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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	 Complete all entries in accor 	rdance wit	h the instructions to the Form 550	0-SF.		
		ntification Information					
For	calendar plan year 2010 or fiscal p	lan year beginning 12/31/201	10	and ending 1	2/30/2	2011	
Α .	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan	
	· —	irst return/report	final retur	n/report			
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)		
C	Check box if filing under:	Form 5558	automatic	extension	,	DFVC program	
		special extension (enter descripti	1				
Do							_
		tion—enter all requested inform	nation		1h	Three-digit	_
	Name of plan NGAN MD PC DEFINED BENEF	FIT PLAN			טו	plan number	
1 011	S NOW ME TO BET INEB BENEF	1112/04				(PN) • 002	
					1c	Effective date of plan	
						12/31/2007	
	Plan sponsor's name and address	(employer, if for single-employer	r plan)		2b	Employer Identification Number	
FUN	G NGAN MD PC				20	(EIN) 13-4042539	_
	BROADWAY, RM 401				20	Plan sponsor's telephone number 212-406-7379	
NEW	YORK, NY 10002				2d	Business code (see instructions)	_
						621111	
3a FUN	Plan administrator's name and add NGAN MD PC	dress (if same as Plan sponsor, e 17 E BROAL	enter "Same	e") 401	3b	Administrator's EIN 13-4042539	
. 0.1	5116/111 MB 1 6	NEW YORK	2	30	Administrator's telephone numbe		
					30	212-406-7379	
	the name and/or EIN of the plan s			port filed for this plan, enter the	4b	EIN	
I	name, EIN, and the plan number fro	om the last return/report. Spons	or's name		4c	DN	
52	Total number of participants at the	haginning of the plan year					1
					5a		1
b				/d-CdCd	5b		_
С	Total number of participants with a complete this item)			ear (defined benefit plans do not	5c		
6a	•			(See instructions.)		Yes N	lo
b	Are you claiming a waiver of the a	annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)		
				ions.)		Yes L N	lo
Da			orm 5500-	SF and must instead use Form 55	00.		_
	rt III Financial Informatio	On		T			
7	Plan Assets and Liabilities			(a) Beginning of Year 981823)	(b) End of Year 112021	6
	Total plan assets		7a	301020			0
b	Total plan liabilities			981823		112021	_
<u></u>	Net plan assets (subtract line 7b f		7с		+		_
8	Income, Expenses, and Transfers			(a) Amount		(b) Total	
а	Contributions received or receivable (1) Employers	DIE Trom:	8a(1)	100000)		
	(2) Participants			()		
	(3) Others (including rollovers))		
b	Other income (loss)	38393	3				
C	Total income (add lines 8a(1), 8a(13839	3
d	Benefits paid (including direct rolls						
	to provide benefits)	•	8d	(_		
е	Certain deemed and/or corrective	distributions (see instructions)	8e	(
f	Administrative service providers (s	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	n from line 8c)	8i			13839	3
i	Transfers to (from) the plan (see in	nstructions)	8i)		

IV Dien Cheresteristics		
Form 5500-SF 2010	Page 2-	

Part IV	Plan	Charact	teristics
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

	n ale p	ian provides wellare betterits, enter the applicable wellare realtire codes from the cist of Fian Chara	iotorio	tic Co.	JCO III	ine mana	CHOI13.	•	
art	V C	Compliance Questions							
0	During	the plan year:		Yes	No		Amo	ount	
а		here a failure to transmit to the plan any participant contributions within the time period described in FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported e 10a.)	10b		X				
С	Was t	the plan covered by a fidelity bond?	10c		X				
d		e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud nonesty?	10d		X				
е	insura	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nce service or other organization that provides some or all of the benefits under the plan? (See ctions.)	10e		X				
f	Has th	ne plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the	e plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	10h		X				
i		was answered "Yes," check the box if you either provided the required notice or one of the tions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI F	Pension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					. X	Yes	No
2	Is this	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ection 3	302 of	ERISA?.	. 🛮	Yes	X No
	•	s," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	grantin	viver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver	th						
		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г		I			
b	Enter t	the minimum required contribution for this plan year			12b				
		the amount contributed by the employer to the plan for this plan year			12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ve amount)		L	12d			r	
е	Will the	e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has a	resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>				Yes	X No
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were a	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought PBGC?			ntrol			Yes	X No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	1				
1	3 c(1) N	lame of plan(s):		13	c(2) El	N(s)		13c(3) PN(s)
							\top		
Cauti	on: A ı	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ıse is	establ	ished			
Jnde SB or	r penal	ties of perjury and other penalties set forth in the instructions, I declare that I have examined this retulule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ue, correct, and complete.	urn/re	port, ir	cludin	g, if appli			

