

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>07/01/2010</u> and ending <u>06/30/2011</u>	
A This return/report is for:	☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B This return/report is for:	☐ first return/report ☐ final return/report ☐ an amended return/report ☐ short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan <u>INDEPENDENT ANESTHESIOLOGISTS, PSC DEFINED BENEFIT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;"><u>010</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1986</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>010</u>	1c Effective date of plan <u>07/01/1986</u>			
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1c Effective date of plan <u>07/01/1986</u>							
2a Plan sponsor's name and address (employer, if for single-employer plan) <u>INDEPENDENT ANESTHESIOLOGISTS, PSC</u> <u>20 MEDICAL VILLAGE PKWY SUITE 258</u> <u>EDGEWOOD, KY 41017-5401</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">2b Employer Identification Number (EIN) <u>61-1077369</u></td> <td style="width: 40%;"></td> </tr> <tr> <td>2c Plan sponsor's telephone number <u>859-301-2411</u></td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <u>621111</u></td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) <u>61-1077369</u>		2c Plan sponsor's telephone number <u>859-301-2411</u>		2d Business code (see instructions) <u>621111</u>	
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2d Business code (see instructions) <u>621111</u>							
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") <u>INDEPENDENT ANESTHESIOLOGISTS, PSC</u> <u>20 MEDICAL VILLAGE PKWY SUITE 258</u> <u>EDGEWOOD, KY 41017-5401</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">3b Administrator's EIN <u>61-1077369</u></td> <td style="width: 40%;"></td> </tr> <tr> <td>3c Administrator's telephone number <u>859-301-2411</u></td> <td></td> </tr> </table>	3b Administrator's EIN <u>61-1077369</u>		3c Administrator's telephone number <u>859-301-2411</u>			
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">4b EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td>4c PN</td> <td></td> </tr> </table>	4b EIN		4c PN			
4b EIN							
4c PN							
5a Total number of participants at the beginning of the plan year	5a <u>12</u>						
b Total number of participants at the end of the plan year	5b <u>12</u>						
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c						
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No						
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	☒ Yes ☐ No						
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							

Part III	Financial Information																																										
7 Plan Assets and Liabilities	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;"></th> <th style="width: 35%;">(a) Beginning of Year</th> <th style="width: 35%;">(b) End of Year</th> </tr> <tr> <td>a Total plan assets</td> <td>7a <u>584639</u></td> <td><u>946787</u></td> </tr> <tr> <td>b Total plan liabilities</td> <td>7b</td> <td></td> </tr> <tr> <td>c Net plan assets (subtract line 7b from line 7a)</td> <td>7c <u>584639</u></td> <td><u>946787</u></td> </tr> </table>		(a) Beginning of Year	(b) End of Year	a Total plan assets	7a <u>584639</u>	<u>946787</u>	b Total plan liabilities	7b		c Net plan assets (subtract line 7b from line 7a)	7c <u>584639</u>	<u>946787</u>																														
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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:

1A 1E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**Part V Compliance Questions**

		Yes	No	Amount
10 During the plan year:				
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c		X	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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 complete Schedule SB (Form 5500))..... ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** _____

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	04/04/2012	RICHARD E. PARK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>INDEPENDENT ANESTHESIOLOGISTS, PSC DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>INDEPENDENT ANESTHESIOLOGISTS, PSC</u>	D Employer Identification Number (EIN) <u>61-1077369</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>584626</u>
b Actuarial value	2b <u>584626</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>0</u> <u>0</u>
b For terminated vested participants	3b <u>0</u> <u>0</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>575567</u>
(3) Total active	3c(3) <u>84</u> <u>575567</u>
d Total	3d <u>84</u> <u>575567</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.31</u> %
6 Target normal cost	6 <u>287783</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>03/21/2012</u>
Signature of actuary	Date
<u>JESSICA A BIRKLE</u>	<u>11-07693</u>
Type or print name of actuary	Most recent enrollment number
<u>CUNI, RUST & STENK, INC</u>	<u>513-891-0270</u>
Firm name	Telephone number (including area code)
<u>4540 COOPER RD, SUITE 304</u> <u>CINCINNATI, OH 45242</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance	
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0	
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0	
9 Amount remaining (Item 7 minus item 8).....	0	0	
10 Interest on item 9 using prior year's actual return of <u>5.58</u> %			
11 Prior year's excess contributions to be added to prefunding balance:			
a Excess contributions (Item 38 from prior year)		15132	
b Interest on (a) using prior year's effective rate of <u>6.63</u> %		1003	
c Total available at beginning of current plan year to add to prefunding balance		16135	
d Portion of (c) to be added to prefunding balance.....			
12 Reduction in balances due to elections or deemed elections.....			
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0	

