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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

Р	Pension Benefit Guaranty Corporation Complete all entries in accord	lance witl	the instructions to the Form 5500	O-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 11/30/2011									
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)						
_	H_		comatic extension DFVC program							
C			, exterision	L	_ Di ve piogram					
_	special extension (enter description	,								
	art II Basic Plan Information—enter all requested information	ition		41.						
	Name of plan M BEACH UROLOGY ASSOCIATES, PA DEFINED BENEFIT PLAN				Three-digit plan number					
FALI	IN BEACH OROLOGY ASSOCIATES, FA DET INED BENEFIT FEAN				(PN) • 002					
				1c	Effective date of plan					
					01/01/2007					
	Plan sponsor's name and address; include room or suite number (en	nployer, if	for a single-employer plan)	2b E	Employer Identification Number					
PALI	M BEACH UROLOGY ASSOCIATES, PA				(EIN) 65-0185096					
				2c 3	Sponsor's telephone number					
	STATE ROAD 7 3347 STATE	ROAD 7		0.1	561-790-2111					
	E 101 SUITE 101 LINGTON, FL 33449 WELLINGTO	N, FL 334	49	2a E	Business code (see instructions 621111)				
32	Plan administrator's name and address (if same as plan sponsor, en	tor "Come	,")	3h /	Administrator's EIN					
	M BEACH UROLOGY ASSOCIATES, PA 3347 STATE F		•)	30 /	65-0185096					
	SUITE 101 WELLINGTON	J FI 3344	19	3c Administrator's telephone numb						
		<u> </u>		_	561-790-2111					
4	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.									
а	Sponsor's name			4c	PN					
	Total number of participants at the beginning of the plan year			5a		4				
b	ou									
	Number of participants with account balances as of the end of the plants			30		_				
·	complete this item)	,	•	5c						
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes	No				
b	. ,									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		,		Yes [No				
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information	orm 5500-	SF and must instead use Form 550	JU.						
7	Plan Assets and Liabilities		(a) Beginning of Year		(h) End of Voor	_				
, ,		70	(a) Beginning of Year 954910		(b) End of Year					
a b	Total plan liabilities	7a	33.3.3							
C	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c	954910		0					
		70			(b) Total	_				
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total					
u	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	-42352							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-42352					
d	Benefits paid (including direct rollovers and insurance premiums		004055							
	to provide benefits)	8d	884900							
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	27658							
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			912558					
i	Net income (loss) (subtract line 8h from line 8c)	8i			-954910					
j	Transfers to (from) the plan (see instructions)	8j								

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Form	5500	-8-	ンロココ

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Part IV	Plan Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 1A 1I 3D 1H
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	During the plan year:		Yes	No		Am	ount		
ı	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					
)	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
;	Was the plan covered by a fidelity bond?	10c	Χ					7000	
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X						
	Has the plan failed to provide any benefit when due under the plan?	10f		X					
3	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
1	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
	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							
t '				l l					
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))									
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No	
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						Yes	X No	
ì	(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 instruc	e or se	ction 3	302 of I	ERISA?	If the le	tter rul	ing	
3	(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 granting the waiver	e or se ctions, ith	ction 3	302 of I	ERISA?	If the le	tter rul	ing	
a fy	(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 granting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or se ctions, ith	and e	302 of I	ERISA?	If the le	tter rul	ing	
a fy	(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 granting the waiver	e or se ctions, ith	and e	nter th	ERISA?	If the le	tter rul	ing	
a fy D S	(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 granting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or se	and e	nter th Day	ERISA?	If the le	tter rul	ing	
a fy o	(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 granting the waiver	ctions,	and e	202 of I enter the Day 12b 12c 12d	ERISA?		tter rul	ing	
a fy o c	(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 granting the waiver	ctions,	and e	202 of I enter the Day 12b 12c 12d	ERISA?		etter rul	ing	
fy o	(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 granting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions, tth of a	and e	12b 12c 12d	ERISA?		etter rul	ing	
afy o o o d	(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 granting the waiver	ctions,	and e	12b 12c 12d	e date c		etter rul	ing	
fy c d e <u>t'</u> a	(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 granting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	of a	and e	12b 12c 12d	e date c	of the learner Year	nter rul	ing	
fyocid	(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 granting the waiver	of a	and e	12b 12c 12d 	e date c	of the learner Year	nter rul	ing	
fy Chile	(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 granting the waiver	of a	and e	12b 12c 12d 	e date c	of the legal Year	No Yes	ing	
fybcd	(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 instruct granting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? 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.)	of a	and e	12b 12c 12d	e date c	of the legal Year	No Yes	ing	