SIGN	Filed with authorized/valid electronic signature.	03/27/2012	FUNG NGAN, MD
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	03/27/2012	FUNG NGAN, MD
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).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

	File as	an attachme	nt to Form	5500 or 5	5500-SF.					
For calendar plan year 2010 or fiscal pla	n year beginning 1	2/31/2010	<u> </u>		and end	ding 12/3	0/2011			
 Round off amounts to nearest doll Caution: A penalty of \$1,000 will be 		of this report u	unless reas	onable ca	use is establish	ed.				
A Name of plan FUNG NGAN MD PC DEFINED BENEF	T PLAN				B Three-di	git nber (PN)	•	•	002	
					'	,				
C Plan sponsor's name as shown on lin FUNG NGAN MD PC	e 2a of Form 5500 or 55	500-SF			D Employer 13-4042539	Identifica	tion Nui	mber (E	in)	
E Type of plan: Single Multiple	A Multiple-B	F	Prior year pla	an size: X	100 or fewer	101-5	00	More th	an 500	
Part I Basic Information										
1 Enter the valuation date:	Month	Day <u>31</u>	Year <u>/</u>	2010	_					
2 Assets:										
a Market value						2a			451642	
b Actuarial value						2b			451642	
3 Funding target/participant count broad	eakdown			(1) N	umber of partic	ipants		(2) F	unding Target	
a For retired participants and be	neficiaries receiving pay	yment	. 3a			0			0	
b For terminated vested particip	ants		. 3b			0			0	
c For active participants:										
(1) Non-vested benefits			3c(1)						0	
(2) Vested benefits			3c(2)					28696		
(3) Total active			3c(3)			1		28696		
d Total						1	286966			
4 If the plan is at-risk, check the box	and complete items (a)	and (b)			П					
 a Funding target disregarding pr 						4a				
b Funding target reflecting at-risk for fewer than five cons	k assumptions, but disre	egarding trans	sition rule fo	r plans th	at have been	4h				
5 Effective interest rate	•	<u> </u>				5			5.90 %	
6 Target normal cost						6			0	
Statement by Enrolled Actuary To the best of my knowledge, the information sup	plied in this schedule and accor	mpanying schedul	les, statements	and attachm	ents, if any, is comp					
accordance with applicable law and regulations. I combination, offer my best estimate of anticipated		nption is reasonab	nie (taking into a	ccount the e	xperience or the plar	and reasona	abie expe	ctations) a	and such other assumptions, in	
SIGN HERE							0	3/14/20	12	
	gnature of actuary							Date		
THEODORE ANDERSEN, M.A.A.A, M.S								11-0203		
Type o PENSION ASSOCIATES	r print name of actuary				_	Most r		enrollme 3-356-0	ent number 1306	
2001 W. MAIN STREET. SUITE 230 STAMFORD, CT 06902	Firm name				T	elephone	numbe	r (includ	ding area code)	
	Address of the firm				_					
If the actuary has not fully reflected any re	egulation or ruling promu	ulgated under	the statute	in comple	eting this sched	ule, check	the bo	x and s	ee \square	
instructions	. 31	5		1, 1	5	,				

