## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| Р      | ension Benefit Guaranty Corporation  Complete all entries in accord   | dance witl   | n the instructions to the Form 550        | 0-SF.  | Inspection                              |  |  |
|--------|---|--------------|---|--------|---|--|--|
| Pa     | art I Annual Report Identification Information  |              |   |        |   |  |  |
| For    | For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011  |              |   |        |   |  |  |
| Α      | This return/report is for:  | a multiple   | -employer plan (not multiemployer)        |        | a one-participant plan                  |  |  |
| В      | This return/report is:  the first return/report   | the final re | eturn/report                              | _      | _                                       |  |  |
|        |   | a short pla  | in year return/report (less than 12 mo    | onths) |   |  |  |
| _      | Check box if filing under: Form 5558  |              | extension                                 | Γ      | DFVC program                            |  |  |
| C      | special extension (enter description)   |              | Octorision                                | L      |   |  |  |
|        | <u> </u>  |              |   |        |   |  |  |
|        | art II Basic Plan Information—enter all requested information   | ation        |   | 1h ·   | Thurs a dissis                          |  |  |
|        | Name of plan<br>TH FLORIDA HAND & ORTHOPAEDIC CENTER, P.A. 401(K) PROI  | FIT SHARI    | ING PLAN                                  |        | Three-digit<br>plan number              |  |  |
| -      |   |              |   |        | (PN) • 001                              |  |  |
|        |   |              |   | 1c     | Effective date of plan                  |  |  |
|        |   |              |   |        | 09/01/1992                              |  |  |
| 2a     | Plan sponsor's name and address; include room or suite number (el TH FLORIDA HAND & ORTHOPAEDIC CENTER, P.A.                            | mployer, if  | for a single-employer plan)               |        | Employer Identification Number          |  |  |
| 300    | TITTEORIDATIAND & ORTHOPAEDIO CENTER, F.A.  |              |   | -      | (EIN) 65-1043814                        |  |  |
|        |   |              |   | 2c :   | Sponsor's telephone number 561-241-4758 |  |  |
|        | CLINT MOORE ROAD, SUITE 105<br>A RATON, FL 33496-2659   |              |   | 24 1   | Business code (see instructions)        |  |  |
| БОС    | A NATON, TE 33430-2033  |              |   | Zu     | 621111                                  |  |  |
| 3a     | Plan administrator's name and address (if same as plan sponsor, er  | nter "Same   | ,")                                       | 3b /   | Administrator's EIN                     |  |  |
| SOU    | TH FLORIDA HAND & ORTHOPAEDIC CENTER, 1905 CLINT IN   | MOORE R      | OAD, SUITE 105                            |        | 65-1043814                              |  |  |
| P.A.   | BOCA RATOI  | N, FL 3349   | 96-2659                                   | 3c /   | Administrator's telephone number        |  |  |
|        | If the many and/or FIN of the plan arrange has absenced air as the l  |              | some of file of few this poles are to the | 415    | 561-241-4758                            |  |  |
| 4      | If the name and/or EIN of the plan sponsor has changed since the landame, EIN, and the plan number from the last return/report.         | ast return/i | report filed for this plan, enter the     | 4b     | EIN                                     |  |  |
| а      | Sponsor's name  |              |   | 4c     | PN                                      |  |  |
| 5a     | Total number of participants at the beginning of the plan year  |              |   | 5a     | 1                                       |  |  |
| b      |   |              |   |        |   |  |  |
| С      | Number of participants with account balances as of the end of the p   | olan year (d | defined benefit plans do not              |        |   |  |  |
|        | complete this item)   |              |   | 5c     |   |  |  |
|        | Were all of the plan's assets during the plan year invested in eligible   |              | · ·                                       |        | X Yes   No                              |  |  |
| b      | Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a |              |   |        | X Yes No                                |  |  |
|        | If you answered "No" to either 6a or 6b, the plan cannot use Fo   |              | •   |        |   |  |  |
| Pa     | rt III Financial Information  |              |   |        |   |  |  |
| 7      | Plan Assets and Liabilities   |              | (a) Beginning of Year                     |        | (b) End of Year                         |  |  |
| а      | Total plan assets   | 7a           | 1658965                                   |        | 0                                       |  |  |
| b      | Total plan liabilities  | 7b           | 7229                                      |        | 0                                       |  |  |
| С      | Net plan assets (subtract line 7b from line 7a)   | 7c           | 1651736                                   |        | 0                                       |  |  |
| 8      | Income, Expenses, and Transfers for this Plan Year  |              | (a) Amount                                |        | (b) Total                               |  |  |
| а      | Contributions received or receivable from:  |              | , ,                                       |        | . ,                                     |  |  |
|        | (1) Employers   | 8a(1)        | 0   |        |   |  |  |
|        | (2) Participants  | 8a(2)        | 0   |        |   |  |  |
|        | (3) Others (including rollovers)  | 8a(3)        | 0   |        |   |  |  |
| b      | Other income (loss)   | 8b           | -117487                                   |        |   |  |  |
| С      | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c           |   |        | -117487                                 |  |  |
| d      | Benefits paid (including direct rollovers and insurance premiums to provide benefits)   | 8d           | 1534249                                   |        |   |  |  |
| е      | Certain deemed and/or corrective distributions (see instructions)   |              | 0   |        |   |  |  |
| f      | Administrative service providers (salaries, fees, commissions)  | 8f           | 0   |        |   |  |  |
| 'n     |   |              | 0   |        |   |  |  |
| g<br>h | Other expenses  | 8g<br>8h     |   |        | 1534249                                 |  |  |
| ;      |   |              |   |        | -1651736                                |  |  |
| ;      | Net income (loss) (subtract line 8h from line 8c)   |              | 0   |        | 1001700                                 |  |  |
| J      | Transiers to (Itom) the plan (see Instructions)   | 8j           | U   |        |   |  |  |