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	04/18/2012	LARRY BUTCHER PREPARER
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

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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

2011

This Form is Open to Public Inspection

							File as	an attachm	ent to Form	5500 or	5500-	·SF.							
Fc	r caler	ndar p	lan year 2)11 c	or fiscal pla	n yea	ar beginning 0	1/01/2011				and end	ling	11/30/2	2011				
					earest dolla 000 will be a		ssed for late filing c	of this report	unless reas	onable ca	ause is	s establish	ned.						
	Name LM BE			Y AS	SOCIATES	6, P <i>A</i>	DEFINED BENEF	TT PLAN			В	Three-di plan nun	•	(PN))		002		
					own on line		of Form 5500 or 55	00-SF				Employer -0185096	Iden	tification	Num	ber (E	EIN)		
Е	Туре с	of plan	: X Singl	9	Multiple-	٩	Multiple-B	F	Prior year pla	an size:	X 100	or fewer	П	101-500	M	ore th	nan 500		
P	art I	R	asic Info	rm	ation		<u>-</u>												
1			valuation			M	onth	Day 30	Year _	2011									
2	Ass	ets:						,											
	а	Mark	ket value											2a				884	4900
	b	Actu	arial value											2b				884	4900
3	Fun	ding t	arget/parti	cipar	nt count bre	akdo	own:			(1) N	lumbe	er of partic	ipant	S		(2) F	unding Ta	arget	
	а	For	retired par	icipa	ints and be	nefic	iaries receiving pay	ment	3a					0					0
	b	For	terminated	vest	ed participa	ants			3b					8				(6648
	С	For	active part	cipa	nts:														
		(1)	Non-vest	d be	enefits														0
		(2)	Vested be	nefit	s				. ,										3779
		(3)	Total acti	/e										31					3779
	d													39				820	0427
4	If th	e plar	n is in at-ris	k sta	atus, check	the I	oox and complete li	nes (a) and	(b)		[_]		_						
	а	Fund	ding target	disre	garding pre	escri	bed at-risk assump	tions						4a					
	b						umptions, but disrensecutive years and							4b					
5	Effe	ective	interest ra	е										5				5.71	
6	Tar	get no	rmal cost.											6				16	6712
·	To the l	best of rance with ation, or	h applicable la	the in	nformation supplif regulations. Ir	my o	n this schedule and accon pinion, each other assum ience under the plan.								expecta		and such othe		
-					Sic	natu	re of actuary				_				Da	ate			
LA	VREN	CE S.	BUTCHE	3			,									1-058	43		
VE	RISIGI	HT, IN	IC.		Type or	prin	t name of actuary				_		M	lost rece			ent numbe 3-6756	r	
SU	S. LA TE 22 ICAGO	25	E STREE	•		Fir	m name				_	Т	elepl	hone nur	mber ((inclu	ding area	code)	
					Α	ddre	ss of the firm				_								
lf th	e actu	arv ha	s not fully	refle	cted any re	gula	ion or ruling promu	lgated unde	r the statute	in comple	etina t	this sched	ule. r	check the	e box	and s	ee	П	
	uction	-				Juiu	or raining profite			5511161	9 '	501100			~ ~ ~ ~ ·	J G		Ш	

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Schedule SB (Form 5500) 2011

