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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	n the instructions to the Form 55	00-SF.							
	art I Annual Report Identification Information										
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/20	011						
A	This return/report is for: $oxed{ imes}$ a single-employer plan $oxed{ o}$	a multiple	-employer plan (not multiemployer)		a one-participant plan						
В	This return/report is:	the final re	eturn/report								
	an amended return/report	a short pla	in year return/report (less than 12 r	nonths)							
C	Check box if filing under: X Form 5558	automatic	extension		DFVC program						
	special extension (enter descriptio	n)									
Pa	art II Basic Plan Information—enter all requested information	ation									
1a	Name of plan				Three-digit						
JEAN	I FOUCAULD, MD, PA DEFINED BENEFIT PENSION PLAN AND T	RUST			plan number						
					(PN) 001						
				10	Effective date of plan 01/01/2009						
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identification Number						
JEAN	N FOUCAULD, MD, PA			II.	(EIN) 65-1036229						
				2c Sponsor's telephone number							
	STATE ROAD 7, #203				561-793-6100						
WEL	LINGTON, FL 33449			2d	Business code (see instructions)						
	Discontinuity in the first section of the section o		"\	2 h	621111						
	Plan administrator's name and address (if same as plan sponsor, er FOUCAULD, MD, PA 3347 STATE	ROAD 7, #	[‡] 203	3b Administrator's EIN 65-1036229							
	WELLINGTO	N, FL 3344	19	3c Administrator's telephone number 561-793-6100							
4	If the name and/or FIN of the plan spensor has changed since the li	roport filed for this plan, optor the	4h								
7	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						
5a	Total number of participants at the beginning of the plan year	. 5a	23								
b	b Total number of participants at the end of the plan year										
С	Number of participants with account balances as of the end of the p	• ,	•	-							
	complete this item)				V. D. N.						
ъа b	Were all of the plan's assets during the plan year invested in eligible		•		X Yes No						
D	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	813516		896277						
b	Total plan liabilities	. 7b	0		0						
С	Net plan assets (subtract line 7b from line 7a)	. 7c	813516		896277						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total						
а	Contributions received or receivable from:	90(4)	142112								
	(1) Employers	8a(1)	0								
	(2) Participants	8a(2)	0								
h	(3) Others (including rollovers)	8a(3)	22761								
b	Other income (loss)		22701		164873						
ч С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			104073						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	82112								
е	Certain deemed and/or corrective distributions (see instructions)	8e	0								
f	Administrative service providers (salaries, fees, commissions)	8f	0								
g	Other expenses	. 8g	0								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			82112						
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			82761						
j	Transfers to (from) the plan (see instructions)	8j	0								

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FUIII 3300-3F 2011	rage A

Dart IV	Dlan	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 1I 3D

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

) ~	V	Compliance Questions								
art		Compliance Questions			T					
0		ng the plan year:		Yes	No		Am	ount		
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X					
С	Was	s the plan covered by a fidelity bond?	10c		X					
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X					
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	ce service or other organization that provides some or all of the benefits under the plan? (See							
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did 1	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h							
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art		Pension Funding Compliance								
11										
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ection	302 of	ERISA?	٠	Yes	X No	
	lf a v gran	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Monormpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	th							
		r the minimum required contribution for this plan year		Γ	12b					
					12c					
	Subt	r the amount contributed by the employer to the plan for this plan yeartract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	of a		12d					
_	•	tive amount)		_		│ │ Yes	П	No	N/A	
		he minimum funding amount reported on line 12d be met by the funding deadline?				168	<u> </u>	NO	IN/A	
art		Plan Terminations and Transfers of Assets			<u> </u>	, [,	٦			
за		a resolution to terminate the plan been adopted in any plan year?	_		<u> </u>	res X	No			
		es," enter the amount of any plan assets that reverted to the employer this year								
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?						Yes	X No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify tl h assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to)					
1	3c(1)	Name of plan(s):		13	c(2) El	IN(s)		13c(3)	PN(s)	
aut	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	lished.				
Jnde	r pen	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retr	urn/re	port, i	ncludin	g, if app	licable	, a Sch	edule	

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

SIGN	Filed with authorized/valid electronic signature.	10/09/2012	WILLIAM DALTON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/09/2012	WILLIAM DALTON
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).

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2011

OMB No. 1210-0110

This Form is Open to Public Inspection

							an attachi	ment to	Form 5500	or 55	00-5F.					
Fo	r calen	ıdar p	olan year 201	1 or fiscal plan	yea	ar beginning (01/01/2011				and e	ndin	12/31/2	011		
•	Roun	d off	amounts to	nearest dollar												
<u> </u>	Cauti	on: /	A penalty of \$7	1,000 will be as	sse	ssed for late filing	of this repo	ort unless	reasonab	le caus	e is establ	ished	d.			
	Name									E	3 Three	-digit			001	
JE	AN FO	UCA	ULD, MD, PA	DEFINED BE	NE	FIT PENSION PLA	AN AND TR	RUST			plan r	umb	er (PN)	•	001	
_																
					2a (of Form 5500 or 55	500-SF				• Employ	er lo	entification	Number	(EIN)	
JE/	AN FO	UCA	ULD, MD, PA								65-10362	29				
_				_		-										
<u>E</u>	Type of	f plan	: X Single	Multiple-A		Multiple-B	F	Prior ye	ear plan siz	ze: X	100 or fewe	er	101-500	More	than 500	
Р	art I	В	asic Inform	mation												
1		-	valuation dat		М	onth	Day31	```	/ear 2011							
2	Asse		valuation dat				<i></i>									
_	a		ket value										2a			754165
	a b										•••••		2b			754165
_									ı							
3	Fund	·	•	ant count brea						(1) Nun	nber of pai	ticipa		(2)	Funding Targ	
	а			•		iaries receiving pa	•	-					0			0.110
	b	For	terminated ve	ested participar	nts .			3	b				11			3140
	С	For	active particip	oants:												
		(1)	Non-vested	benefits				Зс	(1)							1266
		(2)	Vested bene	efits				Зс	(2)							779356
		(3)	Total active					Зс	(3)				12			780622
	d	Tota	al					3	d				23			783762
4	If the	e pla	n is in at-risk s	status, check tl	ne b	oox and complete	lines (a) an	nd (b)								
		•				oed at-risk assump	, ,			<u> </u>			4a			
	_		0 0	0 01												
	D					umptions, but disrensecutive years an							4b			
5	Fffe												5			5.73 %
6													6			0
			Enrolled Act			***************************************							1 -			
Sta		-		•	ed ir	this schedule and acco	mpanving sche	edules, state	ements and at	tachment	s. if anv. is co	mplete	and accurate.	Each preso	ribed assumption w	as applied in
						pinion, each other assun ience under the plan.	nption is reaso	nable (takin	g into accoun	t the expe	erience of the	plan a	nd reasonable	expectations	s) and such other as	ssumptions, in
			, , , , , , , , , ,													
	SIGN													40/00/	20040	
ŀ	IERE													10/08/	2012	
				Sign	atu	re of actuary								Date		
CH	ARLES	8 W. I	DAY											11-01	853	
				Type or p	rin	t name of actuary							Most rece	nt enrollr	ment number	
AC	UARI	AL D	ATA, INC.											412-4	29-8700	
					Fir	m name						Tel	ephone nur	nber (inc	luding area cod	de)
			AY AVENUE,	SUITE 200									•	,	J	,
CAI	MEGI	⊏, ₽/	A 15106													
				Ad	dre	ss of the firm										
			as not fully ref	lected any reg	ulat	ion or ruling promi	ulgated und	der the st	atute in co	mpletir	ng this sch	edule	e, check the	box and	see	П
instr	uctions	2		_												ш

Schedule SB (Form 5500) 2011

Pa	rt II Begi	nning of year o	carryove	er and prefunding bal	ances									
			-			(a) C	Carryover balance		(b) i	Prefundi	ng balance			
7	΄	0 , ,		cable adjustments (line 13 fr				0				0		
8				unding requirement (line 35				0				0		
9	Amount remain	ing (line 7 minus lin	ne 8)					0	0					
10	Interest on line	9 using prior year's	actual ret	urn of <u>92.50</u> %										
11	Prior year's exc	cess contributions to	be added	to prefunding balance:										
	a Present val	ue of excess contrib	outions (lin	e 38 from prior year)							1020)54		
				rate of 6.21 % excep								0		
	c Total availab	ole at beginning of cu	ırrent plan y	year to add to prefunding bala	nce						1020)54		
	d Portion of (c) to be added to pr	efunding b	alance								0		
12	Other reduction	is in balances due t	o elections	s or deemed elections				0				0		
13	Balance at beg	inning of current ye	ar (line 9 +	- line 10 + line 11d – line 12))			0				0		
Pa	art III Fui	nding percenta	iges											
14	Funding target	attainment percenta	age							14	96.22	%		
15	Adjusted fundir	ng target attainment	percentag	je						15	96.22	%		
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	102.13	%		
17	If the current va	alue of the assets of	f the plan i	s less than 70 percent of the	funding tar	get, enter s	uch percentage			17		%		
Pa	Part IV Contributions and liquidity shortfalls													
18	•			ear by employer(s) and emp	oloyees:									
(M	(a) Date M-DD-YYYY)	(b) Amount pa employer((c) Amount paid by employees	(a) D: (MM-DD-				(0	(c) Amount paid by employees				
02	/07/2012		20528											
05	/21/2012		20528											
09	/05/2012		101056											
					Totals ►	18(b)	1	42112	18(c)			0		
19	Discounted em	ployer contributions	- see inst	tructions for small plan with	a valuation d	late after th	e beginning of the y	ear:						
	a Contributions	s allocated toward u	ınpaid min	imum required contributions	from prior y	ears	<u> </u>	19a				0		
	b Contributions	s made to avoid res	trictions ac	djusted to valuation date			<u> </u>	19b				0		
	C Contributions	allocated toward min	nimum requ	uired contribution for current y	ear adjusted	to valuation	date	19c			137	821		
20	Quarterly contri	butions and liquidit	y shortfalls	::										
a Did the plan have a "funding shortfall" for the prior year?								٧o						
	b If 20a is "Yes	s," were required qu	arterly ins	tallments for the current yea	r made in a	timely manı	ner?		<u></u>		Yes 1	No		
	C If 20a is "Yes	s," see instructions a	and compl	ete the following table as ap	plicable:									
		Т		Liquidity shortfall as of er	nd of quarter					(1)				
	(1) 1	st		(2) 2nd		(3)	3rd		(4) 4th					

Pa	rt V	Assumption	ns used to determ	ine f	unding target and tar	get ı	normal cost				
21	Disco	ount rate:									
	a Se	egment rates:	1st segment: 1.99%		2nd segment: 5.12%		3rd segment: 6.24 %		N/A, full yield curve used		
	b At	pplicable month	(enter code)					21b	0		
22								22	62		
23		ality table(s) (see			escribed - combined	7	scribed - separate	Substitut			
		Miscellane			_				··		
				ed act	uarial assumptions for the co	urrent	plan year? If "Yes." see	instructions	regarding required		
			·				•		· · · · · · · · · · · · · · · · · · ·		
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes 🛚 No		
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment.	Yes X No		
27					nding rules, enter applicable			27			
Pa	rt VII	Reconcilia	ation of unpaid mi	nimu	ım required contribut	ions	for prior years	l l			
28	Unpa	id minimum requ	uired contributions for all	l prior y	years			28	0		
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)								0		
30	Rema	aining amount of	f unpaid minimum requir	ed con	ntributions (line 28 minus line	9 29)		30	0		
Pa	rt VIII	Minimum	required contribut	tion f	for current year						
31	Targe	et normal cost ar	nd excess assets (see ir	nstruct	ions):						
	a Target normal cost (line 6)										
	b Excess assets, if applicable, but not greater than 31a										
32 Amortization installments: Outstanding Balance								Installment			
	a Ne	et shortfall amorti	tization installment					29600	4677		
	b Wa	aiver amortizatio	on installment					0	0		
33					ter the date of the ruling lette			33			
34					er/prefunding balances (lines			34	4677		
	Total	runuing requirer	Then before reflecting ca	III yove	Carryover balance	Jia -	Prefunding bala	l	Total balance		
					Carryover balance		Freidinding bala	iice	Total balance		
35			use to offset funding			0		0	0		
36	Additi	ional cash requir	rement (line 34 minus lin	ne 35).				36	4677		
37			•		ontribution for current year a	•		37	137821		
38			ess contributions for curr								
								38a	133144		
		•			prefunding and funding star			38b	0		
39					ear (excess, if any, of line 36		-	39	0		
40		<u>'</u>			5		,	40	0		
	rt IX			•	ension Relief Act of 20			<u> </u>			
					ursuant to an alternative amo		<u></u>				
			-					П	2 plus 7 years 15 years		
	b Elig	gible plan year(s)) for which the election in	n line 4	41a was made						
42		. , , ,	,					42			
					d over to future plan years			43			

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Male Annuitant:

Options:

Male Nonannuitant: 2011 Nonannuitant Male

No **Use discount rate transition:**

Use optional combined mortality table for small plans:

Female Nonannuitant: 2011 Nonannuitant Female

Lump sums use proposed regulations: Yes

Female Annuitant: 2011 Annuitant Female Actuarial Equivalent Floor

Applicable months from valuation month:

Stability period: plan year

Probability of lump sum: 0.00%

2011 Annuitant Male

Lookback months: 5

Use pre-retirement mortality: No

Nonannuitant: None

1st

2.21

Annuitant:

2011 Applicable

Yes

0

1st 2nd <u>3rd</u> 1.99 **Segment rates:** 5.12 6.24 **High Quality Bond rates:** N/A N/A N/A 6.24 Final rates: 1.99 5.12

0.00

Current: Override: 4.61 0.00

<u>2nd</u>

<u>3rd</u> 5.46

0.00

0.00

Override:

Salary Scale Male: 0.00% Late Retirement Rates Male:

Female:

0.00

0.00

None None

Female: 0.00%

Withdrawal

Marriage Probability Setback

Male: None Male: 0.00% Female:

Female: None

0.00% **Expense loading:** 0.00%

Withdrawal-Select

Disability Rates

Male: None Female: None

Male: None

Early Retirement Rates

Male: None Female: None

Female: None

Mortality Setback 0 Male: None 0 None Female:

Subsidized Early Retirement Rates

Male: None Female: None

Name of Plan: Jean Foucauld, MD, PA Defined Bene

65-1036229 Plan Sponsor's EIN:

Eligibility Requirements Service/Participation Requirements

Age (yrs): 21 Definition of years: Hours worked

Age (months): 0 Continuing hours: 1,000

Wait (months): 12 Excluded classes: Non-resident alien

Two year eligibility: No O

Other

Earnings

Total compensation excluding: 403(b)

Cafeteria Other

Prior to participation 415 prior to participation

Retirement Normal Early Subsidized Early Disability Death

Age: 62 Service: 0 Participation: 5

Defined:1st of month following

Benefit Reduction / Mortality table & setback

Male:Actuarial EquivalenceActuarial EquivalenceNone0Female:Actuarial EquivalenceActuarial EquivalenceNone0

Pre-retirement death benefit

Rates - Male:NoneNoneNoneRates - Female:NoneNoneNone

Use Social Security Retirement Age: No REACT Benefits Percentage: 100.00%

Vesting Schedule: 2/20

Vesting Definition: Hours Worked Percentage of accrued benefit: 100.00%

Death Benefit Payment method: Greater of PVAB or Face

AnnuityPercentYearsNormal:Joint and contingent100.00%0QJSA:Joint and contingent100.00%0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: Jean Foucauld, MD, PA Defined Benefit Pension Plan and Trust

Plan Sponsor's EIN: 65-1036229

Benefits

Pension Formula: HCE

Type of Formula: Unit benefit non-integrated

Effective Date: 01/01/2009

Unit type: Percent
Unit based on: Accrual
Maximum total percent: 0.00%
Tiers based on: None
First tier: 10.00%

First tier: 10.00% for 1st None
Second tier: None for next None
Third tier: None for remaining yrs

Maximum credit:

Past years: 99 Future years: 99 Total years: 25

Averaging

Projection method:Current CompensationApply exclusion to accrued benefit:NoBased on:Final AverageAnnualize short compensation years:NoHighest:3Annualize short plan years:No

In the last: 0 Include compensations based

Excluding: 0 **on years of:** Accrual

Accrual

Frozen: Yes

Definition of years: Hours worked **Fractions based on:** N/A

Accrual credit:Continuing
1000Died
1000Disabled
1000Retired
1000Terminated
1000Precision:
Limit current credit

to: N/A

Years based on:ParticipationCap/floor years:0Maximum past accrual years:0.0000Cap or floor:FloorMethod:Unit accrualAccrual % per year:0.00%Apply 415 before accrual:No

Frozen Benefits

Fresh Start Date: 01/01/2009 Fresh start approach No wear away
Apply increase to frozen compensation: No Reduce years and/or caps Years not caps

Selected Formula: N/A by frozen years:

Associated defined contribution/cash balance

Projected interest rate: 0.00%
Participant receives contribution in year of retirement: No

Plan name:

Selected formula: N/A

Name of Plan: Jean Foucauld, MD, PA Defined Benefit Pension Plan and Trust

Plan Sponsor's EIN: 65-1036229

Benefits

Pension Formula: Original

Type of Formula: Unit benefit integrated

Effective Date: 01/01/2005

Simplified

Formula % per Unit Maximum Total % table limit Adjust %

Base: 100.00% 100.00% No **Excess:** 17.50% 17.50% No No

<u>Maximum Credits</u> <u>Past years</u> <u>Future years</u> <u>Total years</u>

 Base:
 99
 99
 25

 Excess:
 99
 99
 25

Units based on: Participation

Integration level

Covered compensation table:DynamicRounding:ExactUniform dollar amount:None

Averaging

Projection method:Current CompensationApply exclusion to accrued benefit:NoBased on:Final AverageAnnualize short compensation years:NoHighest:3Annualize short plan years:No

In the last: 0 Include compensations based

Excluding: 0 on years of: Accrual

Accrual

Frozen: Yes

Definition of years: Hours worked **Fractions based on:** N/A

Accrual credit: Continuing Died Disabled Retired Terminated Precision: N/A

1000 1000 1000 1000 1000 1000 Limit current credit

1000 1000 1000 1000 1000 **Limit current credit to:** N/A

Years based on:ServiceCap/floor years:0Maximum past accrual years:0.0000Cap or floor:FloorMethod:FractionalAccrual % per year:0.00%

Apply 415 before accrual: No

Frozen Benefits

Fresh Start Date: 01/01/2009 Fresh start approach No wear away
Apply increase to frozen compensation: No Reduce years and/or caps Years not caps

Selected Formula: N/A by frozen years:

Name of Plan: Jean Foucauld, MD, PA Defined Benefit Pension Plan and Trust

Plan Sponsor's EIN: 65-1036229

Associated defined contribution/cash balance

Projected interest rate: 0.00%
Participant receives contribution in year of retirement: No

Plan name:

Selected formula: N/A

Name of Plan: Jean Foucauld, MD, PA Defined Benefit Pension Plan and Trust

Plan Sponsor's EIN: 65-1036229

Benefits

Pension Formula: NHCE

Type of Formula: Unit benefit non-integrated

Effective Date: 01/01/2009

Unit type: Percent
Unit based on: Accrual
Maximum total percent: 0.00%
Tiers based on: None
First tier: 0.50%

First tier: 0.50% for 1st None
Second tier: None for next None
Third tier: None for remaining yrs

Maximum credit:

Past years: 99 Future years: 99 Total years: 25

Averaging

Projection method:Current CompensationApply exclusion to accrued benefit:NoBased on:Final AverageAnnualize short compensation years:NoHighest:3Annualize short plan years:No

In the last: 0 Include compensations based

Excluding: 0 **on years of:** Accrual

Accrual

Frozen: Yes

Definition of years: Hours worked **Fractions based on:** N/A

Accrual credit:Continuing
1000Died
1000Disabled
1000Retired
1000Terminated
1000Precision:
Limit current credit

to: N/A

Years based on:ParticipationCap/floor years:0Maximum past accrual years:0.0000Cap or floor:FloorMethod:Unit accrualAccrual % per year:0.00%Apply 415 before accrual:No

Name of Plan: Jean Foucauld, MD, PA Defined Benefit Pension Plan and Trust

Plan Sponsor's EIN: 65-1036229

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

2011

This Form is Open to Public Inspection

P File as an ac	tacnment to Forr	n 5500 or 5500	-SF.			
For calendar plan year 2011 or fiscal plan year beginning	01/01/2011		and ending		12/31	/2011
Round off amounts to nearest dollar.						
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this	report unless reas	sonable cause i	s established.			
A Name of plan		В	Three-digit			
			plan numbe	r (PN)	>	001
Town Towns 11 MD DD D C' D D C' D						
Jean Foucauld, MD, PA Defined Benefit Per						
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-Sf	F	D	Employer Ide	ntification	Number (EIN	1)
Jean Foucauld, MD, PA			65-10362	29		
E Type of plan: X Single Multiple-A Multiple-B	F Prior year p	olan size: X 100	or fewer	101-500	More than	า 500
Part I Basic Information						
1 Enter the valuation date: Month 12 Day	31 Year	2011				
2 Assets:						
a Market value				2a		754,165
b Actuarial value			_	2b		754,165
Funding target/participant count breakdown:					/o) F	
	3a	(1) Numbe	er of participar	nts O	(2) Fur	nding Target
a For retired participants and beneficiaries receiving payment						0
b For terminated vested participants	3b	4		11		3,140
c For active participants:						
(1) Non-vested benefits		1779				1,266
(2) Vested benefits	3c(2)					779,356
(3) Total active	3c(3)			12		780,622
d Total	3d			23		783,762
4 If the plan is in at-risk status, check the box and complete lines (a	a) and (b)					
a Funding target disregarding prescribed at-risk assumptions.			Γ	4a		
b Funding target reflecting at-risk assumptions, but disregarding			-			
at-risk status for fewer than five consecutive years and disre				4b		
5 Effective interest rate				5		5.73 %
6 Target normal cost				6		0
Statement by Enrolled Actuary				L		
To the best of my knowledge, the information supplied in this schedule and accompanyin accordance with applicable law and regulations. In my opinion, each other assumption is combination, offer my best estimate of anticipated experience under the plan.	g schedules, statements reasonable (taking into	s and attachments, if account the experier	any, is complete a	ind accurate. I reasonable e	Each prescribed expectations) and	assumption was applied in such other assumptions, in
CICN O / / /						
SIGN CALL				1.0	100/007	0
					0/08/201	2
Signature of actuary					Date	
Charles W. Day					11-01853	
Type or print name of actuary				Most recer	nt enrollment	number
Actuarial Data, Inc.				(412	2) 429-8	700
102 Broadway Avenue, Suite 200			Tele	ohone num	ber (includin	ng area code)
Compania	15105					
Carnegie PA Address of the firm	15106					
Address of the firm	***************************************					
If the actuary has not fully reflected any regulation or ruling promulgated instructions					box and see	
For Panerwork Reduction Act Notice and OMB Control Numbers is	as the instruction	ns for Form 55	00 or 5500 S	=	Schodulo	SB (Form EEOO) 2011

P	age	2	٠.
	чч	_	•

Pa	art II E	Beginning of year	carryover	and prefunding ba	alances		,						
		255 196 156				(a) (Carryover balance	(b)	Prefund	ling balance			
7				able adjustments (line 13				0		0			
									potential and a second second				
8				nding requirement (line 35				0		0			
9				***************************************			and the second s	0		0			
10	Interest or	line 9 using prior year	s actual retur	n of <u>92.50</u> %									
11	Prior year'	s excess contributions	to be added t	o prefunding balance:				1,112					
	a Preser	nt value of excess contr	ibutions (line	38 from prior year)						102,054			
				ate of6.21 % excep						0			
	C Total a	vailable at beginning of o	urrent plan ye	ar to add to prefunding bal	ance					102,054			
	d Portion	of (c) to be added to p	refunding ba	lance						0			
12	Other redu	uctions in balances due	to elections of	or deemed elections	ed elections0					0			
13	Balance at	t beginning of current y	ear (line 9 + l	ine 10 + line 11d – line 12	2)			0		0			
P	art III	Funding percent	ages										
14	Funding ta	arget attainment percen	tage						. 14	96.22 %			
15									. 15	96.22 %			
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	102.13 %			
17	If the curre	ent value of the assets of	of the plan is	less than 70 percent of th	e funding tar	get, enter s	uch percentage		. 17	%			
Pa	art IV	Contributions an	d liquidity	shortfalls									
18	Contributio			ar by employer(s) and em	ployees:								
(M	(a) Date IM-DD-YYY	(b) Amount p (Y) employer		(c) Amount paid by employees	(a) D (MM-DD		(b) Amount paid t employer(s)	у		unt paid by loyees			
02	2/07/20	12	20,528										
0.5	5/21/20	12	20,528										
0.9	9/05/20	12 1	.01,056				and the second s						
					Totals •	18(b)	142,	112 18(c)		0			
19	Discounted	d employer contribution	s – see instru	ictions for small plan with	a valuation of	dale after th	e beginning of the ye	ar:					
	a Contribu	utions allocated toward	unpaid minim	num required contribution	s from prior y	/ears	19)a		0			
	b Contribu	utions made to avoid re	strictions adju	usted to valuation date	•••••		19)b		0			
	C Contribu	itions allocated toward m	inimum requir	ed contribution for current	year adjusted	to valuation	date 19)c		137,821			
20	Quarterly of	contributions and liquidi	ty shortfalls:										
	a Did the	plan have a "funding sh	ortfall" for the	prior year?						Yes X No			
	b If 20a is	"Yes," were required q	uarterly instal	liments for the current yea	ar made in a	timely man	ner?			Yes No			
	c If 20a is	"Yes," see instructions	and complete	e the following table as ap									
				Liquidity shortfall as of e	end of quarte								
	(1) 1st		(2) 2nd		(3)	3rd		(4) 4t	h			

		ns used to determine it	unding target and target	normai cost			
21	Discount rate:			·			
	a Segment rates:	1st segment: 1.99 %	2nd segment: 5.12 %	3rd segment: 6.24 %		N/A, full yield curve us	sed
	b Applicable month				21b		(
22	Weighted average ref	tirement age			22		62
	Mortality table(s) (se			escribed - separate	Substitu	te	
Pa	rt VI Miscellane	ous items					
			arial assumptions for the current	plan year? If "Yes," see	instructions	regarding required	
							No
25	Has a method change	e been made for the current pla	n year? If "Yes," see instructions	regarding required attac	hment	Yes X	No
26	Is the plan required to	provide a Schedule of Active I	Participants? If "Yes," see instru	ctions regarding required	attachment	Yes X	No
27			ding rules, enter applicable code		27		
Pa	rt VII Reconcilia	ation of unpaid minimu	m required contributions	for prior years			
28	Unpaid minimum requ	uired contributions for all prior y	ears		28		(
29			unpaid minimum required contrib		29		(
30	Remaining amount of	unpaid minimum required conf	tributions (line 28 minus line 29).		30		C
Pa	rt VIII Minimum	required contribution for	or current year				
		nd excess assets (see instruction					
	a Target normal cost	(line 6)			31a		(
	b Excess assets, if a	applicable, but not greater than	31a		31b		
32	Amortization installme	ents:		Outstanding Bala	nce	Installment	
	a Net shortfall amort	ization installment			29,600	4	,677
	b Waiver amortizatio	on installment			d		
33			er the date of the ruling letter gran		33		
34	Total funding requiren	nent before reflecting carryover	/prefunding balances (lines 31a -	· 31b + 32a + 32b - 33)	34	4	,677
		T	Carryover balance	Prefunding balar	nce	Total balance	<u></u>
35	Balances elected for u	use to offset funding			a		
36	Additional cash requir	rement (line 34 minus line 35)			36	4	,677
	Contributions allocate	ed toward minimum required co	ntribution for current year adjuste		37		,821
38	<u> </u>	ess contributions for current yea		With the same of t			•
					38a	133	,144
			prefunding and funding standard		38b		C
39			ar (excess, if any, of line 36 over		39		C
40	Unpaid minimum requ	uired contributions for all years.			40		C
Pai	t IX Pension f	unding relief under Per	nsion Relief Act of 2010 (see instructions)	<u></u>		
41	If a shortfall amortizati	ion base is being amortized pur	suant to an alternative amortizati	on schedule:			
	a Schedule elected					2 plus 7 years 15 year	rs
	b Eligible plan year(s)) for which the election in line 4	1a was made				
42					42		
			over to future plan years		43		
			- F. T. Joseph			And the second of the second o	

Attachment to 2011 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan NameJeanFoucauld, MD, PADefined BenefitPensionPlan and Truen:65-1036229Plan Sponsor's NameJeanFoucauld, MD, PAPN:001

Date of		Year	Effective	Interest Adjusted
Contributon	Amount	Applied	Interest Rate	Interest Adjusted Contribution:
02/07/2012	20,528	2011	5.73	20,414
05/21/2012	20,528		5.73	20,093
09/05/2012	101,056	2011	5.73	97,314
03/03/2012	101,030	2011	3.73	97,314
	7.00			
.,				
	Landa de la companya			

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

Plan Name Jean Fouca	aura, MD,	PA Deline	d Benefit	Pension	Plan	and	Treat:	65-1036229
Plan Sponsor's Name	Jean Fou	cauld, MD,	PA				PN:	001
The weighted average ref	irement age	e is equal to th	e normal ret				• , , ,	
List the rate of retirement retirement age, including 100% Retire at age	a descriptio							hted average

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions: Options: Male Nonannuitant: 2011 Nonannuitant Male Use optional combined mortality table for small plans: Yes Female Nonannuitant: 2011 Nonannuitant Female Use discount rate transition: No Male Annuitant: 2011 Annuitant Male Lump sums use proposed regulations: Yes Female Annuitant: 2011 Annuitant Female Actuarial Equivalent Floor Applicable months from valuation month: Stability period: plan year Probability of lump sum: Lookback months: 5 0.00% Use pre-retirement mortality: No Nonannuitant: None 2011 Applicable Annuitant: 2nd 3rd 1st 2nd 3rd 1st Current: 2.21 5.46 4.61 Segment rates: 1.99 5.12 6.24 Override: 0.00 0.00 0.00 **High Quality Bond rates:** N/A N/A N/A Final rates: 1.99 5.12 6.24 0.00 Override: 0.00 0.00 Salary Scale Late Retirement Rates Male: 0.00% Male: None Female: 0.00% Female: None Withdrawal **Marriage Probability** Setback Male: Male: 0 None 0.00% Female: Female: None 0.00% Withdrawal-Select Expense loading: 0.00%

Disability Rates

None

None

Setback

0

0

Mortality

None

None

Male:

Male:

Female:

Female:

Early Retirement Rates

Male:

Female:

Male: None Female: None

Subsidized Early Retirement Rates

None

None

Male: None Female: None

Name of Plan: Jean Foucauld, MD, PA Defined Bene

Plan Sponsor's EIN: 65-1036229

Eligibility Requirements

Service/Participation Requirements

Age (yrs):

21

Definition of years:

Hours worked

Age (months):

0 12

Continuing hours: **Excluded classes:**

1,000

Wait (months): Two year eligibility: No Non-resident alien

Other

Earnings

Total compensation excluding:

403(b) Cafeteria

Other

Prior to participation 415 prior to participation

Retirement

Normal

Early

Subsidized Early

Disability

Death

Age: Service:

62 0 5 Participation:

Defined:

1st of month

following

Benefit Reduction / Mortality table & setback

Male: Female:

Actuarial Equivalence Actuarial Equivalence Actuarial Equivalence Actuarial Equivalence

None None 0 0

Rates - Male: Rates - Female:

None None None None

None None

Use Social Security Retirement Age:

No

REACT Benefits Percentage:

100.00%

Vesting Schedule: **Vesting Definition:** 2/20

Hours Worked

Pre-retirement death benefit

Percentage of accrued benefit:

100.00%

Death Benefit Payment method:

Greater of PVAB or Face

Normal: QJSA:

Annuity Joint and contingent Joint and contingent Percent 100.00% 100.00%

0 0

Years

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan:

Jean Foucauld, MD, PA Defined Benefit Pension Plan and Trust

Plan Sponsor's EIN:

65-1036229

Plan Number:

Benefits

Pension Formula:

HCE

Type of Formula:

Unit benefit non-integrated

Effective Date:

01/01/2009

Unit type: Unit based on: Percent Accrual

Maximum total percent: Tiers based on: 0.00% None

First tier: Second tier: 10.00% None

for 1st for next None None

Third tier:

None

for remaining yrs

Maximum credit:

Past years: Future years: Total years: 99 99 25

Averaging

Projection method:

Current Compensation Final Average

Apply exclusion to accrued benefit: Annualize short compensation years:

No No No

Based on: Highest: In the last:

3

Annualize short plan years: Include compensations based

Excluding:

0

on years of:

Accrual

Accrual

Frozen:

Yes

Definition of years:

Hours worked

Died

1000

Fractions based on: N/A

1000

Accrual credit:

Continuing

Disabled 1000 Retired 1000

Terminated

Precision: N/A Limit current credit

N/A

to:

Years based on:

Participation

1000

Cap/floor years:

0

Maximum past accrual years:

0.0000

Cap or floor:

Floor 0.00%

Method:

Unit accrual

Accrual % per year: Apply 415 before accrual:

No

Frozen Benefits

Fresh Start Date:

01/01/2009

Fresh start approach
Reduce years and/or caps

No wear away Years not caps

Apply increase to frozen compensation: Selected Formula:

No N/A

by frozen years:

Associated defined contribution/cash balance

Projected interest rate:

0.00% No

Participant receives contribution in year of retirement; Plan name:

Selected formula:

N/A

Name of Plan:

Jean Foucauld, MD, PA Defined Benefit Pension Plan and Trust

Plan Sponsor's EIN:

65-1036229

Plan Number:

Benefits

Pension Formula:

Original

Type of Formula:

Unit benefit integrated

Effective Date:

01/01/2005

Formula

Base:

% per Unit 100.00%

17.50%

Maximum Total %

17.50%

100.00%

Simplified table limit

No

Adjust %

No No

Maximum Credits

Excess:

Base: Excess: Past years 99

99

Future years 99

Total vears 25

25

Units based on:

Participation

Integration level

Covered compensation table: Rounding:

Dynamic Exact

Uniform dollar amount:

None

Averaging

Projection method: Based on:

Current Compensation Final Average

Apply exclusion to accrued benefit: Annualize short compensation years: No No

Highest:

3

Annualize short plan years: Include compensations based No

N/A

In the last: **Excluding:** 0 0

on years of:

Accrual

Accrual

Frozen:

Yes

Definition of years:

Hours worked

Died

1000

Fractions based on:

Accrual credit:

Continuing 1000 Disabled

Retired

Precision:

N/A

1000

1000

Terminated 1000

Limit current credit to:

N/A

Years based on:

Service

Cap/floor years:

0

Maximum past accrual years: Method:

0.0000 Fractional Cap or floor: Accrual % per year:

Floor 0.00%

Apply 415 before accrual:

No

Frozen Benefits

Fresh Start Date: Apply increase to frozen compensation: 01/01/2009

Fresh start approach Reduce years and/or caps

No wear away Years not caps

Selected Formula:

No N/A

by frozen years:

Name of Plan:

Jean Foucauld, MD, PA Defined Benefit Pension Plan and Trust

Plan Sponsor's EIN:

65-1036229

Plan Number:

Associated defined contribution/cash balance

Projected interest rate: 0.00% No

Participant receives contribution in year of retirement:

Plan name:

Selected formula: N/A

Name of Plan:

Jean Foucauld, MD, PA Defined Benefit Pension Plan and Trust

Plan Sponsor's EIN:

65-1036229

Plan Number:

Benefits

Pension Formula:

NHCE

Type of Formula:

Unit benefit non-integrated

Effective Date:

01/01/2009

Unit type: Unit based on:

Tiers based on:

Percent Accrual

Maximum total percent:

0.00% None

First tier:

0.50%

for 1st None for next

Second tier: Third tier:

None None

None for remaining yrs

Maximum credit:

Past years: Future years: Total years:

99 99 25

Averaging Projection method:

Current Compensation

Apply exclusion to accrued benefit: Annualize short compensation years:

No No No

Based on: Highest:

Final Average 3 0

Annualize short plan years: Include compensations based

In the last: **Excluding:**

0

on years of:

Accrual

Accrual

Frozen:

Yes

Definition of years:

Hours worked

Died

1000

Fractions based on: N/A

1000

Accrual credit:

Continuing

Disabled 1000

Terminated Retired 1000

Precision:

N/A

Limit current credit to: N/A

Years based on:

Participation

Cap/floor years:

0

Maximum past accrual years:

0.0000

1000

Cap or floor: Accrual % per year: Floor 0.00%

Method: Unit accrual

Apply 415 before accrual:

No

Name of Plan:

Jean Foucauld, MD, PA Defined Benefit Pension Plan and Trust

Plan Sponsor's EIN:

65-1036229

Plan Number:

Attachment to 2011 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameJeanFoucauld, MD, PADefined BenefitPensionPlan and Trush:65-1036229Plan Sponsor's NameJeanFoucauld, MD, PAPN:001

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years	Amortization Installment
Type of Base Shortfall	29,600	Valuation Date 12/31/2011	Remaining 7	111Stallineitt
JIIOI CIGII	23,800	12/31/2011	 	4,6
			-	
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		A STATE OF THE STA		
			 	
				94 D 99 Harris (200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 -
	000 cgr - 3,000 fts - 30 fts - 45,00 fts - 3,00 fts - 3		HE VARIABLE CONTROL OF THE CONTROL O	The state of the s

Attachment to 2011 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan NameJean Foucauld, MD, PA Defined Benefit Pension Plan and Trush:65-1036229Plan Sponsor's NameJean Foucauld, MD, PAPN:001

Date of		Year	Effective	Interest Adjusted
Contributon	Amount	Applied	Interest Rate	Contribution:
02/07/2012	20,528	2011	5.73	20,414
			5.73	
05/21/2012	20,528	2011	5.73	20,093
09/05/2012	101,056	2011	5.73	97,314
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Attachment to 2011 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Jean Fouca	uld, MD,	PA Defined	Benefit	Pension	Plan	and	Tr EM :	65-1036229
Plan Sponsor's Name	Jean Fou	cauld, MD, I	PA				PN:	001
The weighted average reti	rement age	e is equal to the	normal ret	irement ag	e of	62	·	
List the rate of retirement a retirement age, including a 100% Retire at age	a descriptio			0.		•	•	hted average

Attachment to 2011 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameJean Foucauld, MD, PA Defined Benefit Pension Plan and Trush:65-1036229Plan Sponsor's NameJean Foucauld, MD, PAPN:001

	Present Value of			
T (D	Any Remaining	Wall of a Bata	Years	Amortization
Type of Base Shortfall	Installments	Valuation Date 12/31/2011	Remaining	Installment
Shortfall	29,600	12/31/2011	7	4,67
			i i	
				
	1			
	+			
	 			
	+			
	+			
				
	1			
	 			