| Form | 5500. | SF. | 201 |
|------|-------|-----|-----|

| Page 2 - | 1 |  |
|----------|---|--|
|----------|---|--|

| 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 2A 2E 2G 2J 2K 3D
  - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| Part  |  |        | v        | ٠.      | 1      |     |        |       |
|-------|--|--------|----------|---------|--------|-----|--------|-------|
| 0     | During the plan year:  |        | Yes      | No      |        | Amo | unt    |       |
| 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    |          | X       |        |     |        |       |
| b     | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  | 10b    |          | X       |        |     |        |       |
| С     | Was the plan covered by a fidelity bond?   | 10c    | X        |         |        |     | 1      | 70000 |
| 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        |         |        |     |        | 4568  |
| f     | Has the plan failed to provide any benefit when due under the plan?  | 10f    |          | X       |        |     |        |       |
| g     | Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  | 10g    |          | X       |        |     |        |       |
| h     | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  | 10h    |          | 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    |          |         |        |     |        |       |
| art   | VI Pension Funding Compliance  |        | •        | •       |        |     |        |       |
| 11    | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))   |        |          |         |        | П   | Yes    | X No  |
| 12    | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code   |        |          |         |        |     | 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 instruction in the waiver.  Mon   | th     |          |         |        |     |        |       |
| -     | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.   |        | Г        | 12b     |        |     |        |       |
|       | Enter the minimum required contribution for this plan year.  |        |          | 12D     |        |     |        |       |
|       | Enter the amount contributed by the employer to the plan for this plan year  | of a   |          | 12d     |        |     |        |       |
| ^     | negative amount)   |        |          |         | Yes    |     | lo 🗆   | N/A   |
|       | Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  |        |          |         | 163    |     |        | IN//  |
| Part  | Has a resolution to terminate the plan been adopted in any plan year?  |        |          |         | es     | No  |        |       |
| ısa   |  |        |          | ^       | es     | NO  |        | 0     |
| h     | If "Yes," enter the amount of any plan assets that reverted to the employer this year  |        | <u> </u> | ntrol   |        |     |        | -     |
| D     | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  |        |          |         |        | X   | Yes    | 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.)   | he pla | n(s) to  |         |        |     |        |       |
| 1     | 3c(1) Name of plan(s):   |        | 13       | c(2) El | 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   | le cau | ıse is   | estab   | ished. |     |        |       |
|       | r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned to the second to the se |        |          |         |        |     |        |       |

belief, it is true, correct, and complete.