Pa	art II	Begir	nning of year	carryov	er and prefunding ba	lances							
							(a)	Carryover balance	;	(b) [Prefundi	ng balar	ce
7		Ū			icable adjustments (line 13 t	•			0				6603
8			•	•	funding requirement (line 35				0				0
9	Amoun	t remaini	ng (line 7 minus lir	ne 8)					0				6603
10	Interes	t on line 9	9 using prior year's	actual re	turn of15.85%				0	1047			
11	Prior ye	ear's exc	ess contributions t	o be adde	d to prefunding balance:								
	a Pre	sent valu	e of excess contri	butions (lir	ne 38 from prior year)								155783
b Interest on (a) using prior year's effective rate of6.18 % except as otherwise provided (see instructions)										0			
	C Tota	al availabl	e at beginning of co	urrent plan	year to add to prefunding bal	ance						1	55783
	d Por	tion of (c)) to be added to pr	efunding b	palance							•	55783
12	12 Other reductions in balances due to elections or deemed elections											0	
13	Balanc	e at begir	nning of current ye	ear (line 9	+ line 10 + line 11d – line 12	2)			0			1	63433
Ρ	art III	Fun	ding percenta	ages									
14	14 Funding target attainment percentage										14	110).54 %
15	Adjuste	ed funding	g target attainmen	t percenta	ge						15	110).54 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement										109	9.69 %		
17	17 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	Contrib	utions m	ade to the plan for	the plan y	ear by employer(s) and em	ployees:							
(N	(a) Dat 1M-DD-Y	te YYY)	(b) Amount pa employer		(c) Amount paid by employees	(a) [(MM-DD		(b) Amount p employer					
		·											
						Totals ▶	18(b)		18(c)			
19	Discou	nted emp	loyer contributions	s – see ins	structions for small plan with	a valuation	date after	the beginning of the	e year:				
	a Cont	ributions	allocated toward	unpaid mir	nimum required contributions	s from prior y	ears		19a				0
	b Cont	ributions	made to avoid res	strictions a	djusted to valuation date				19b				0
	C Cont	ributions a	allocated toward mi	nimum req	uired contribution for current	year adjusted	l to valuati	on date	19c				0
20	Quarte	rly contrib	outions and liquidit	y shortfalls	s:							-	_
	a Did t	he plan h	nave a "funding sh	ortfall" for	the prior year?						[Yes	X No
	b If 20	a is "Yes	," were required qu	uarterly ins	stallments for the current year	ar made in a	timely ma	anner?	<u>-</u>			Yes	No
	C If 20	a is "Yes,	" see instructions	and comp	lete the following table as a	pplicable:							
		(4) 1	-1		Liquidity shortfall as of e	end of quarte					(4) 4:1		
		(1) 1:	Sī		(2) 2nd		(3)	3rd			(4) 4th	1	

Pa	Part V Assumptions used to determine funding target and target normal cost													
21	Disco	unt rate:												
	a Se	egment rates:	1st segment: 2.01%		2nd segment: 5.16%		3rd segment: 6.28 %			N/A, f	ull yield	d cur	ve used	
	b Ap	oplicable month	(enter code)					21k)				0	
22	Weigh	nted average ret	tirement age					22					63	
23	Morta	lity table(s) (see	e instructions)	Pre	escribed - combined	Pre	scribed - separate	Substitute						
Pa	rt VI	Miscellane	ous items											
24	Has a	change been m	nade in the non-prescrib	ed act	tuarial assumptions for the c	current	plan year? If "Yes," see	instruc	tions re	egarding	equire	d		
	attach	ment										Yes	s X No	
25	Has a	method change	e been made for the cur	rent pl	an year? If "Yes," see instr	uctions	regarding required attac	hment.				Yes	s X No	
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see	instruc	tions regarding required	attachr	nent		X	Yes	s No	
27	27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment													
Pa	rt VII	Reconcilia	ation of unpaid mi	nimu	ım required contribu	tions	for prior years							
28	Unpai	id minimum requ	uired contributions for al	l prior	years			28					0	
29								29					0	
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)												0	
Pa	rt VIII	Minimum	required contribu	tion 1	for current year									
31														
	a Target normal cost (line 6)													
	b Excess assets, if applicable, but not greater than 31a													
32	32 Amortization installments: Outstanding Balance Installment													
	a Ne	t shortfall amort	tization installment					108	292				17124	
	b Wa	aiver amortizatio	on installment						0				0	
33					ter the date of the ruling lett) and the waived am			33						
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (line	s 31a -	31b + 32a + 32b - 33)	34					33836	
					Carryover balance		Prefunding balar	nce		Т	otal ba	lance)	
35			use to offset funding			C		338	336				33836	
36	Additi	onal cash requir	rement (line 34 minus lir	ne 35).				36					0	
37	Contr	ibutions allocate	ed toward minimum requ	ired co	ontribution for current year a	adjuste	d to valuation date	37					0	
38	Prese	nt value of exce	ess contributions for curr	ent ye	ear (see instructions)									
	a Tot	tal (excess, if an	ny, of line 37 over line 36	S)				38a	1				0	
	b Po	rtion included in	line 38a attributable to	use of	prefunding and funding sta	ndard (carryover balances	38k)				0	
39	Unpai	id minimum requ	uired contribution for cur	rent ye	ear (excess, if any, of line 3	6 over	line 37)	39					0	
40	Unpai	id minimum requ	uired contributions for al	l years	S			40					0	
Pa	rt IX	Pension f	funding relief und	er Pe	ension Relief Act of 2	010 (see instructions)							
41	If a sh	ortfall amortizati	tion base is being amorti	zed pu	ursuant to an alternative am	ortizati	on schedule:							
	a Sch	edule elected							2	plus 7 ye	ars	15	years	
	b Elig	jible plan year(s)) for which the election i	n line	41a was made				2008	2009	2010	0	2011	
42	Amou	nt of acceleratio	on adjustment					42						
43	2 Amount of acceleration adjustment													

Attachment to 2011 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

EIN: 65-0185096

Plan Name Palm Beach Urology Associates, PA Defined Benefit Plan

All participants are assumed to retire on the normal retirement date.