Page	2-	1

Pa	rt II	Begin	ning of year	carryov	er and prefunding ba	lances						
	,			-			(a)	Carryover balance		(b) F	Prefundi	ng balance
7		_	•		cable adjustments (Item 13	•			0			98409
8	Portion (used to d	offset prior year's	funding red	quirement (Item 35 from pric	r year)			0			0
9	Amount	remainir	ng (Item 7 minus i	tem 8)					0			98409
10	Interest	on item	9 using prior year	's actual re	eturn of10.00 %				0			9841
11	Prior yea	ar's exce	ess contributions t	o be adde	d to prefunding balance:							
	a Exce	ss contr	ibutions (Item 38	from prior	year)							80112
	b Inter	est on (a	a) using prior year	's effective	e rate of5.98 %							4791
					year to add to prefunding bala							84903
	_				palance							84903
12												
					+ item 10 + item 11d – item				0			193153
	Part III Funding percentages											
14												
										15	157.38 %	
15 16	Prince year's first line presenting for a version of determining whether compared to the first line is belong to make a reduce											
	current year's funding requirement											
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage											
P	Part IV Contributions and liquidity shortfalls											
18	Contribu	itions ma	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:						
(N	(a) Date IM-DD-YY		(b) Amount p employer		(c) Amount paid by employees		Date D-YYYY)	(b) Amount paid employer(s)		(0	•	nt paid by oyees
04	/13/2011			100000	0							
		l				Totals ▶	18(b)		100000	18(c)		0
19	Discount	ted emp	lover contributions	s – see ins	tructions for small plan with	a valuation	date after t	he beginning of the	vear:			
					nimum required contribution				19a			0
	-				djusted to valuation date			-	19b			0
					uired contribution for current y			-	19c			98364
20			utions and liquidit									
		='	•	-	the prior year?						Г	Yes X No
		•	•		stallments for the current year							Yes No
	C If 20a	is "Yes,	" see instructions	and compl	lete the following table as ap	plicable:						
				<u> </u>	Liquidity shortfall as of e		er of this pla	an year				
		(1) 1s	st		(2) 2nd		(3)	3rd			(4) 4th)
									1			

Pa	rt V Assumption	ons used to determine	funding target and ta	arget n	ormal cost						
21	Discount rate:										
	a Segment rates:	1st segment: 3.14 %	2nd segment: 5.90 %		3rd segment: 6.45 %		N/A, full yield	d curve u	ısed		
	b Applicable month	(enter code)				21b			0		
22	Weighted average re	tirement age				22			62		
23	Mortality table(s) (se	e instructions)	escribed - combined	Pres	cribed - separate	Substitut	е				
Pa	rt VI Miscellane	ous items									
	Has a change been n	made in the non-prescribed ac	•		•		· · -	d Yes	No		
25	Has a method change	e been made for the current p	lan year? If "Yes," see instr	ructions	regarding required attacl	nment		Yes	No		
		o provide a Schedule of Active						Yes	No		
	If the plan is eligible f	for (and is using) alternative for	ınding rules, enter applicable	e code a	and see instructions	27	<u>L</u>	<u>L</u>			
D-	Part VII Reconciliation of unpaid minimum required contributions for prior years										
		<u> </u>	•			28			0		
		uired contribution for all prior									
29	Discounted employer (item 19a)	itions from prior years	29			0					
30	Remaining amount of	f unpaid minimum required co	ntributions (item 28 minus it	tem 29).		30			0		
Pa	rt VIII Minimum	required contribution	for current year								
31	Target normal cost, a	adjusted, if applicable (see ins	tructions)			31			0		
32	Amortization installment	ents:			Outstanding Bala	nce	Installr	ment			
	a Net shortfall amort	tization installment				11479			0		
	b Waiver amortization	on installment				0			0		
33		approved for this plan year, e Day Year	•	_	0	33			0		
34		ment before reflecting carryov				34			0		
			Carryover balance		Prefunding balar	nce	Total ba	lance			
35	Balances used to offs	set funding requirement		0		0			0		
36	Additional cash requi	rement (item 34 minus item 3	5)			36			0		
37	7 Contributions allocated toward minimum required contribution for current year adjusted to valuation dat (Item 19c)						983				
38	Interest-adjusted exc	ess contributions for current y	ear (see instructions)			38			98364		
39	Unpaid minimum req	uired contribution for current	vear (excess, if any, of item	36 over	item 37)	39			0		
40	Unpaid minimum req	uired contribution for all years		40							

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 8058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500-8F.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