| SIGN | Filed with authorized/valid electronic signature. | 03/27/2012 | CAMERON KELLY  |
|------|---|------------|--|
| 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 |

## Form 551 0-SF

Department or this resulty internal Reviews ervice

Department of liber Employee Benefits Sycuri: Administration

## Short Form Annual Return/Report of Small Employee Benefit Plan

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2011

This Form Is Open to Public

OMB Nos. 1210-0110 1210-0089

|                  | Pension Benefit Guarar   | Corporation A Complete all entries in accou   | rdance with   | the instructions to the Form 5500  | OF                                      | Ins                        | epection   |
|------------------|--|---|---|--|---|----------------------------|--|
| P                | art Annu   | Report Identification Information   | DELICE ANT  | die man acaons to the Form 5500  | POF.                                    |                            |  |
|                  |  |   | 01/01/2   | U11 and ending   |   | 12/31/201                  | <b>F</b> ir  |
| Ä                | This return/repor  | s for: 🔀 a single-employer plan   | ] a multiple  | -employer plan (not multiemployer)   | Г                                       | a one-partici              | pant plan  |
| 3                | This return/repor  | s: The first return/report  | =   | eturn/report   |   | T as also bassined         | ABILIT MIGHT   |
| •                | 1110 1010111111010   | an amended return/report  | •   | п year return/report (less than 12 mg  | edha\                                   |                            |  |
| •                | Check box if tiling  | H   | •   | extension  | " " " " " " " " " " " " " " " " " " "   | 1 pp/c                     | - 12   |
|                  | Check Dox is ming  | 片 ' ' '   |   | extension:   | L                                       | DFVC progra                | IITI   |
|                  | the Paris  | special extension (enter description  |   |  |   |                            |  |
|                  |  | Plan Information—enter all requested inform   | <u>nation</u>   |  | 46 -                                    |                            |  |
| ıaı              | Name of plan   | d- 4 :  |   |  |   | Three-digit<br>plan number |  |
|                  |  | .da Hand & Orthopaedic Center,  | P.A.  |  | •                                       | PN) Þ                      | 001  |
|                  | 401(k) Frc   | it Sharing Plan   |   |  | 1c E                                    | ffective date o            | fplan  |
| _                |  |   |   |  |   | 9/01/1992                  | 2  |
| !a               |  | me and address; include room or suite number (e   | employer, if  | for a single-employer plan)  |   |                            | fication Number  |
|                  | Center, P.   | .da Hand & Orthopaedic  |   | ļ  |   | EIN) 65-104                |  |
|                  |  |   |   |  |   | ponsor's telep             |  |
|                  | 1905 Clint   | Moore Road, Suite 105   |   | -  |   | 561) 241-                  | see instructions)  |
|                  | Boca Rator   |   |   | FL 33496-2659  |   | 521111                     | see insuluctions)  |
|                  |  | r's name and address (if same as plan sponsor, e  | nter "Same  |  |   | dministrator's I           | EIN  |
|                  | Same   | , , , , , , , , , , , , , , , , , , ,   |   | ´ <u> </u>   |   |                            |  |
|                  |  |   |   |  | 3c A                                    | dministrator's 1           | lelephone number   |
| _                | Market   | - #151 of the other connect has absenced after the  | lend t-   | was the few this plan arter the  | 46 6                                    |                            | - 15 AV  |
| ۲                |  | r EIN of the plan sponsor has changed since the he plan number from the last return/report.   | ISIST LETOLINI  | epon nied for this plan, enter the   | 4b E                                    | IN                         |  |
| a                | Sponsor's name   | - 57  |   |  | 4c F                                    | W                          |  |