Plan Sponsor's Name	Palm Beach Urology Associates, PA	PN:	002						
The weighted average retirement age is equal to the normal retirement age of63									
List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.									
Normal retirement ag	ge is the later of age 63 or 5 years of plan pa	artici	pation.						

PALM BEACH UROLOGY ASSOCIATES, P.A. DEFINED BENEFIT PLAN

Plan Frozen 2/4/2010

Summary of Plan Provisions Plan Year: 1/1/2011 to 11/30/2011

Plan Effective Date January 1, 2007

Plan Year From January 1 to November 30

Eligibility All employees not excluded by class are eligible to enter on the

January 1 or July 1 coincident with or following the completion of

the following requirements:

1 year of service Minimum age 21

Union Employees, Nonresident Aliens and Leased Employees

Normal Retirement AgeAll participants are eligible to retire with their full retirement benefit

on the later of the following:

Attainment of age 63

Completion of 5 years of participation

Normal Retirement Benefit Upon normal retirement each participant will be entitled to a benefit

payable in the normal form equal to the following:

Group 1: Owners: 6.5% of avg compensation times years of

participation (max 13)

Group 2: Spouses of Owners: 0 percent of compensation times

credited service

Employees not included in the Group(s) above:

.5 percent of compensation times credited years

Credited years are plan years commencing with the year of entry and

ending with the retirement year excluding the following:

Years with less than 1,000 hours

with a maximum of 30 years

Maximum benefit is \$16,250 per month Maximum percent of salary is 100%

Benefit is based on average salary during the highest 3 consecutive

years of employment

Normal Form of Benefit A benefit payable for the life of the participant

PALM BEACH UROLOGY ASSOCIATES, P.A. DEFINED BENEFIT PLAN

Plan Frozen 2/4/2010

Summary of Plan Provisions Plan Year: 1/1/2011 to 11/30/2011

Accrued Benefit

The normal retirement benefit described above calculated based on the salary and/or service to the date of calculation, but payable at normal retirement.

Termination Benefit

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Immediate 100% vesting

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Top-heavy minimum benefits are provided under another plan of the employer.

Top-Heavy Vesting

In any year the plan is top-heavy the participants will vest in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	20
3	40
4	60
5	80
6	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Disability

Equal to present value of the accrued benefit

PALM BEACH UROLOGY ASSOCIATES, P.A. DEFINED BENEFIT PLAN Plan Frozen 2/4/2010

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2011 to 11/30/2011 Valuation Date: 11/30/2011

	For PPA Funding	For 417(e)	For Actuarial Equiv.
Interest Rates	Segment 1 2.01%	Segment 1 2.16%	Pre-Retirement 5.50%
	Segment 2 5.16%	Segment 2 4.77%	Post-Retirement 5.50%
	Segment 3 6.28%	Segment 3 6.05%	
Pre-Retirement			
Turnover	None	None	None
Mortality	None	None	None
Assumed Ret Age	Normal retirement age 63 and 5 years of participation	Normal retirement age 63 and 5 years of participation	Normal retirement age 63 and 5 years of participation
Post-Retirement			
Mortality	Male-modified RP2000 combined healthy male projected 26 & 18 yrs Female-modified RP2000 combined healthy female projected 26 & 18 yrs	2011 Applicable Mortality Table from Rev Rul 2006-67	GAR 94 without loads projected to 2002 with scale AA 50%M/50%F
Assumed Benefit Form 1	For Funding	Normal Form	
Calculated Effective Into	erest Rate	5.71%	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

PALM BEACH UROLOGY ASSOCIATES, P.A. DEFINED BENEFIT PLAN Plan Frozen 2/4/2010

Shortfall Amortization Valuation Date: November 30, 2011

		Number of		Value of
	Amortization	Future		Future
Valuation Date	Method	<u>Installments</u>	<u>Installment</u>	Installments
11/30/2011	7-year	7	<u>\$17,124</u>	\$108,292
Total			\$17,124	\$108,292

PALM BEACH UROLOGY ASSOCIATES, P.A.

DEFINED BENEFIT PLAN

Plan Frozen 2/4/2010

Schedule of Active Participant Data Plan Year: 1/1/2011 to 11/30/2011 Valuation Date: 11/30/2011

Age/ Svc	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Total
0	2	1	0	1	0	0	0	0	1	0	0	5
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
1-4	1	1	2	8	0	5	6	3	0	0	0	26
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0
5-9	0	0	0	0	0	0	0	0	0	0	0	0
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
10-14	0	0	0	0	0	0	0	0	0	0	0	0
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
15-19	0	0	0	0	0	0	0	0	0	0	0	0
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
20-24	0	0	0	0	0	0	0	0	0	0	0	0
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
25-29	0	0	0	0	0	0	0	0	0	0	0	0
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
30-34	0	0	0	0	0	0	0	0	0	0	0	0
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
35-39	0	0	0	0	0	0	0	0	0	0	0	0
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
40+	0	0	0	0	0	0	0	0	0	0	0	0
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total	3	2	2	9	0	5	6	3	1	0	0	31
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0

^{*}Employees who have not met the minimum eligibility requirements are excluded

Average Age: 41.7 Average Service: 2

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 sections 6057(b) and 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

2011

This Form is Open to Public Inspection

	r Complete an entires in ac	COIGAIICC WIL	if the manuchona to the Form 330	0 01 .	
	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01	2011	and ending	1/30/2	011
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	X the final i	return/report		
	an amended return/report	X a short pla	an year return/report (less than 12 m	onths)	
С	Check box if filing under: Form 5558	automati	c extension	[DFVC program
	special extension (enter description)	ription)		ı	
P	art II Basic Plan Information—enter all requested inf				
	Name of plan	omation		1b	Three-digit
	M BEACH UROLOGY ASSOCIATES, PA DEFINED BENEFIT PI	_AN			plan number
					(PN) 002
				10	Effective date of plan 01/01/2007
22	Plan sponsor's name and address; include room or suite number	ar (employer i	f for a single-employer plan)	2h	Employer Identification Number
	M BEACH UROLOGY ASSOCIATES, PA	si (employer, i	Tor a single-employer plany	1	(EIN) 65-0185096
					Sponsor's telephone number
3347	7 STATE ROAD 7 3347 ST.	ATE ROAD 7			561-790-2111
SUIT	E 101 SUITE 1	01		2d	Business code (see instructions)
VVEL	LINGTON, FL 33449 WELLIN	GTON, FL 334			621111
	Plan administrator's name and address (if same as plan sponsor BEACH UROLOGY ASSOCIATES, PA 3347 STA	or, enter "Same ATE ROAD 7	e")	3b	Administrator's EIN 65-0185096
PALI	SUITE 10)1		3c	Administrator's telephone number
	WELLING	STON, FL 334	49		561-790-2111
4	If the name and/or EIN of the plan sponsor has changed since	the last return/	report filed for this plan, enter the	4b	EIN
_	name, EIN, and the plan number from the last return/report.			4c	DNI
	Sponsor's name Total number of participants at the beginning of the plan year				4
b				5a	T
				5b	
С	Number of participants with account balances as of the end of the complete this item)			5c	
6a	Were all of the plan's assets during the plan year invested in e	ligible assets?	(See instructions.)		X Yes No
	Are you claiming a waiver of the annual examination and repor	t of an indepe	ndent qualified public accountant (IQ	PA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligib				X Yes No
Da	If you answered "No" to either 6a or 6b, the plan cannot us art III Financial Information	e Form 5500	-SF and must instead use Form 55	00.	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
, a		79	954910		(b) End of Year
a b	•				
C	Net plan assets (subtract line 7b from line 7a)		954910		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
a		organically and the control of the c	(a) Amount		(b) Total
-	(1) Employers	8a(1)			
	(2) Participants	8a(2)			
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	-42352		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		0.1100 0.000 0.000	-42352
d	Benefits paid (including direct rollovers and insurance premium to provide benefits)	i	884900		
е					
f	Administrative service providers (salaries, fees, commissions).	8f	27658		
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	1			912558
i	Net income (loss) (subtract line 8h from line 8c)				-954910
j	Transfers to (from) the plan (see instructions)	8j			

	Form 5500-SF 2011	Page 2 - [1						
Par	t IV Plan Characteristics								
220000000000000000000000000000000000000	If the plan provides pension benefits, enter the applicable pension featur	re codes from the I	List of Plan Chara	acteris	stic Co	des in	the instruct	ions:	
h	1A 1I 3D 1H								
b	If the plan provides welfare benefits, enter the applicable welfare feature	e codes from the Li	st of Plan Charac	cterist	ic Coc	ies in t	ne instruction	ons:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions v 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary		10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)		•	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Χ			-	70000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other per insurance service or other organization that provides some or all of the instructions.)	ersons by an insura benefits under the	nce carrier, plan? (See	10e		х		-	
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year	ear end.)		10g		Х			
h	If this is an individual account plan, was there a blackout period? (See in 2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the req 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?							X Yes	7 No
12	ls this a defined contribution plan subject to the minimum funding requir								No X No
12	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		412 of the Code	01 56	CHOIL	302 01	ENISA!	☐ 163 E	110
а	If a waiver of the minimum funding standard for a prior year is being amount	ortized in this plan							
lf v	granting the waiveryou completed lines 3, 9, and 10 of Schedule MB (th		Day		Year	
b	Enter the minimum required contribution for this plan year	· ·	-		Γ	12b			
C	Enter the amount contributed by the employer to the plan for this plan ye					12c	· · · · · · · · · · · · · · · · · · ·	W471277444	****
d	Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount)	esult (enter a minu	s sign to the left	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the fur						Yes	No 🗍	N/A
Part	GENERAL CONTRACTOR CON							- lend	
13a	Has a resolution to terminate the plan been adopted in any plan year?					XY	es No)	
	If "Yes," enter the amount of any plan assets that reverted to the employ	yer this year		1	3a				0
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?			under	the co	ntrol		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from thi which assets or liabilities were transferred. (See instructions.)	is plan to another p	olan(s), identify th	ne plar	n(s) to	1			
1	3c(1) Name of plan(s):		.,		13	c(2) El	N(s)	13c(3) F	N(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report w	vill be assessed u	nless reasonabl	le cau	se is	establ	ished.		
SB o	or penalties of perjury and other penalties set forth in the instructions, I de or Schedule MB completed and signed by an enrolled actuary, as well as t f, it is true, correct and complete.								
SIGI	V 2K Rock L								
HER		ate 3/20/12	Enter name of in	ndividu	ıal sia	ning as	plan admi	nistrator	

Date 3/25/12

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE



Filing Authorization For the 2011 Form 5500 / Form 5500-SF

Name of Plan: PALM BEACH UROLOGY ASSOCIATES, P.A. DEFINED BENEFIT PLAN

EIN / PN: 65-0185096 / 002

Plan Year Ending: 11/30/2011

PART I Authorization of VERISIGHT, Inc. to Electronically Sign and File

I hereby authorize VERISIGHT, Inc. to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority:

- 1. I/we must manually sign and date page 1 of the Form 5500 and/or page 2 of Form 5500-SF and provide a scanned copy of that signature page to VERISIGHT, Inc. before the electronic filing can be initiated.
- 2. VERISIGHT, Inc. will retain a copy of this written authorization in its records.
- 3. VERISIGHT, Inc. will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report.
- 4. A copy of my signature, as it appears on page 1 of the Form 5500 and/or page 2 of Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- 5. VERISIGHT, Inc. shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named	Plan and applies only for Plan year end stated above.
Plan Administrator: White Sult 2	Date: 3/20/12
Employer/Plan Sponsor	
(if not the Plan Administrator):	Date:
PART II Acknowledgement of Receipt of Authorization	
On behalf of VERISIGHT, Inc., I hereby certify that the firm will use the	ne authority granted only for the express purpose
described above; that the firm will not disclose confidential information	·
EFAST filing; and that the firm will take reasonable steps to assure the	
Administrator or Plan Sponsor is protected from unauthorized disclos	ure.
For VERISIGHT, Inc.:	Date:
(signature and title)	
The designated service provider must	retain this authorization.

The designated service provider must retain this authorization. Do not submit this form to the DOL, unless requested to do so.

Val Lynch

From:

Gary Evans < Gary. Evans@verisightgroup.com>

Sent:

Monday, March 19, 2012 4:37 PM

To:

Val Lynch

Cc:

Kay McVeigh; Beth Sexton

Subject:

Palm Beach Urology - 2011 Final Defined Benefit Plan Annual Return - Action Required

Attachments:

Filing Authorization - Palm Beach Urology DB.pdf; 2011 5500SF - PBU DB.pdf

The following related to the PBU defined benefit plan is attached:

2011 Short Form Annual Return/Report of Small Employee Benefit Plan (Form 5500-SF). This form must be filed electronically with the Department of Labor (DOL). Please have Dr. Becker or Dr. Lopez complete the attached Filing Authorization form and return a copy to us. Additionally, please have one of them sign and date on page 2 of the Form 5500-SF, where indicated, and return a copy to us. We will need these items returned as soon as possible so that we may electronically file the forms with the Department of Labor. Please have them return the forms via fax or email. Have them keep the signed original copy for their records.

Let us know if you have any questions.

Gary Evans

Actuarial Consultant

P.S. My email address is now: Gary. Evans@verisightgroup.com. Please update your records.

VERISIGHT, Inc.

135 South LaSalle Street, Suite 2225, Chicago, IL 60603-4185 Phone | Fax: 312-488-6720 Cell: 847-533-7064 www.verisightgroup.com



Circular 230 Disclosure: Any tax-related discussion contained in this e-mail (including any attachments unless expressly stated otherwise) is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding any tax-related penalties under the Internal Revenue

Code or (ii) promoting, marketing, or recommending to any other party any transaction or matter addressed herein.

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SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

2011

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation File as an attachment to Form 5500 or 5500-S									·	
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and end							/30/201	1		
Round off amounts to nearest d										
Caution: A penalty of \$1,000 will l	be assessed for late filing of	f this report	unless reaso	nable car						
A Name of plan PALM BEACH UROLOGY ASSOCIATION A Name of plan	TES PA DEFINED BENEFI	IT PLAN			B Three-dig	-	V.		002	
TALIST DESCRIPTION OF THE PROPERTY OF THE PROP					plan num	iber (PN)			
					n					
C Plan sponsor's name as shown on	line 2a of Form 5500 or 550	00-SF			D Employer	Identific	ation N	lumber	(EIN)	
PALM BEACH UROLOGY ASSOCIA	TES, PA				65-0185096					
	(<u>4</u> -5)			-	,			7		
E Type of plan: X Single Multip	ple-A Multiple-B	F	Prior year plai	n size: X	100 or fewer	101	500	More	than 500	
Part I Basic Information										
1 Enter the valuation date:	Month D	Day30	Year 2	011						
2 Assets:										*******
a Market value						2a				884900
b Actuarial value				*********		2b				884900
3 Funding target/participant count				(1) N	umber of partic	ipants		(2)	Funding Ta	rget 0
	I beneficiaries receiving pay						0			6648
b For terminated vested part	icipants		3b				8			
c For active participants:							-			0
. ,							-			813779
							31			813779
							19			820427
					—	1	19			020 72.7
4 If the plan is in at-risk status, ch										
	g prescribed at-risk assumpt									
b Funding target reflecting at	t-risk assumptions, but disre n five consecutive years and	garding tra	insition rule for	plans th	at have been ir	1 4b				
5 Effective interest rate						5				5.71 %
6 Target normal cost						6				16712
Statement by Enrolled Actuary										
To the best of my knowledge, the information accordance with applicable law and regulation	n supplied in this schedule and accom	npanying sche	dules, statements a	and attachm	nents, if any, is comp	lete and a	ccurate. E	ach preso	ribed assumptions) and such othe	n was applied in r assumptions, in
combination, offer my best estimate of anticip	pated experience under the plan.	ipilori is reasor	idolo (taning into a			(Carlotting	MINESER			
SIGN	- P 11						-	1	1	
HERE	S. Dett						3	1/9/	12	
	Signature of actuary						1	Date		
LAWRENCE S. BUTCHER								11-05	5843	
Тур	be or print name of actuary					Mos	t recen		ment numbe	r
VERISIGHT, INC.					_			312-4	88-6756	
	Firm name				•	Telepho	ne num	ber (inc	luding area	code)
135 S. LASALLE STREET SUITE 2225										
CHICAGO, IL 60603										
	Address of the firm				-					
If the actuary has not fully reflected ar	av regulation or ruling promi	ulgated upo	ler the statute	in compl	leting this sched	dule, che	ck the	box and	d see	П
instructions										
For Paperwork Reduction Act Notice	e and OMB Control Numb	oers, see tl	he instruction	s for Fo	rm 5500 or 55	00-SF.		Sched	tule SB (Fo	rm 5500) 2011

Page 2	2 -[,
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	-4 II	Desir			and maduading bal	naac							
Pa	rt II	Begin	ning of year c	arryove	r and prefunding bala	inces	(a) C	arryover balance		(b) P	refundin	g balance	
7		_	• •		able adjustments (line 13 fro				0			6603	
8					nding requirement (line 35 f				0			0	
9	Amount	t remainir	ng (line 7 minus line	e 8)					0			6603	
10	Interest on line 9 using prior year's actual return of15.85%										1047		
11													
	a Pre	sent value	e of excess contrib	utions (line	38 from prior year)							155783	
	b Inte	rest on (a	a) using prior year's	s effective	rate of 6.18 % except	as						0	
	C Tota	al available	e at beginning of cu	rrent plan y	ear to add to prefunding balar	rce						155783	
	d Por	tion of (c)	to be added to pre	efunding ba	alance							155783	
12	Other r	eductions	in balances due t	o elections	or deemed elections				0			0	
13	Balanc	e at begir	nning of current yea	ar (line 9 +	line 10 + line 11d - line 12)				0			163433	
Р	art III	Fun	ding percenta	ges									
_											14	110.54 %	
15		1.00			e						15	110.54 %	
16	Prior ve	ear's fund	ling percentage for	purposes	of determining whether carr	yover/prefun	ding balan	ces may be used to	reduce		16	109.69 %	
17					less than 70 percent of the						17	%	
Р	art IV	Con	tributions and	liauidit	v shortfalls								
					ear by employer(s) and emp	loyees:							
	(a) Da		(b) Amount pa		(c) Amount paid by	(a) Da		(b) Amount paid	by	(c		nt paid by	
(/	M-DD-Y	(YYY)	employer(s)	employees	(MM-DD-	YYYY)	employer(s)			employees		
									_				
-						Totals ▶	18(b)			18(c)			
19	Discou	inted emp	oloyer contributions	s – see inst	ructions for small plan with	valuation d	ate after th	ne beginning of the ye	ear:				
					imum required contributions				9a			0	
	b Con	tributions	made to avoid res	trictions ac	ljusted to valuation date			1	9b			0	
	C Con	tributions	allocated toward mi	nimum requ	lired contribution for current y	ear adjusted	to valuation	n date1	9c			0	
20			butions and liquidit						L				
					he prior year?		************					Yes X No	
					tallments for the current yea							Yes No	
					ete the following table as ap								
-					Liquidity shortfall as of e						231		
\equiv		(1) 1	st		(2) 2nd		(3)	3rd			(4) 4th	1	

Pai	τV	Assumptio	ns used to determine fo	ınding target and taı	rget no	rmal cost							
21	Disco	unt rate:	Out agreement										
	a Se	egment rates:	1st segment: 2.01%	2nd segment: 5.16%		3rd segment 6,28 9		N/A, full yield	curve us	sed			
	b Ap	plicable month	(enter code)				21b			0			
22	Weigh	nted average ret	tirement age				22			63			
23	Morta	lity table(s) (se	e instructions) X Pre	scribed - combined	Prescr	ibed - separate	Substitute	e					
Par	t VI	Miscellane	ous items	-									
			nade in the non-prescribed actu	uarial assumptions for the o	urrent pla	n year? If "Yes," se	e instructions	regarding required					
	attach	ment.							Yes X	No			
25	Has a	method change	e been made for the current pla	nn year? If "Yes," see instru	uctions re	garding required atta	chment		Yes X	No			
26	Is the	plan required to	o provide a Schedule of Active	Participants? If "Yes," see	instruction	ns regarding require	d attachment.	X	Yes	No			
27	If the	plan is eligible f	for (and is using) alternative fun	ding rules, enter applicable	code and	d see instructions	27						
Pa	rt VII		ation of unpaid minimu										
28			uired contributions for all prior				. 28			0			
29	Disco	unted employer	r contributions allocated toward	unpaid minimum required	contribution	ons from prior years	29			0			
30			f unpaid minimum required con							0			
			required contribution t										
31			and excess assets (see instruct										
<u> </u>			t (line 6)				31a			16712			
-			applicable, but not greater than					0					
32		tization installm				Outstanding Ba		Installment					
-			tization installment				108292						
			on installment				0			Q			
33	Ifaw	aiver has been	approved for this plan year, en	ter the date of the ruling let	ter grantir	ng the approval	33						
34			ement before reflecting carryove							33836			
	10101	Tallaling roquile	, in the second	Carryover balance		Prefunding ba		Total balance					
35			use to offset funding		0		33836			33836			
-26			irement (line 34 minus line 35)		Sant No You New		36			0			
37			ted toward minimum required o				37			0			
_	(line	19c)					37						
_38			cess contributions for current ye				38a			0			
			any, of line 37 over line 36)				-			0			
			in line 38a attributable to use of				-		-	0			
_39			quired contribution for current y							0			
_40			quired contributions for all years				2.1			_			
	rt IX		funding relief under Pe										
41	lf a s	hortfall amortiza	ation base is being amortized p	ursuant to an alternative an	nortizatior	n schedule:							
	a Sc	hedule elected						2 plus 7 years	15 ye				
	b Eli	gible plan year((s) for which the election in line	41a was made			200	8 2009 201	0 2	:011			
42	Amo	unt of accelerati	ion adjustment				42						
			acceleration amount to be carrie										
_													