			avido viidi		*** ** .		
		rt Identification Information	10/41	10010		Inn Inn	***************************************
FOF	tne calendar plan year zon	0 or fiscal plan year beginning	***************************************	/2010 and ending	12	/30/2011	
	This return/report is for:	x single-employer plan		nployer plan (not multiemployer)	L	one-participan	t plan
B	This return/report is for:	first return/report	final return	/report			
		x an amended return/report	short plan	year return/report (less than 12 mont	hs) 		
C	Check box if filing under:	Form 5558	automatic (extension		DFVC program	n
		special extension (enter description)					
P:	art II Basic Plan In	formation enter all requested inform	nation				
4	Name of plan		THE STREET		1b '	Three-digit	10
	Fung Ngan MD PC De	fined Benefit Plan				plan number (PN) ►	002
					1	Effective date of 12/31/2007	plan
2a	Plan sponsor's name and a	ddress (employer, if for single-employer pla	n)		2b (Employer identifi	cation Number
	Fung Ngan MD PC					(EIN) 13-404	
	17 E Broadway, Rm	401				Plan sponsor's te (212) - 406–7.	lephone number 379
TIS	New York	NY 10002			Business code (s	ee instructions)	
3a	The second secon	and address (if same as plan employer, ente	r "Same")	ARMIN MALL LANDS		<u>621111</u> Administrator's E	IN:
	Same		,		:		
					3c /	Administrator's te	lephone number
4	If the name and/or EIN of th	e plan sponsor has changed since the last i	t filed for this plan, enter the	4b (EIN		
	name, EIN and the plan nur	mber from the last return/report. Sponsor's N	łame		4c	PN	
5a	Total number of participants	at the beginning of the plan year			5a	1	1
b		s at the end of the plan year			5b		
C		with account balances as of the end of the			5c		
6a		during the plan year invested in eligible as			1	· · · ·	X Yes No
þ		f the annual examination and report of an in					واستدادو
		? (See instructions on waiver eligibility and ither 6a or 6b, the plan cannot use Form	,			• • • •	X Yes No
D.	rt III Financial Info		2000-01 ai	The state and the state of the	·		
<u>∵</u>	Plan Assets and Liabilities	mation		(a) Beginning of Year		(b) End o	of Year
а	Total plan assets		7a	981,823	***************************************	<u> </u>	1,120,216
b	Total plan liabilities		7b	0			0
¢	Net plan assets (subtract lin	ne 7b from line 7a)	7¢	981,823			1,120,216
8	Income, Expenses, and Tra	nsfers for this Plan Year		(a) Amount		(b) T	otal
a	Contributions received or re		_	,			
	(1) Employers		8a(1)	100,000			
	• •		8a(2)	0	-	•	
b		ers)	8a(3)	38,393			
	, ,) 90/3\ 90/3\ ond 6b\	8b 8c	30,393			120 202
d		ct rollovers and Insurance premiums	8d	0		•	138,393
0		ective distributions (see instructions)	80	0			
f		ders (salaries, fees, commissions)	8f	0			
g			8g	0			
h	Total expenses (add lines 8	d, 8e, 8f, and 8g)	8h	71 M 11 M 12 M 12 M 12 M 12 M 12 M 12 M			0
i	Net income (loss) (subtract	- · · · 	8i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>		138,393
		(see Instructions)	8j	0			

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

Form 5500-SF (2010) v.092308.1

.1	Form 6500-SF 2010	Pa	ge 2 -					
Part	IV Plan Characteristics						· · · · · · · · · · · · · · · · · · ·	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
a 11	the plan provides pension benefits, enter the applicable pension feature	e codes from the List	of Plan Characteristic	Codes ii	n the ins	structions:		
b If	1A. the plan provides welfare benefits, enter the applicable welfare feature	codes from the List of	f Plan Characterístic C	odes in	the inst	ructions:		
Part	V Compliance Questions							
O	During the plan year:			Yes	No	, Ai	nount	
а	Was there a failure to transmit to the plan any participant contribution w 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary)		described in	lai l	ж			
b	Were there any nonexempt transactions with any party-in-interest? (Do	not include transaction	ons reported		x	Ψ		
	on line 10a.)				x			
	Was the plan covered by a fidelity bond?		and by fraud	'C	<u>*</u>			
•	or dishonesty?		10	d	x	THE RESIDENCE OF THE PARTY OF T	السارة شارة المراجعة	
e	Were any fees or commisions paid to any brokers, agents, or other per insurance services or other organization that provides some or all of the instructions.)	o	x	A STANIE LE FAMILIE DE LA COMPANIO D		والتعديد المتعدد		
f	Has the plan failed to provide any benefit when due under the plan?		10	<u>-</u>	x			
g	Did the plan have any participant loans? (If "Yes," enter amount as of y	rear end.)	10	9	х		.	
h	If this is an individual account plan, was there a blackout period? (See i 2520.101-3.)		FR 10		x			
i	If 10h was answered "Yes," check the box if you either provided the recexceptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or one o	f the					
Part	VI Pension Funding Compliance							,
1	ls this a defined benefit plan subject to minimum funding requirements 5500))						X Yes	No
2	Is this a defined contribution plan subject to the minimum funding requi	rements of section 41					Yes	X No
	If a walver of the minimum funding standard for a prior year is being an granting the waiver		Month_			te of the lette		
. 1	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB	•	lp to line 13.	٣	12b			
b C	Enter the minimum required contribution for this plan year			• •	12c		,	.,
ď	Subtract the amount in line 12c from the amount in line 12b. Enter the r		sign to the left of a	. <i>.</i> [12d			
е	Will the minimum funding amount reported on line 12d be met by the fu	ınding deadline? .				Yes [No [N/A
art '	/II Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan yes			٠. ٠	<u></u>		Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the emplo				13a			
	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?						Yes	X No
¢	If during this plan year, any assets or liabilities were transferred from th which assets or liabilities were transferred. (See instructions.)	ils plan to another plai	ণ(s), identify the plan(s	s) to				
13	c(1) Name of plan(s):			1:	3c(2) El	N(s)	13c(3) F	PN(s)
					!!!!		 	
							<u></u>	
	n: A penalty for the late or incomplete filing of this return/report w		1 1 1			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	,	
Bors	penalties of perjury and other penalties set forth in the instructions, I decided the completed and signed by an enrolled actuary, as well as the true, correct, and complete.							
SIGN			Fung Ngan, MD					
HER		Date 3-27ッレ	Enter name of individ	ual sign	ing as p	lan administ	ator	