Part III	Funding percentages		
14 Funding target attainment percentage.....	14	101.57	%
15 Adjusted funding target attainment percentage.....	15	101.57	%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	92.27	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17		%

Part IV	Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
11/15/2010	76681					
01/14/2011	76681					
04/29/2011	76681					
06/30/2011	76681					
			Totals ▶	18(b)	306724	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	293869
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 4.05 %	2nd segment: 6.47 %	3rd segment: 6.65 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	278724
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	278724
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	278724
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	293869
38 Interest-adjusted excess contributions for current year (see instructions).....	38	15145
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**This schedule is required to be filed under section 104 of the Employee
Retirement Income Security Act of 1974 (ERISA) and section 6059 of the
Internal Revenue Code (the Code).▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2010**This Form is Open to Public
Inspection**

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Independent Anesthesiologists, P.S.C. Defined Benefit Plan		B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ Independent Anesthesiologists, P.S.C.		D Employer Identification Number (EIN) 61-1077369
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500		

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2010		
2 Assets:		
a Market value	2a	584,626
b Actuarial value	2b	584,626
3 Funding target/participant count breakdown		
		(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	0 0
b For terminated vested participants	3b	0 0
c For active participants:		
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	575,567
(3) Total active	3c(3)	575,567
d Total	3d	84 575,567
4 If the plan is at-risk, check the box and complete lines a and b ☐		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.31
6 Target normal cost	6	287,783

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>JAB</u> Signature of actuary	03/21/2012 Date
Jessica A. Birkle Type or print name of actuary		11-07693 Most recent enrollment number
Cuni, Rust & Strenk, Inc. Firm name		(513) 891-0270 Telephone number (including area code)
4540 Cooper Road, Suite 304 US Cincinnati OH 45242-5617 Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (item 35 from prior year)	0	0
9 Amount remaining (item 7 minus item 8)	0	0
10 Interest on item 9 using prior year's actual return of <u>5.58</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		15,132
b Interest on (a) using prior year's effective rate of <u>6.63</u> %		1,003
c Total available at beginning of current plan year to add to prefunding balance . . .		16,135
d Portion of item (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12).	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	101.57 %
15 Adjusted funding target attainment percentage	15	101.57 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.27 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/15/2010	76,681				
01/14/2011	76,681				
04/29/2011	76,681				
06/30/2011	76,681				
Totals ▶ 18(b)				306,724	18(c)

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	293,869

20 Quarterly contributions and liquidity shortfall(s):

a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:	1st segment 4.05 %	2nd segment 6.47 %	3rd segment 6.65 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☒ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute			

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No	
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29 0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31 278,724
32 Amortization installments:	
a Net shortfall amortization installment	0
b Waiver amortization installment	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34 278,724
35 Balances used to offset funding requirement	0
36 Additional cash requirement (item 34 minus item 35)	36 278,724
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37 293,869
38 Interest-adjusted excess contributions for current year (see instructions)	38 15,145
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39
40 Unpaid minimum required contribution for all years	40

2010 Schedule SB, line 19 – Discounted Employer Contributions

Plan: Independent Anesthesiologists, P.S.C. Defined Benefit Plan

EIN: 61-1077369

PIN: 010

Effective Interest Rate: 6.31%

Effective Interest Rate for Late Quarterlies: 11.31%

<u>Date</u>	<u>Contribution Amount</u>	<u># Days to 7/1/2010</u>	<u>Discounted Contributions @ 6.31%</u>	<u>Deposit Description</u>	<u>Effective Interest Rate</u>
11/15/2010	\$62,713	137	\$61,050	Late	11.31%
11/15/2010	13,968	137	13,651		6.31%
1/14/2011	48,745	197	47,161		6.31%
1/14/2011	27,936	197	27,028		6.31%
4/29/2011	34,777	302	33,002	Late	11.31%
4/29/2011	41,904	302	39,835		6.31%
6/30/2011	76,681	364	72,142		6.31%
Total	\$306,724		\$293,869		

2010 Schedule SB, line 22 -- Description of Weighted Average Retirement Age
Plan Name: Independent Anesthesiologists, P.S.C. Defined Benefit Plan
EIN: 61-1077369
PN: 010

(A)	(B)	(C)	(D)	(E)
Retirement Age	Retirement Rates	Fraction Remaining	Probability Distribution	Sum Weighted Average Age
65	100.00%	0.00000	100.00%	65.00000

Weighted Average Retirement Age

65.0

The Retirement Rates (Column B) at each Early Retirement Age (Column A) are converted to a probability distribution (Column D). The products of Column A and Column D are summed to determine the resulting Weighted Average Retirement Age.

Active Participants as of July 1, 2010

Years of Plan Service

Age Group	<u>< 1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35 +</u>	<u>Total</u>
< 19	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0
25-29	1	1	0	0	0	0	0	0	0	2
30-34	0	7	0	0	0	0	0	0	0	7
35-39	0	4	0	0	0	0	0	0	0	4
40-44	0	13	0	0	0	0	0	0	0	13
45-49	1	10	0	0	0	0	0	0	0	11
50-54	2	19	0	0	0	0	0	0	0	21
55-59	0	11	0	0	0	0	0	0	0	11
60-64	0	9	0	0	0	0	0	0	0	9
65-69	0	2	0	0	0	0	0	0	0	2
70 +	<u>0</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>4</u>
Total	4	80	0	0	0	0	0	0	0	84

Plan: Independent Anesthesiologists, P.S.C. Defined Benefit Plan

EIN: 61-1077369

PIN: 010

Average Age: 49.8 years
Average Service: 1.8 years

2010 Schedule SB, Part V – Plan Provisions

Plan Name: Independent Anesthesiologists, P.S.C. Defined Benefit Plan

EIN: 61-1077369

PN: 010

1. Effective Date: July 1, 2008.

2. Plan Year: July 1st through June 30th.

3. Eligibility: Each employee becomes a plan participant after attainment of age 21 and completion of one year of service.

4. Average Compensation: Average monthly compensation for the thirty-six highest consecutive months.

5. Vesting Service: N/A. Immediate vesting upon plan entry.

6. Benefit Service: One Year of Benefit Service is granted for at least 1,000 Hours of Service worked during the Plan Year.

2010 Schedule SB, Part V – Plan Provisions

Plan Name: Independent Anesthesiologists, P.S.C. Defined Benefit Plan

EIN: 61-1077369

PN: 010

7. Normal Retirement:

- | | | | | | | | | | | | | | |
|--------------------|---|------------|-------|------------|-------|--------------|-------|-------------|-------|-------------|-------|------------|-------|
| a. Eligibility | The later of the Participant's 65 nd birthday and the 5 th anniversary of the first day of Plan Participation | | | | | | | | | | | | |
| b. Monthly Benefit | Percent of Average Compensation per year of Plan Service (maximum of 15 years). Percent is determined as follows:

<table border="0"><tr><td>Group One:</td><td>4.50%</td></tr><tr><td>Group Two:</td><td>2.65%</td></tr><tr><td>Group Three:</td><td>2.00%</td></tr><tr><td>Group Four:</td><td>1.50%</td></tr><tr><td>Group Five:</td><td>1.00%</td></tr><tr><td>Group Six:</td><td>0.50%</td></tr></table> | Group One: | 4.50% | Group Two: | 2.65% | Group Three: | 2.00% | Group Four: | 1.50% | Group Five: | 1.00% | Group Six: | 0.50% |
| Group One: | 4.50% | | | | | | | | | | | | |
| Group Two: | 2.65% | | | | | | | | | | | | |
| Group Three: | 2.00% | | | | | | | | | | | | |
| Group Four: | 1.50% | | | | | | | | | | | | |
| Group Five: | 1.00% | | | | | | | | | | | | |
| Group Six: | 0.50% | | | | | | | | | | | | |

The benefit is offset by a benefit that is actuarially equivalent to a 7.50% profit sharing contribution, subject to a maximum offset of 0.50% of average compensation for each year of plan participation.

8. Early Retirement:

- | | |
|--------------------|--|
| a. Eligibility | There is no Early Retirement Benefit under the Plan. |
| b. Monthly Benefit | N/A |

2010 Schedule SB, Part V – Plan Provisions

Plan Name: Independent Anesthesiologists, P.S.C. Defined Benefit Plan

EIN: 61-1077369

PN: 010

9. Late Retirement:

- | | |
|--------------------|--|
| a. Eligibility | Beyond Normal Retirement Age. |
| b. Monthly Benefit | Accrued Benefit as of the actual retirement date or the actuarial equivalent of the Normal Retirement Benefit, if greater. |

10. Vested Retirement:

- | | |
|--------------------|---|
| a. Eligibility | 100% vesting upon entry into the Plan. |
| b. Monthly Benefit | Calculated as for Normal Retirement based on Benefit Service and Average Compensation as of date of separation, times the participant's vesting percentage. |

11. Disability Retirement:

- | | |
|--------------------|--|
| a. Eligibility | Total and permanent disability. |
| b. Monthly Benefit | Accrued Benefit as of the Disability Retirement Date, reduced by one-fifteenth (1/15) for each of the first five years and one-thirtieth (1/30) for each of the next five years by which the starting date of the benefit precedes the Normal Retirement Date, and reduced actuarially for each additional year. |

12. Pre-Retirement Death:

- | | |
|--------------------|---|
| a. Eligibility | A Participant with an Accrued Benefit. |
| b. Monthly Benefit | The Actuarial Present Value of the Participant's Accrued Benefit. |

2010 Schedule SB, Part V – Plan Provisions

Plan Name: Independent Anesthesiologists, P.S.C. Defined Benefit Plan

EIN: 61-1077369

PN: 010

13. Payment Forms:

- | | |
|-------------|---|
| a. Normal | Life annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor annuity for married participants. |
| b. Optional | Actuarially equivalent single premium, nontransferable annuity, periodic installment payments, or lump sum distribution. |

14. Actuarial Equivalency:

- | | |
|-------------------------|---|
| a. Other than Lump Sums | Pre-retirement: No mortality and 5.50% interest. Post-retirement: 1994 Group Annuity Reserve Table, blended 50% male/50% female, and 5.50% interest. |
| b. Lump Sums | Greater of the lump sum calculated in (a) and the lump sum calculated using the 417(e) Applicable Mortality Table and the 417(e) Applicable Interest Rate for the fifth month prior to the beginning of the Plan Year in which the distribution occurs. |

15. Maximum Annual Benefit:

\$195,000 per year for participants retiring at age 62 and later during the 2011 Plan Year.

16. Changes Since Last Year:

None.

2010 Schedule SB, Part V – Actuarial Assumptions

Plan Name: Independent Anesthesiologists, P.S.C. Defined Benefit Plan

EIN: 61-1077369

PN: 010

1. Interest Rates:

Segment 1	4.05%
Segment 2	6.47%
Segment 3	6.65%
Post-retirement Lump Sum Rate	5.50%

2. Mortality Rates:

Pre-retirement: None.

Post-retirement: 1994 Group Annuity Reserve Table
50% male/50% female

3. Salary Scale: 0.00%.

4. Retirement Ages: Normal Retirement Age or Attained Age, if later.

5. Termination Rates: None.

2010 Schedule SB, Part V – Actuarial Assumptions

Plan Name: Independent Anesthesiologists, P.S.C. Defined Benefit Plan

EIN: 61-1077369

PN: 010

- | | |
|-------------------------------------|---|
| 6. <u>Disability Rates:</u> | None. |
| | |
| 7. <u>Form of Payment:</u> | 100% Lump Sum. |
| | |
| 8. <u>Plan Expenses:</u> | None. |
| | |
| 9. <u>Actuarial Cost Method:</u> | Unit Credit under PPA rules. |
| | |
| 10. <u>Asset Valuation Method:</u> | Market Value of all trust investments, plus any accrued contributions as of the Valuation Date, discounted from deposit date to Valuation Date. |
| | |
| 11. <u>Employee Data:</u> | An employee census was supplied by Advance Pension Solutions and included all employees in the Eligible Class. We did not audit the census. |
| | |
| 12. <u>Asset Data:</u> | Asset data and contribution amounts and dates were supplied by Advance Pension Solutions. We did not audit the data. |
| | |
| 13. <u>Changes Since Last Year:</u> | Interest rates updated as mandated by the Pension Protection Act. |