarding required	attachment.	Yes X No
27		•	ding rules, enter applicable code		27	
Ра			m required contribution		•	
28			ars		28	12416
29	Discounted employer cont	tributions allocated toward	unpaid minimum required contri	butions from prior years	29	0
30	. ,		tributions (item 28 minus item 29		30	12416
	<u> </u>	uired contribution f	,	,		
31		•	uctions)		31	0
32	Amortization installments:		,	Outstanding Bala	ance	Installment
					0	0
	-				0	0
33			er the date of the ruling letter gra) and the waived amount .		33	
34	u	• •	r/prefunding balances (item 31 +		34	0
			Carryover balance	Prefunding bala	nce	Total balance
35	Balances used to offset fu	unding requirement		0	0	0
36	Additional cash requireme	ent (item 34 minus item 35)			36	0
37		•	ntribution for current year adjust		37	0
38	Interest-adjusted excess of	contributions for current yea	ar (see instructions)		38	0
39	Unpaid minimum required	d contribution for current yes	ar (excess, if any, of item 36 ove	er item 37)	39	0
40	Unpaid minimum required	d contribution for all years			40	12416

Schedule SB, line 22 Description of Weighted Average Retirement Age

Plan:Oral & Maxillofacial Surgery Associates of Manhattan, P.C. Cash Balance PlanEIN/PN:13-3789526/003

Age	Assumed Rate	Weighted Age
62	100.00%	62.0
		62.0

The assumed rate of retirement is adjusted for the assumed prior retirements and multiplied by the expected retirement age. The resulting amounts are summed to develop the weighted average.

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Plan:Oral & Maxillofacial Surgery Associates of Manhattan, P.C.Cash Balance PlanEIN/PN:13-3789526/003

Salary Scale:	None
Retirement Assumption:	Participants assumed to retire on their Normal Retirement Date as defined in the Plan
Withdrawal Rates:	None
Mortality Table Used:	Combined mortality tables for small plans
Assumed Form of Distribution: Life Annuity Lump Sum	0% 100%

Schedule SB, Part V Summary of Plan Provisions

Plan: Oral & Maxillofacial Surgery Associates of Manhattan, P.C. Cash Balance Plan EIN/PN: 13-3789526/003

Employer and Plan Data

Initial Effective Date	January 1, 2003
Plan Year Begins	January 1, 2010
Plan Year Ends	December 31, 2010
Valuation Date	January 1, 2010

Eligibility Requirements

Service	One year
Entry Dates	Dual
Age	21
Excluded Groups	Associate Doctors, Collectively Bargained, Non-
	Resident Alien, Employees of Affiliated
	Employers, Independent Contractors

Normal Retirement Age

First of the month following the attainment of Age 62.

Retirement Benefits

Actuarial Equivalent of the Participant's Hypothetical Account Balance.

Hypothetical Account

A theoretical account that is maintained for each participant. Each account is credited annually with interest at the 30 Year Treasury Bill rate in effect for the fifth month prior to the Plan Year plus contributions based on the schedule in the Plan document.

Vesting

100% vested upon completion of 3 years of Vesting Service excluding Years of Service accumulated prior to Age 18 and prior to the Plan's Effective Date.

Death

100% of the Participant's Hypothetical Account.

Disability

100% of the Participant's Hypothetical Account.

Plan Amendments

The plan froze all benefit accruals as of May 31, 2009.

		1				<u>RY SIGI</u>							
S	CHEDULE SB		Single-En						۱ ₋		OMB N	o. 1210-01	10
	(Form 5500)		A	Ctuar	ial	Inform	natior	1			2	2010	
I	Department of the Treasury Internal Revenue Service		ala cabadula la ra	م بالمما الم	ha fil		ation 10	A . E			_		
	Internal Revenue Code (the Code).									This		s Open to pection	o Public
Pensi	on Benefit Guaranty Corporation		File as	an attac	hmei	nt to Form	5500 or	5500-SF.			1113	heeriou	
For cale	ndar plan year 2010 or fi	scal plan yea				1/2010		and en	ding		12/31	L/2010	
	nd off amounts to near												
	ion: A penalty of \$1,000	will be asses	sed for late filing	of this rep	port u	inless reasi	onable ca	use is establis	hed.				
A Name	of plan							B Three-c	5			0	03
								pian nu	mber (PN)				NA RECEIPTER
	& Maxillofacia	=			Mar	nhattan	, PC	CB Plan					
C Plan s	ponsor's name as shown	n on line 2a c	of Form 5500 or 5	500-SF				D Employe	r Identifica	tion Nu	mber (E	N)	
Oral	& Maxillofacia	l Surger	y Associat	es of	Mar	nhattan	, P.C	13-378	9526				
		viultiple-A	- Multiple-B			Prior year pla			☐ 101-5		More tha	an 600	
CHARACTER ST	Basic Informati	,		an Branda Dr	• •	noi yeai pic	<u>пт зігс. </u> <u>г</u>				wore un	11 300	
Part I 1 Ent	er the valuation date:		nth 1	Der	1	Year	2010						
-	ets:	100		Day		teal	2010			1.42.48	8223	<u> (</u>) - Sidaya	5.81.22 전 다 다
= no.	Market value								2a	1.23.54	<u>AB AN DIAN</u>	te i te seletitat	367,599
b	Actuarial value								2b				367,599
3 Fur	iding target/participant co	ount breakdo	wn				(1) N	lumber of parti	cipants		(2) Fu	unding Ta	
а	For retired participants	and beneficia	aries receiving pa	yment		3a			C			<u>v</u>	0
b	For terminated vested	participants				3b			4				11,381
С	For active participants:				,			요즘, 가슴 김 가운데! 1년 10년 11년 11년 11년 11년 11년 11년 11년 11년					
	(1) Non-vested benef	its				3c(1)							0
	(2) Vested benefits					3c(2)			_				328,370
d	(3) Total active					3c(3) 3d			5	1			328,370
	Total he plan is at-risk, check ti								9	1			339,751
	•		, ,,	• •				·· <u>L</u>	40				
a b	Funding target disregar Funding target reflectin								<u>4a</u>				
	at-risk for fewer than fi	ve consecutiv	e years and disre	egarding l	oadir	ng factor	r pians u	iat nave been	4b				
5 Effe	ective interest rate								5				6.73 %
6 Tar	get normal cost								6				0
	nt by Enrolled Actuary best of my knowledge, the inform	astion cumplied in	this schodulo and accord	omnonulaa co	boduk	on statements	and attache	nonto if pour in com	nioto and ann	wata Eas		d	
accord	ance with applicable law and reg ation, offer my best estimate of a	ulations. In my op	inion, each other assu	mption is rea:	sonabl	le (taking into a	and allacing	experience of the pl	an and reason	able expe	ectations) a	nd such othe	r assumptions, in
SIGN HER		26								08/	08/20	11	
		Signatu	re of actuary								Date		·
Michae	el C. Gunvalson									11	-0426	6	
		Type or print	name of actuary						Most i	recent e	enrollmei	nt number	
Lurie	Besikof Lapidu	s & Co,	LLP							(612)	377-4	404	
2501 V	Mayzata Blvd.	Firr	n name						Telephone	numbe	er (includ	ing area o	code)
Minnea	apolis			MN	554	05							
		Addres	ss of the firm					-					
If the actu instructior	ary has not fully reflected	d any regulati	ion or ruling prom	ulgated u	nder	the statute	in compl	eting this sche	dule, checl	k the bo	ox and se	e	
	rwork Reduction Act N	otice and OM	MB Control Num	bers, see	the	instructio	ns for Fo	rm 5500 or 55	00-SF.	5	chedul	e SB (For	m 5500) 2010

Schedule SB (Form 5500) 2010

Page 2-[
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Pa	art II Beginning of year	carryov	er and prefunding bal	ances							
_			······································		(a) C	Carryover balance		(b) [Prefund	ing balan	се
7	Balance at beginning of prior yea year)	ar after appli	cable adjustments (Item 13 f	rom prior	-		0				0
8	Portion used to offset prior year's	s funding rea	quirement (Item 35 from prio	r year)			0				0
9	Amount remaining (Item 7 minus	item 8)					0				0
10	Interest on item 9 using prior yea	ar's actual re	turn of <u>16.53</u> %								
11	Prior year's excess contributions	to be added	to prefunding balance:								
÷	a Excess contributions (Item 3)	B from prior	year)							and and the part of the	0
	b Interest on (a) using prior year	r's effective	rate of6.11 %	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							0
	C Total available at beginning of	current plan	year to add to prefunding bala	nce			49994 - 2009 -				0
	d Portion of (c) to be added to	prefunding b	alance								
12	Reduction in balances due to ele	ections or de	emed elections				0				0
	Balance at beginning of current						0				0
	art III Funding percent			•	1						
14	Funding target attainment percei								14	108.	19 %
	Adjusted funding target attainme								15	108.	
16		or purposes	of determining whether carr	vover/pref	unding balan	ces may be used to	o reduc	e	16		17 %
17	If the current value of the assets								17		%
1366433	art IV Contributions a										
L	Contributions made to the plan for			lovees:							
	(a) Date (b) Amount	paid by	(c) Amount paid by	(a)	Date	(b) Amount pai	d by	(0) Amou	nt paid b	v
<u>(N</u>	1M-DD-YYYY) employe	er(s)	employees	(MM-DI	D-YYYY)	employer(s)			oyees	·
	· · · · · · · · · · · · · · · · · · ·										
		a da manda da manda da sera da	e to see that the second contracts to the ball of the second		·						
No. Contraction				Totals 🕨) 18(c)			0
19	Discounted employer contribution						year:			10	
	a Contributions allocated toward	l unpaid min	mum required contribution fi	rom prior y	ears		19a				0
	b Contributions made to avoid re	estrictions a	djusted to valuation date				19b				0
	C Contributions allocated toward r	ninimum req	uired contribution for current y	ear adjuste	d to valuation	date	19c				0
20	Quarterly contributions and liquid	lity shortfalls	5:				1000				
	a Did the plan have a "funding s	hortfall" for i	the prior year?			•••••••••••••••••••••••••••••••••••••••				Yes	No
	b If 20a is "Yes," were required	quarterly ins	tallments for the current yea	r made in a	a timely man	ner?				Yes	No
	C If 20a is "Yes," see instruction	s and compl	ete the following table as ap	plicable:							
			Liquidity shortfall as of er	d of Quart		n year				· · · ·	
	(1) 1st		(2) 2nd		(3)	3rd			(4) 4tl	1	
	(ו		0		0	1				0

Page 3

Part V Assumptions used to determine funding target and target normal cost 21 Discount rate: a Segment rates: 1st segment: 2nd segment: 3rd segment: 0.87 % 5.03 % 6.73 % 6.82 % N/A, full yield curve used b Applicable month (enter code) 21 62 62 23 Mortality table(s) (see instructions) X Prescribed - separate Subsitute Part VI Miscellaneous items 24 48 48 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 X No 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes X No 26 is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes X No 27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions 27 Part VII Reconciliation of unpaid minimum required contributions for prior years 28 12,416 29 Conciliat
5.03 % 6.73 % 6.82 % IN/A. full yield curve used b Applicable month (enter code) 21b 4 22 Weighted average retirement age 22 622 23 Mortality table(s) (see instructions) X Prescribed - combined Prescribed - separate Subsitute Part VI Miscellaneous items Yes No No Yes No 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 27 Part VII Reconciliation of unpaid minimum required contributions for prior years 28 12,416 28 Unpaid minimum required contributions for prior years 29 (30 12,416 29 (30 12,416 31 (32 31 (32
22 Weighted average retirement age 22 62 23 Montality table(s) (see instructions) X Prescribed - combined Prescribed - separate Substitute 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 28 Unpaid minimum required contribution for all prior years 28 12,416 29
23 Mortality table(s) (see instructions) Image: Prescribed - combined Prescribed - separate Substitute 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 Image: Yes I
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 X 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes X No 26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes X No 27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment. Yes X No 28 Unpaid minimum required contribution for all prior years 28 12,416 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (tem 19a) 30 12,416 30 Remaining amount of unpaid minimum required contributions (tem 28 minus item 29) 30 12,416 Part VIII Minimum required contribution for current year 31 0 31 Target normal cost, adjusted, if applicable (see instructions) 31 0 32 Amortization installment 0 0 0 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the
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 X No 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes X No 26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes X No 27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment. Yes X No 28 Unpaid minimum required contribution for all prior years. 28 12,416 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (tem 19a). 30 12,416 29 Good Good Good Good Good 30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29). 30 12,416 31 Target normal cost, adjusted, if applicable (see instructions). 31 Good Good 32 Amortization installments: 0 Good Good Good 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approv
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 X No 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes X No 26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes X No 27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment. Yes X No 28 Unpaid minimum required contribution for all prior years. 28 12,416 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (tem 19a). 30 12,416 29 Good Good Good Good Good 30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29). 30 12,416 31 Target normal cost, adjusted, if applicable (see instructions). 31 Good Good 32 Amortization installments: 0 Good Good Good 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approv
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes X 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 12,416 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) 30 12,416 30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) 30 12,416 Part VIII Minimum required contribution for current year 31 0 31 Target normal cost, adjusted, if applicable (see instructions) 31 0 32 Amortization installments: 0 0 0 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month
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28 Unpaid minimum required contribution for all prior years 28 12,416 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years 29 0 30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) 30 12,416 Part VIII Minimum required contribution for current year 30 12,416 31 Target normal cost, adjusted, if applicable (see instructions) 31 0 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
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) 30 12,416 Part VIII Minimum required contribution for current year 31 12,416 31 Target normal cost, adjusted, if applicable (see instructions) 31 31 0 32 Amortization installments: Outstanding Balance Installment 0 0 b Waiver amortization installment 0 0 0 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 33
31 Target normal cost, adjusted, if applicable (see instructions)
31 Target normal cost, adjusted, if applicable (see instructions)
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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 33 (Month Day Year) and the waived amount 33
b Waiver amortization installment
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
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) 34
Carryover balance Prefunding balance Total balance
35 Balances used to offset funding requirement 0 0
36 Additional cash requirement (item 34 minus item 35)
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date 37 (Item 19c) (Item 19c) (Item 19c)
38 Interest-adjusted excess contributions for current year (see instructions)
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)
40 Unpaid minimum required contribution for all years 40 12,416

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	Form 5500-SF	Short Form Annual		Report of Small Employ	yee	OMB	Nos. 1210-0110 1210-0089		
	Department of the Treasury Internet Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe			2010					
Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6058(e) of t Employee Benefits Security Administration Internal Revenue Code (the Code).						This Form is Open to Public			
	Penalon Benefit Guaranty Corporation	Complete all entries in according to the second	ordance w	th the instructions to the Form 550	0-SF.	Inspect	on		
Fo	Part I Annual Report Id	entification information	01/01/	2010 and ending		12/31/2010			
	This return/report is for:		-	employer plan (not multiemployer)					
B		first return/report	=	im/report		one-participant pla	n		
-		an amended return/report	=	an year return/report (less than 12 mo	htha)				
С	Check box if filing under:		=	ic extension	nnay	DFVC program			
-		special extension (enter descript							
P	art II Basic Plan Inform	nation-enter all requested inform	•						
1a	Name of plan				1b	Three-digit			
		l Surgery Associates	of			plan number			
	Manhattan, P.C. Cas	h Balance Plan			10	(PN) Effective date of plan	003		
						01/01/2003			
2 a	Plan sponsor's name and addre	ss (employer, if for single-employe L Surgery	r plan)		2b	Employer Identificatio	n Number		
	Associates of Manha	ttan, P.C.			20	(EIN) 13-378952 Plan sponsor's teleph			
	41 East 57th Street	, Suite 1204			20	(212) 593-0303	one number		
	New York			NY 10000	2d	Business code (see in 621210	structions)		
3a	Plan administrator's name and a	address (if same as Plan sponsor, i	enter "Sam	NY 10022.	3b	Administrator's EIN			
	Same								
		_			3c	Administrator's teleph	one number		
4	If the name and/or EIN of the plan	n sponsor has changed since the la	st return/r	aport filed for this plan, enter the	4b	EIN			
	name, c.in, and the plan humber	from the last return/report. Sponse	ors name		4c	PN			
58	Total number of participants at t	the beginning of the plan year			5 a	· · · · · · · · · · · · · · · · · · ·	9		
					5b		<u>-</u>		
Ċ	Total number of participants with	h account balances as of the end o	of the plan	vear (defined benefit plans do not		<u> </u>			
6a	complete this item)				5c	<u> </u>			
	Were all of the clen's essets du	ing the slop year invested is eligib	No occurre			hur l			
b	 Were all of the plan's assets du Are you claiming a waiver of the 	uring the pien year invested in eligit a annual examination and report of	f an Indepe	ndept qualified public accountant //Ot	141	_	Yes No		
b	Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-467 (S	uting the plan year invested in eligit a annual examination and report of see instructions on waiver eligibility	f an Indepe and condit	ndent qualified public accountant (IQ) lons.)	PA)	_	Yes No		
G	Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-48? (S if you answered "No" to eithe	ing the plan year invested in eligit a annual examination and report of see instructions on waiver eligibility or 6a or 6b, the plan cannot use f	f an Indepe and condit	ndept qualified public accountant //Ot	PA)	_			
G	Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-467 (S	ing the plan year invested in eligit a annual examination and report of see instructions on waiver eligibility or 6a or 6b, the plan cannot use f	f an Indepe and condit	ndent qualified public accountant (IQ) lons.) SF and must Instead use Form 550	PA)		Yes No		
D B B B B B B B B B B B B B B B B B B B	Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-467 (S if you answered "No" to eithe art III Financial Informat Plan Assets and Liabilities Total plan assets	ing the plan year invested in eligit e annual examination and report of see instructions on walver eligibility or <u>6a or 6b, the plan cannot use F</u> tion	f an Indeps and condit form \$500	ndent qualified public accountant (IQ) lons.)	PA) 0.	_	Yes No		
р 1111 7 а 5	Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S if you answered "No" to eithe irt III Financial Informat Plan Assets and Liabilities Total plan assets	ining the plan year invested in eligit e annual examination and report of see instructions on walver eligibility or <u>Ba or 6b, the plan cannot use F</u> tion	f an Indeps and condit orm \$500. 	ndent qualified public accountant (IQ) lons.) SF and must instead use Form 650 (a) Beginning of Year	PA) 0.		Yes No		
D	Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S if you answered "No" to eithe art III Financial informat Plan Assets and Liabilities Total plan assets Not plan assets (subtract line 7b	ing the plan year invested in eligit e annual examination and report of see instructions on walver eligibility or 6a or 6b, the plan cannot use F tion	f an Indepe and condition form \$500. 7a 7b 7b	ndent qualified public accountant (IQ) lons.) SF and must instead use Form 650 (a) Beginning of Year	³ A) <u>0.</u> 7 ¹		Yes No		
D B 7 a b c 8	Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S if you answered "No" to eithe art III Financial Informat Plan Assets and Liabilities Total plan assets	ing the plan year invested in eligit e annual examination and report of see instructions on waiver eligibility or 6a or 6b, the plan cannot use F tion from line 7a)	f an Indeps and condit orm \$500. 	Indent qualified public accountant (IQ) Ions.) SF and must instead use Form 550 (a) Beginning of Year 367, 60 367, 60 (a) Amount	PA)	(b) End of Yes	Yes No AP 403,082 403,082		
D	Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S if you answered "No" to eithe art III Financial Informat Plan Assets and Liabilities Total plan assets	ing the plan year invested in eligit e annual examination and report of see instructions on waiver eligibility or 6a or 6b, the plan cannot use F tion from line 7a)	f an Indepe and condition orm \$500 7a 7b 7c	Indent qualified public accountant (IQ) Ions.) SF and must instead use Form 550 (a) Beginning of Year 367, 60 367, 60 (a) Amount	PA)	(b) End of Yes	Yes No AP 403,082 403,082		
D B 7 a b c 8	Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S if you answered "No" to eithe art illigit Financial Informat Plan Assets and Liabilities Total plan assets	Ining the plan year invested in eligit e annual examination and report of see instructions on waiver eligibility in 6a or 6b, the plan cannot use F tion from line 7a) from line 7a) is for this Plan Year able from:	f an Indepe and condit orm \$500. 7a . 7a . 7b . 7c . 8a(1) . 8a(2)	Indent qualified public accountant (IQ) Ions.) SF and must instead use Form 550 (a) Beginning of Year 367, 60 367, 60 (a) Amount	PA)	(b) End of Yes	Yes No AP 403,082 403,082		
D B 7 a b c 8	 Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-487 (S if you answered "No" to eithe art III Financial informat Plan Assets and Liabilities Total plan assets	uring the plan year invested in eligit e annual examination and report of see instructions on waiver eligibility or Ba or 6b, the plan cannot use F tion from line 7a) rs for this Plan Year able from:	f an Indepe and condit orm \$500. 7a 7b 7b 7c 8a(1) 8a(2) 8a(3)	Indent qualified public accountant (IQ) Ions.) SF and must instead use Form 550 (a) Beginning of Year 367, 60 367, 60 (a) Amount	PA)	(b) End of Yes	Yes No AP 403,082 403,082		
D T T D C 8 a b b	 Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-467 (S if you answered "No" to eithe art ill's Financial informat Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b income, Expenses, and Transfer Contributions received or receiver (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) 	Ining the plan year invested in eligit e annual examination and report of see instructions on walver eligibility of Ba or 6b, the plan cannot use F tion from line 7a) rs for this Plan Year able from:	f an Indepe and condit orm \$500 7a 7b 7c 8a(1) 8a(1) 8a(2) 8b	ndent qualified public accountant (IQ) lons.) SF and must instead use Form 550 (a) Beginning of Year 367, 607 (a) Amount 38, 879	PA)	(b) End of Yes	Yes No AP 403,082 403,082		
D	 Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-467 (S if you answered "No" to eithe art III Financial informati Plan Assets and Liabilities Total plan assets Net plan assets (aubtract line 7b income, Expenses, and Transfer Contributions received or receivad (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)	uting the plan year invested in eligit e annual examination and report of see instructions on walver eligibility of the plan cannot use F tion from line 7a) from line 7a) rs for this Plan Year able from:	f an Indepe and condit orm \$500.	Indent qualified public accountant (IQ) Ions.) SF and must instead use Form 550 (a) Beginning of Year 367, 60 367, 60 (a) Amount			Yes No		
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D T T D C 8 a b b	 Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-467 (S if you answered "No" to eithe art illig Financial informati Plan Assets and Liabilities Total plan assets	uring the plan year invested in eligit e annual examination and report of see instructions on waiver eligibility or 6a or 6b, the plan cannot use F tion from line 7a) from line 7a) from line 7a) for this Plan Year able from: a(2), 8a(3), and 8b) llovers and insurance premiume e distributions (see instructions)	f an Indepe and condit orm \$500. 7a 7b 7b 7c 8a(1) 8a(1) 8a(2) 8a(3) 8b 8c 8c	ndent qualified public accountant (IQ) lons.) SF and must instead use Form 550 (a) Beginning of Year 367, 607 (a) Amount 38, 879			Yes No		
D B B C B C B B C B C C C C C C C C C C	 Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S <u>if you answered "No" to eithe</u> <u>art III F Financial Informat</u> Plan Assets and Liabilities Total plan assets	uring the plan year invested in eligit e annual examination and report of see instructions on waiver eligibility or 6a or 6b, the plan cannot use F tion from line 7a) of from line 7a) for this Plan Year able from: a(2), 8a(3), and 8b) ilovers and insurance premiums e distributions (see instructions)	f an Indepe and condit orm \$500. 7a 7b 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8c 8c 8c	ndent qualified public accountant (IQ) lons.) SF and must instead use Form 550 (a) Beginning of Year 367, 607 (a) Amount 38, 879			Yes No		
D B B C C C C C C C C C C C C C C C C C	 Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S <u>if you answered "No" to eithe</u> <u>int illigitation of the plan assets and Liabilities</u> Total plan assets and Liabilities Total plan assets (subtract line 7b Income, Expenses, and Transfe Contributions received or receive (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)	uring the plan year invested in eligit e annual examination and report of see instructions on waiver eligibility or 6a or 6b, the plan cannot use F tion of from line 7a) of from line 7a) from line 7a) from line 7a) s for this Plan Year able from: allovers and insurance premiums e distributions (see Instructions)	f an Indepe and condit orm \$500. 7a 7b 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8c 8c 8c 8c 8c 8c	ndent qualified public accountant (IQ) lons.) SF and must instead use Form 550 (a) Beginning of Year 367, 607 367, 607 (a) Amount 38, 879 38, 879 38, 879			Yes No		
D B 7 a b c 8 a 8 a b c d b c f	 Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S <u>if you answered "No" to eithe</u> <u>int'III Financial Informat</u> Plan Assets and Liabilities Total plan assets	uring the plan year invested in eligit a annual examination and report of see instructions on waiver eligibility in 6a or 6b, the plan cannot use F tion from line 7a) from line 7a) o from line 7a) from line 7a) from line 7a) for this Plan Year able from: a(2), 8a(3), and 8b) a(2), 8a(3), and 8b) a(2), 8a(3), and 8b) a(2), 8a(3), and 8b) (a) article from: a(2), 8a(3), and 8b) (b) article from: a(2), 8a(3), and 8b)	f an Indepe and condit orm \$500. 7a 7b 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c	ndent qualified public accountant (IQ) lons.) SF and must instead use Form 550 (a) Beginning of Year 367, 607 (a) Amount 38, 879 1000 1000 1000 1000 1000 1000 1000 10			Yes No		
D B B C C C C C C C C C C C C C C C C C	 Were all of the plan's assets du Are you claiming a waiver of the under 29 CFR 2520.104-46? (S <u>if you answered "No" to eithe</u> <u>int illigity Financial Informat</u> Plan Assets and Liabilities Total plan assets	uring the plan year invested in eligit a annual examination and report of see instructions on waiver eligibility in 6a or 6b, the plan cannot use F tion from line 7a) from li	f an Indepe and condit orm \$500. 7a 7b 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c	ndent qualified public accountant (IQ) lons.) SF and must instead use Form 550 (a) Beginning of Year 367, 607 367, 607 (a) Amount 38, 879 38, 879 38, 879			Yes No		
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Form 5	500+SF	72010
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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:

Page 2-

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b if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the Instructions:

Par	V Compliance Questions					· · · · ·
10	During the plan year;		Yes	No	1	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CEP 2510 2 1922 (fee lasticipies and DOI is Volumer Educing Control in the time period described in					
þ	29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexampt transactions with any party-in-interest? (Do not include transactions reported	10a		х	-	
-	on line 10a.)	105		х		
С	Was the plan covered by a fidelity bond?	10c	х			55,00
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		
0		100		x		
f	Has the plan falled to provide any benefit when due under the plan?	107		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x	1	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x		
1	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,	101		<u> </u>	Collection Markets	
Part	Vi Pension Funding Compliance					
11	is this a defined benefit plan subject to minimum funding requirements? (If "Yas," see instructions and con 5500))	plete :	Sched	ule Si	3 (Form	X Yes No
12	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or ae	ction 3	02 of	ERISA2	Yes X No
	(if "Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver	th	and e	nter ti Dav	e date of t	ha lettar ruling Year
lf 3	ou completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form \$500), 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 negative amount)	ofa		12d		
	Will the minimum funding amount reported on line 12d be met by the funding deadline?			_	Yea	
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?					
	if "Yes," enter the amount of any plan assets that reverted to the employer this year		Г	13a		
b	Were all the plan essets distributed to participants or baneficiaries, transferred to another plan, or brought (undor t	ho oor	itrol		
C	of the PBGC?	e pian	(s) to	••••		🗌 Yes 🔀 No
1	Se(1) Name of plan(s):		13c	(2) EI	N(S)	13c(3) PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab		e la e	ətabl	shed.	
Under SB or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedyle MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ It is trop, correct, and complete.	m lee n.		ومالهين	Manallan	ble, a Schedule mowledge and
49906055					<u>-</u>	
8IGN HERE						<u>.</u>
1.7900-0000					plan admir	<u>listrator</u>
SIGN			_			<u> </u>
	Cr Signature of employer/plan sponsor Date Enter name of in	dividua	il signi	ng as	employer	or plan sponsor
	V					