Enter name of individual signing as employer or plan sponsor

Fung Ngan, MD

Date スープフィレ

SIGN HERE Signature of employer/plan sponsor

Schedule SB, line 32 - Schedule of Amortization Bases

Fung Ngan MD PC Defined Benefit Plan 13-4042539 / 002 For the plan year 12/31/2010 through 12/30/2011

Date Base Original Base Present Value of Years Remaining Amortization
Established Amount Type of Base Remaining Installments Amortization Period Installment

Totals: \$0 \$0

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

Fung Ngan MD PC Defined Benefit Plan 13-4042539 / 002 For the plan year 12/31/2010 through 12/30/2011

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 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.

Schedule SB, line 19 - Discounted Employer Contributions

Fung Ngan MD PC Defined Benefit Plan 13-4042539 / 002

For the plan year 12/31/2010 through 12/30/2011 Valuation Date: 12/31/2010

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution Applied to Additional Contribution	4/15/2011 12/31/2010	\$100,000 100,000	98,364	0	0	5.9	0
Totals for Deposited Contribution		\$100,000	\$98,364	\$0	\$0		

Schedule SB, Part V Summary of Plan Provisions

Fung Ngan MD PC Defined Benefit Plan 13-4042539 / 002

For the plan year 12/31/2010 through 12/30/2011

Employer: Fung Ngan MD PC

Type of Entity - Sole-Proprietorship

EIN: 13-4042539 TIN: Plan #: 002

Dates: Effective - 12/31/2007 Year end - 12/30/2011 Valuation - 12/31/2010

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

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 500 Vesting - 1000

Plan Entry - Anniversary date of plan year during which eligibility satisfied

Retirement: Normal - Attainment of age 62 and completion of 10 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the unit credit benefit formula below rounded to the nearest dollar:

10% of average monthly compensation per year of service beginning year 1 limited to 10 year(s)

Accrued Benefit - Unit credit based on service

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: None

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

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

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

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

Vesting Schedule: Years Percent

0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

Fung Ngan MD PC Defined Benefit Plan 13-4042539 / 002

For the plan year 12/31/2010 through 12/30/2011

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

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	2.67
Segment 2	6 - 20	4.62
Segment 3	> 20	5.59