| ia               | Total number of  | participants at the beginning of the plan year  | *************   |  | 5a                                      |                            | 12   |
| b                | Total number of  | participants at the end of the plan year  | ***********   |  | 5b                                      |                            | 0  |
|                  |  |   |   |  |   |                            |  |
|                  | Number of parti  | pants with account balances as of the end of the  | plan year (d  | defined benefit plans do not   |   |                            |  |
| _                | complete this it   | pants with account balances as of the end of the n)   |   |  | 5c                                      |                            | 0  |
| _<br>ia          | complete this it   | n)lan's assets during the plan year invested in eligit  | ie assets?  | (See instructions.)  |   |                            | ♦ Yes No   |
| _<br>ia          | Were all of the Are you claimin  | n)  | ile assets?<br>an indepen   | (See instructions.)  | PA)                                     |                            | Yes No   |
| _<br>ia          | Complete this its Were all of the Are you claimin under 29 CFR:  | a waiver of the ennual examination and report of \$20,104-46? (See instructions on waiver eligibility   | ele assets?<br>an indepen   | (See instructions.) dent qualified public accountant (IQF  | <sup>2</sup> A)                         |                            | Yes No   |
| ia<br>b          | Were all of he Are you claimin under 29 CFR: If you answers  | a waiver of the ennual examination and report of \$20.104-46? (See instructions on waiver eligibility "No" to either 6a or 6b, the plan cannot use F  | ele assets?<br>an indepen   | (See instructions.) dent qualified public accountant (IQF  | <sup>2</sup> A)                         |                            | Yes No   |
| ia<br>b          | Complete this it  Were all of the  Are you claimin under 29 CFR:  If you answere  It ill Fin an  | n)  | ele assets?<br>an indepen   | (See instructions.) dent qualified public accountant (IQF  | <sup>2</sup> A)                         |                            | Yes No   |
| ia<br>b          | Complete this it  Were all of the  Are you claimin under 29 CFR:  If you answere  If III Finan Plan Assets and   | n) lan's assets during the plan year invested in eligible a waiver of the annual examination and report of 120, 104-46? (See instructions on waiver eligibility "No" to either 6a or 6b, the plan cannot use Fial information Liabilities   | ple assets?<br>an indepen<br>and conditi<br>orm 5500-   | (See instructions.)  dent qualified public accountant (IQF ons.).  SF and must instead use Form 550  (a) Beginning of Year  1, 658, 96                   | °A)<br>0.                               |                            | Yes No   |
| ia<br>b          | Complete this it  Were all of the  Are you claimin under 29 CFR:  If you answere  It III. Finan  Plan Assets and  Total plan asse  | n)  | an indepen<br>and conditi<br>form 5500-   | (See instructions.) dent qualified public accountant (IQF ons.).  BF and must instead use Form 550  (a) Beginning of Year                                | °A)<br>0.                               |                            | Yes No Yes No  |
| ia b             | complete this it  Were all of the  Are you claimin under 29 CFR:  If you answers  If till : Finan  Plan Assets and Total plan asset Total plan limbili   | an's assets during the plan year invested in eligible a waiver of the ennual examination and report of \$20.104-46? (See instructions on waiver eligibility "No" to either 6a or 6b, the plan cannot use Figl information Liabilities   | ole assets?<br>an independent conditions 5500-  | (See instructions.)  dent qualified public accountant (IQF ons.).  SF and must instead use Form 550  (a) Beginning of Year  1, 658, 96                   | <sup>2</sup> A)<br><b>0.</b><br>5       |                            | Yes No Yes No  |
| ia b             | Complete this it  Were all of the  Are you claimin under 29 CFR:  If you answere  If :III : Fin an  Plan Assets and  Total plan asset  Total plan asset  Net plan assets   | an's assets during the plan year invested in eligible a waiver of the ennual examination and report of \$20.104-46? (See instructions on waiver eligibility "No" to either 6a or 6b, the plan cannot use Figl information Liabilities   | ole assets?<br>an independent conditions 5500-  | (See instructions.)  dent qualified public accountant (IQF ons.)   | <sup>2</sup> A)<br><b>0.</b><br>5       | (b) End                    | Yes No Yes No of Year  0 0 Total                                       |
| Pa b c           | complete this it  Were all of the  Are you claimin under 29 CFR:  If you answere  If III Finan  Plan Assets and Total plan asset  Total plan assets Income, Expendentions re   | n) lan's assets during the plan year invested in eligible a waiver of the annual axamination and report of i20.104-46? (See instructions on waiver eligibility "No" to either 6a or 6b, the plan cannot use Fial information Liabilities  subtract line 7b from line 7a) s, and Transfers for this Plan Year elived or receivable from:   | ole assets? an indepen and conditi orm 5500- 7a 7b 7c   | (See instructions.)  dent qualified public accountant (IQF ons.)  SF and must instead use Form 550  (a) Beginning of Year  1, 658, 96  7, 22  1, 651, 73 | 5<br>9                                  | (b) End                    | Yes No Yes No  Of Year  O  O  Total                                    |
| Pa b c           | complete this it  Were all of the  Are you claimin under 29 CFR:  If you answere  If III Finan  Plan Assets and Total plan assets  Total plan disbili  Net plan assets  Income, Expendentiformere  Contributionere  (1) Employers  | n) lan's assets during the plan year invested in eligible a waiver of the annual examination and report of 120, 104-46? (See instructions on waiver eligibility "No" to either 6a or 6b, the plan cannot use Fial information Liabilities  as subtract line 7b from line 7a) s, and Transfers for this Plan Year elived or receivable from:   | ole assets? an independent and condition 5500- 7a 7b 7c 8a(1)   | (See instructions.)  dent qualified public accountant (IQF ons.)  SF and must instead use Form 550  (a) Beginning of Year  1, 658, 96  7, 22  1, 651, 73 | 5<br>9                                  | (b) End                    | Yes No Yes No  Of Year  O  O  Total                                    |
| Pa b c           | complete this it  Were all of the  Are you claimin under 29 CFR:  If you answers  It: III: Fin an  Plan Assets and Total plan assets  Total plan inself  Net plan assets  Income, Expendential Employers  (1) Employers  (2) Participant   | a waiver of the annual examination and report of 120,104-46? (See instructions on waiver eligibility "No" to either 6a or 6b, the plan cannot use Fial information Liabilities  subtract line 7b from line 7a)  a, and Transfers for this Plan Year elived or receivable from:  | ole assets? an independent and condition 5500- 7a 7b 7c 8a(1) 8a(2)   | (See instructions.)  dent qualified public accountant (IQF ons.)  SF and must instead use Form 550  (a) Beginning of Year  1, 658, 96  7, 22  1, 651, 73 | 5<br>9                                  | (b) End                    | Yes No Yes No  Of Year  O  O  Total                                    |
| Rab c 3 a        | complete this it  Were all of the  Are you claimin under 29 CFR:  If you answere  It: III : Finan  Plan Assets and Total plan assets  Total plan limbili  Net plan assets  Income, Expendentioners  (1) Employers  (2) Participant  (3) Others (inc-   | a waiver of the ennual examination and report of i20, 104-46? (See instructions on waiver eligibility "No" to either 6a or 6b, the plan cannot use Fial information Liabilities  subtract line 7b from line 7a)  s, and Transfers for this Plan Year elved or receivable from:  | 7a 7b 7c 8a(1) 8a(2) 8a(3)  | (See instructions.)  dent qualified public accountant (IQF ons.)   | PA)  00.  5 9  6                        | (b) End                    | Yes No Yes No of Year  0 0 Total                                       |
| iab Pa a b c a b | complete this it  Were all of the  Are you claimin under 29 CFR:  If you answere  It: III : Finan  Plan Assets and Total plan assets  Total plan limbili  Net plan assets Income, Expendentioners  (1) Employers  (2) Participant  (3) Others (income) (   | a waiver of the ennual examination and report of i20.104-46? (See instructions on waiver eligibility "No" to either 6a or 6b, the plan cannot use Fial information Liabilities  subtract line 7b from line 7a) s, and Transfers for this Plan Year elived or receivable from:  ding rollovers)  | 7a 7b 7c 8a(1) 8a(2) 8b   | (See instructions.)  dent qualified public accountant (IQF ons.)   | PA)  10.  5  9  6                       | (b) End                    | Yes No Yes No of Year  0 0 fotal                                       |
| Pab c a b c      | complete this it  Were all of the  Are you claimin under 29 CFR:  If you answere  If the Finan  Plan Assets and Total plan asset  Total plan initiabili  Net plan assets  Income, Expendentifications of (1) Employers (2) Participant (3) Others tinc Other income (5)  Total income (6)  | n) lan's assets during the plan year invested in eligible a waiver of the annual examination and report of i20.104-46? (See instructions on waiver eligibility "No" to either 6a or 6b, the plan cannot use Fial information Liabilities  subtract line 7b from line 7a) s, and Transfers for this Plan Year elived or receivable from:  ding rollovers) ss) d lines 8a(1), 8a(2), 8a(3), and 8b)   | 7a 7b 7c 8a(1) 8a(2) 8b   | (See instructions.)  dent qualified public accountant (IQF ons.)   | PA)  10.  5  9  6                       | (b) End                    | Yes No Yes No of Year  0 0 Total                                       |
| abc a bc         | complete this is  Were all of the  Are you claimin under 29 CFR:  If you answere  If the Iman Plan Assets and Total plan assets Income, Expendent Income, Expendent Income (1) Employers (2) Participant (3) Others (income (1) Total income (2) Benefits paid (4)   | a waiver of the annual examination and report of 120, 104-46? (See instructions on waiver eligibility "No" to either 6a or 6b, the plan cannot use Fial information Liabilities  ss.  subtract line 7b from line 7s)  | 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c  | (See instructions.)  dent qualified public accountant (IQF ons.)   | PA)  00.  5 9  6 0  0 0                 | (b) End                    | Yes No Yes No of Year  0 0 fotal (117,487)                             |
| iab Pa, abc      | complete this it  Were all of the  Are you claimin under 29 CFR:  If you answere  It ill is Finan  Plan Assets and Total plan asset  Total plan assets Income, Expenion Contributioners (1) Employers (2) Participant (3) Others tinc Other income ( Total income (a) Benefits paid (isto provide bens   | a waiver of the annual examination and report of i20.104-46? (See instructions on waiver eligibility "No" to either 6a or 6b, the plan cannot use Fial information Liabilities  subtract line 7b from line 7a)  | 7a 7b 7c 8a(1) 8a(2) 8c 8d  | (See instructions.)  dent qualified public accountant (IQF ons.)   | PA)  00.  5 9  6 0  0 0                 | (b) End                    | Yes No Yes No of Year  0 0 fotal (117,487)                             |
| iab Pa, abc      | complete this is  Were all of the  Are you claimin under 29 CFR:  If you answere  If till: Finan  Plan Assets and Total plan assets  Income, Expendice the Contributions re (1) Employers (2) Participant (3) Others (income) (a) Benefits paid (ito provide bank Certain deeme.   | a waiver of the annual examination and report of i20,104-46? (See instructions on waiver eligibility "No" to either 6a or 6b, the plan cannot use Fial information Liabilities  ss.  subtract line 7b from line 7a)   | 7a 7b 7c 8a(1) 8a(2) 8c 8c 8d 8e  | (See instructions.)  dent qualified public accountant (IQF ons.)   | 990                                     | (b) End                    | Yes No Yes No of Year  0 0 0 fotal                                     |
| Pab Pa bcd ef    | complete this is  Were all of the  Are you claimin under 29 CFR:  If you answere  It: III : Fin an  Plan Assets and Total plan assets Income, Expension Contributions of (1) Employers (2) Participant (3) Others (inc.) Other income (5) Benefits paid (1) to provide bene Certain dee me. Administrative:  | a waiver of the ennual examination and report of i20, 104-46? (See instructions on waiver eligibility "No" to either 6a or 6b, the plan cannot use Fial information  Liabilities  subtract line 7b from line 7a)  s, and Transfers for this Plan Year elived or receivable from:  ding rollovers)  ss)  d lines 8a(1), 8a(2), 8a(3), and 8b)  studing direct rollovers and insurance premiums to).  and/or corrective distributions (see instructions)  | an independent of the state of | (See instructions.)  dent qualified public accountant (IQF ons.)   | 990                                     | (b) End                    | Yes No Yes No of Year  0 0 fotal (117,487)                             |
| abc a bcd efg    | complete this is  Were all of the  Are you claimin under 29 CFR:  If you answere  It: III: Fin an  Plan Assets and Total plan assets Total plan limbility Net plan assets Income, Expendentiability Contributions of (1) Employers (2) Participant (3) Others (income) (a) Benefits paid (into provide benefits paid (into provide benefits) Certain dee me. Administrative: Other expense | an's assets during the plan year invested in eligible a waiver of the ennual examination and report of 120, 104-46? (See instructions on waiver eligibility "No" to either 6a or 6b, the plan cannot use Fial information Liabilities  subtract line 7b from line 7a)  sa, and Transfers for this Plan Year elived or receivable from:  ding rollovers)  ss)  d lines 8a(1), 8a(2), 8a(3), and 8b)  subtract line 7b from line 7a)  sand/or corrective distributions (see instructions)  ervice providers (salaries, fees, commissions) | an independent of the state of | (See instructions.)  dent qualified public accountant (IQF ons.)   | 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | (b) End                    | Yes No Yes No of Year  0 0 0 fotal                                     |
| Pab Pa bcd ef    | complete this is  Were all of the  Are you claimin under 29 CFR:  If you answere  It: III: Finan  Plan Assets and Total plan assets  Income, Expendentiability  Net plan assets  Income, Expendentiability  (1) Employers  (2) Participants  (3) Others (income) (a  Benefits paid (into provide bank Certain deeme.  Administrative:  Other expenses  Total expenses                      | a waiver of the ennual examination and report of i20.104-46? (See instructions on waiver eligibility "No" to either 6a or 6b, the plan cannot use Fial information Liabilities  subtract line 7b from line 7a)  sa, and Transfers for this Plan Year elived or receivable from:  ding rollovers)  ss)  d lines 8a(1), 5a(2), \$a(3), and 8b)  studing direct rollovers and insurance premiums to)  and/or corrective distributions (see instructions)  add lines 8d, 8e, 8f, and 8g)  | 7a 7b 7c 3a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h   | (See instructions.)  dent qualified public accountant (IQF ons.)   | 0000<br>9000                            | (b) End                    | Yes No Yes No  Of Year  0 0 0 fotal  (117, 487)  1,534,249 (1,651,736) |
| abc a bcd efg    | complete this is  Were all of the  Are you claimin under 29 CFR:  If you answere  It ill is Finan  Plan Assets and Total plan asset  Total plan assets Income, Expension Contributions re (1) Employers (2) Participants (3) Others (income (a) Benefits paid (into provide bans Certain deeme. Administrative: Other expenses Net income (io:   | an's assets during the plan year invested in eligible a waiver of the ennual examination and report of 120, 104-46? (See instructions on waiver eligibility "No" to either 6a or 6b, the plan cannot use Fial information Liabilities  subtract line 7b from line 7a)  sa, and Transfers for this Plan Year elived or receivable from:  ding rollovers)  ss)  d lines 8a(1), 8a(2), 8a(3), and 8b)  subtract line 7b from line 7a)  sand/or corrective distributions (see instructions)  ervice providers (salaries, fees, commissions) | an independent of the state of | (See instructions.)  dent qualified public accountant (IQF ons.)   | 0000<br>9000                            | (b) End                    | Yes No Yes No  Of Year  0 0 0 fotal  (117, 487)                        |

|            | Form 550(                    | 3F 2011 Page 2  |   |         |            |                               |             |
|------------|------------------------------|---|---|---------|------------|-------------------------------|-------------|
| ar         | IV Plan                      | Characteristics   |   |         | -          |                               |             |
| a          | If the plan prov<br>2A 2E 20 | les pension benefits, enter the applicable pension feature codes from the List of Plan Cher 2J 2K 3D  | acteris                                 | tic Co  | des in     | the instructions:             | A           |
| Ь          | if the plan prov             | les welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara  | cterist                                 | ic Cod  | es in t    | he instructions:              |             |
| irt        | V Compl                      | ince Questions  |   |         |            | <u>.</u>                      |             |
| )          | During the pla               | year:   |   | Yes     | No         | Amou                          | nt          |
| ą          |                              | lure to transmit to the plan any participant contributions within the time period described in 1-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a                                     |         | Х          |                               |             |
| b          | Were then: ar on line 10s.)  | nonexempt transactions with any party-in-interest? (Do not include transactions reported  | 10b                                     |         | х          |                               |             |
| C          |                              | overed by a fidelity bond?  | 10c                                     | х       |            |                               | 170,000     |
| d          | Did the plan h               | ve a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud  | 10d                                     |         | x          |                               | 170,000     |
| ۵          |                              | or commissions paid to any brokers, agents, or other persons by an insurance carrier,   | 100                                     |         | - 11       |                               |             |
| •          | insurance ser.               | ce or other organization that provides some or all of the benefits under the plan? (See   | 10e                                     | x       |            |                               | 4,568       |
| f          | Has the plan f               | led to provide any benefit when due under the plan?   | 107                                     |         | Х          |                               | ·           |
| 9          | Did the plan h               | Je any participant loans? (If "Yes," enter amount as of year end.)  | 10g                                     |         | X          |                               |             |
| _          | If this is ar inc            | ridual account plan, was there a blackout period? (See instructions and 29 CFR  | 10h                                     |         | x          |                               |             |
| i          | if 10h was ana               | vered "Yes," check the box if you either provided the required notice or one of the rouiding the notice applied under 29 CFR 2520.101-3                                   | 10i                                     |         |            |                               |             |
| ا<br>«انها |                              | Funding Compliance  | ,                                       |         |            | 10 1930 s 6 a 2 Par a.c. 91   | G MARIN DED |
|            |                              | benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com   | niele !                                 | Sched   | ule SE     | (Form                         |             |
|            |                              |   |   |         |            |                               | es X No     |
| 2          |                              | i contribution plan subject to the minimum funding requirements of section 412 of the Code  | or se                                   | ction 3 | 02 of      | ERISA? 📙 Y                    | es X No     |
| _          | (If "Yes," oxn               | ete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  minimum funding standard for a prior year is being amortized in this plan year, see instruc                     | _4!                                     |         | -4 Ab      | ومنامة مؤائم والماد           |             |
| 3          | oranting the w               | e minimum runding standard for a prior year is being amortized in this plan year, see institu-  | cuons,<br>ith                           | and e   | Day        | e date of the letter<br>Year_ | r ruling    |
| lf y       | ou completed                 | ine 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.   |   |         |            |                               |             |
| b          | Enter the nilni              | um required contribution for this plan year   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | L       | 12b        |                               | •           |
| C          | Enter the a mo               | nt contributed by the employer to the plan for this plan year   | *******                                 |         | 12c        |                               |             |
|            |                              | ount in line 12c from the amount in line 12b, Enter the result (enter a minus sign to the left  |   |         | 12d        |                               |             |
| e          | Will the minim               | n funding amount reported on line 12d be met by the funding deadline?   |   |         |            | Yes No                        | ☐ N/A       |
| H.         | VII Plan                     | erminations and Transfers of Assets   |   |         |            |                               |             |
| a          | Has a resolutio              | to terminate the plan been adopted in any plan year?  | 1171171117                              |         | <u>x</u> \ | res No                        |             |
|            |                              | ne amount of any plan assets that reverted to the employer this year  |   |         |            |                               |             |
| b          |                              | n assets distributed to participants or beneficiaries, transferred to another plan, or brought  |   |         |            | X Y                           | es No       |
| C          | If during this p             | in year, any assets or liabilities were transferred from this plan to another plan(s), identify the liabilities were transferred. (See instructions.)                     |   |         |            |                               | <u> </u>    |
| 13         | (1) Name of                  |   | <u> </u>                                | 130     | 2(2) E     | N(s) 13                       | c(3) PN(s)  |
|            |                              |   |   |         |            |                               |             |

SB or Schedule AB ompleted and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and sellef, it is true, corr. at, and complete.

| SIGN |           | = (16an)                 |
|------|-----------|--------------------------|
| HERE | Signa :um | of plan-administrator    |
| SIGN | <u> </u>  | 21 Och                   |
| HERE | Signatur  | of employer/plan sponsor |

Date

Enter name of Individual signing as plan administrator Kenneth Garrod, M.D.

Kenneth Garrod, M.D.

Enter name of individual signing as employer or plan sponsor