Mortality Table - 10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

		▶ File	as an attachment to I	orm 5500	or 5500-SF.					
For ca	llendar plan year 2010 or fiscal plan year	beginning	12/31/2010		and end	ing :	12/30/20	11		
	und off amounts to nearest dollar.									
⊵ Ca	ution: A penalty of \$1,000 will be assess	sed for late filing	of this report unless rea	sonable ca	use is estab	lished.				
A Name of plan					B Three-digit					
Fung Ngan MD PC Defined Benefit Plan				plan nı	ımber (PN)	▶ 002				
G Pla	in sponsor's name as shown on line 2a of	f Form 5500 or 5	500-EZ			D Employ	yer Identifica	ation Number (EIN)		
	Fung Ngan MD PC					13-40)42539			
E Tvr	pe of plan: X Single Multip	le-A Multip	le-B F Prior y	rear nlan si	ze: X 100 d	or fewer	101-500	More than 5	500	
Part		ic-/\ iwaitip	io D	real plan of	20. [22] 100 0	or iower			<u>/00</u>	
***************************************	Enter the valuation date:	Month 12	Day31	Year	2010					
2 A	Assets:	-								
ä	Market value						2a	451	,642	
ŀ	Actuarial value						2b	451	,642	
3 F	unding target/participant count breakdow				(1) Numb	er of partici	pants	(2) Funding Targ	et	
ā	For retired participants and beneficiar		ment	3a		0			0	
ł	For terminated vested participants			3b		0		0		
(For active participants:			-						
_	(1) Non-vested benefits			3c(1)	1				0	
	(2) Vested benefits			3c(2)	1			286	,966	
	(3) Total active			3c(3)		1		286	,966	
ď	Total			3d		1			,966	
4 1	f the plan is at-risk, check the box and co									
a	Funding target disregarding prescribe	d at-risk assumpt	ions				4a			
k	Funding target reflecting at-risk assun	nptions, but disre	garding transition rule f	or plans tha	at have been	1				
	at-risk for fewer than five consecutive	years and disreg	arding loading factor				4b			
5 E	Effective interest rate						5	5.90		
	arget normal cost						6		0	
	nent by Enrolled Actuary				_					
	To the best of my knowledge, the information supplied in this accordance with applicable law and regulations. In my opion, combination, offer my best estimate of anticipated experience	each other assumption is	ing schedules, statements and attac reasonable (taking into account the	chments, if any, is experience of the	s complete and acc o plan and reasona	curate. Each prese ble expectations)	ibed assumption v and such other as	vas applied in sumptions, in		
SIG	N .	~1 A								
HEF	RE	· Mr. V-					03/14/2	1012		
	Signa	turé of actuary		•			Date	е		
Theodore Andersen, M.A.A.A, M.S.P.A				11-02034						
Type or print name of actuary				Most recent enrollment number						
Pension Associates				(203) 356-0306						
	Fi	rm name			Te	elephone ni	umber (inclu	ding area code)		
	2001 W. Main Street. Suite	230								
US	Stamford CT	06902								
	Addre	ss of the firm	****							
If the a	ctuary has not fully reflected any regulation	n or ruling promu	ulgated under the statut	te in comple	eting this sch	nedule, che	ck the box a	nd see		
instruct	ions								1	

Part II Begini	ning of year carryover a	nd prefunding balances					THE POST OF THE PERSON NAMED IN COLUMN	Endrikumi en en et
			(a) Carryover balance	(b) Pre	(b) Prefunding balance		
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior			prior	<u></u>				nnounteen et en
year)			0			98	3,409	
8 Portion used to offset prior year's funding requirement (item 35 from prior year)				0				0
9 Amount rema	ining (item 7 minus item 8)			0	0 98,40			3,409
10 Interest on item 9 using prior year's actual return of				0	9,84			841
11 Prior year's excess contributions to be added to prefunding balance:								
a Excess contributions (item 38 from prior year)				9.0	80,112			
b Interest on (a) using prior year's effective rate of5.98_%					4,79			1,791
		plan year to add to prefunding balar	\$50,000 to \$100.00	84,				,903
d Portion of i	tem (c) to be added to prefu	unding balance	<u> </u>				84	1,903
12 Reduction in b	palances due to elections or	deemed elections		0				0
13 Balance at be	ginning of current year (item	n 9 + item 10 + item 11d - item 12).		0			193	3,153
Part III Fund	ling percentages							
14 Funding targe	t attainment percentage .					14	90.0	7 %
15 Adjusted fund	ing target attainment percer	ntage				15	157.3	3 %
16 Prior year's fu	nding percentage for purpos	ses of determining whether carryove	r/prefunding bala	nces may be used to redu	ıce	40		
current year's funding requirement						16	87.8	5 %
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 Cont	ributions and liquidity s	shortfalls						
18 Contributions	made to the plan for the the	plan year by employer(s) and empl	oyees:					
(a) Date	(b) Amount paid by	(c) Amount paid by	(a) Date	(b) Amount paid by		(c) Amo	unt paid by	,
(MM-DD-YYYY)	employer(s)	employees	(MM-DD-YYYY)	employer(s)			loyees	
04/13/2011	100,0	00						
							, ,	
	•							
			Totals ▶ 18(b	100	,000 18(c)		(
19 Discounted er	nployer contributions see	instructions for small plan with a val	uation date after t	he beginning of the year:				PERSONAL PROPERTY IS
a Contributio	ns allocated toward unpaid	minimum required contribution from	prior years		19a			0
b Contributio	ns made to avoid restriction	ns adjusted to valuation date			19b			0
C Contribution	s allocated toward minimum re	quired contribution for current year adjus	sted to valuation dat	e	19c		98	3,364
20 Quarterly cont	ributions and liquidity shortf	all(s):						
						Yes	ΧNο	
a Did the plan have a "funding shortfall" for the prior year?								
c If 20a is "Yes," see instructions and complete the following table as applicable:								
		Liquidity shortfall as of er		nis plan year				
	(1) 1st	(2) 2nd				(4) 4th		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	,-							

Part V Assumptions used to determine f	unding target and target nor	nal cost	ar was a second of	Hall and All Martin and Artist of the Artist		
21 Discount rate:						
a Segment rates: 1st segment	2nd segment	3rd segment		N/A, full yield curve used		
3.14 %	5.90 %	6.45 %				
b Applicable month (enter code)			21b	0		
22 Weighted average retirement age	 		22	62		
	Prescribed combined	Prescribed separate		Substitute		
Part VI Miscellaneous items						
24 Has a change been made in the non-prescribe attachment	d actuarial assumptions for the cu	•				
25 Has a method change been made for the curre						
26 Is the plan required to provide a Schedule of A	ctive Participants? If "Yes," see in	structions regarding required	d atta	chment Yes X No		
27 If the plan is eligible for (and is using) alternative	ve funding rules, enter applicable of	code and see instructions				
			27			
Part VII Reconciliation of unpaid minimu						
28 Unpaid minimum required contribution for all pro-	ior years	 	28	. 0		
29 Discounted employer contributions allocated to	ward unpaid minimum required co	ontributions from prior years				
(item 19a)		29	0			
30 Remaining amount of unpaid minimum require	d contributions (item 28 minus iter	n 29) .	30	0		
Part VIII Minimum required contribution f						
31 Target normal cost, adjusted, if applicable (see	instructions)		31	0		
32 Amortization installments:		Outstanding Balance		Installment		
a Net shortfall amortization installment			479	9		
b Waiver amortization installment	 		0	0		
33 If a waiver has been approved for this plan year	r, enter the date of the ruling lette	granting the approval				
(Month) and the waived amount				0		
34 Total funding requirement before reflecting carr	yover/prefunding balances					
(item 31 + item 32a + item 32b - item 33)		<u> </u>	34	0		
	Carryover balance	Prefunding Balance		Total balance		
35 Balances used to offset funding requirement	0		0	0		
36 Additional cash requirement (item 34 minus ite	m 35)		36	0		
37 Contributions allocated toward minimum requir	ed contribution for current year ad	justed to valuation date				
(item 19c)				98,364		
38 Interest-adjusted excess contributions for current year (see instructions)				98,364		
39 Unpaid minimum required contribution for curre			39			
40 Unpaid minimum required contribution for all ye	40					

Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

Fung Ngan MD PC Defined Benefit Plan 13-4042539 / 002

For the plan year 12/31/2010 through 12/30/2011

Valuation Date: 12/31/2010

Funding Method: As prescribed in IRC Section 430

> Age - Eligibility age at last birthday and other ages at last birthday New participants are not included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Interest Rates -

permitted under IRC 430(h)(2)(C) Segment # Year Rate % Segment 1 0 - 5 3.14 Segment 2 6 - 205.90 Segment 3 > 20 6.45

Segment rates for the Valuation Date as

Pre-Retirement - Mortality Table -None

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

Post-Retirement - Mortality Table -10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)

> Cost of Living -None

10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A) at 5% Lump Sum -

10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Fair market value of assets adjusted for contributions under IRC 430(g)(4) **Asset Valuation Method:**

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -8%

> Mortality Table -U84 - 1984 Unisex

8%

Permissively Aggregated Plans - Tested as a Single Plan

Post-Retirement - Interest -

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits