

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>12/31/2010</u> and ending <u>12/30/2011</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>OHIO STATE MEDICAL ASSOCIATION PENSION 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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/31/1946</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>001</u>	1c Effective date of plan <u>12/31/1946</u>	
1b Three-digit plan number (PN) ►	<u>001</u>				
1c Effective date of plan <u>12/31/1946</u>					
2a Plan sponsor's name and address (employer, if for single-employer plan) <u>OHIO STATE MEDICAL ASSOCIATION</u> <u>3401 MILL RUN DRIVE</u> <u>HILLIARD, OH 43026</u>	2b Employer Identification Number (EIN) <u>31-4364893</u>				
	2c Plan sponsor's telephone number <u>614-527-6762</u>				
	2d Business code (see instructions) <u>813000</u>				
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") <u>OHIO STATE MEDICAL ASSOCIATION</u> <u>3401 MILL RUN DRIVE</u> <u>HILLIARD, OH 43026</u>	3b Administrator's EIN <u>31-4364893</u>				
	3c Administrator's telephone number <u>614-527-6762</u>				
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	4b EIN				
	4c PN				
5a Total number of participants at the beginning of the plan year	5a <u>102</u>				
	5b <u>102</u>				
	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></th> <th style="width:20%; text-align: center;">(a) Beginning of Year</th> <th style="width:20%; text-align: center;">(b) End of Year</th> </tr> <tr> <td>a Total plan assets</td> <td style="text-align: right;"><u>7a</u> <u>8824523</u></td> <td style="text-align: right;"><u>8825895</u></td> </tr> <tr> <td>b Total plan liabilities</td> <td style="text-align: right;"><u>7b</u></td> <td></td> </tr> <tr> <td>c Net plan assets (subtract line 7b from line 7a)</td> <td style="text-align: right;"><u>7c</u> <u>8824523</u></td> <td style="text-align: right;"><u>8825895</u></td> </tr> </table>		(a) Beginning of Year	(b) End of Year	a Total plan assets	<u>7a</u> <u>8824523</u>	<u>8825895</u>	b Total plan liabilities	<u>7b</u>		c Net plan assets (subtract line 7b from line 7a)	<u>7c</u> <u>8824523</u>	<u>8825895</u>																														
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8 Income, Expenses, and Transfers for this Plan Year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="width:20%; text-align: center;">(a) Amount</th> <th style="width:20%; text-align: center;">(b) Total</th> </tr> <tr> <td>a Contributions received or receivable from:</td> <td></td> <td></td> </tr> <tr> <td> (1) Employers</td> <td style="text-align: right;"><u>8a(1)</u> <u>600000</u></td> <td></td> </tr> <tr> <td> (2) Participants</td> <td style="text-align: right;"><u>8a(2)</u></td> <td></td> </tr> <tr> <td> (3) Others (including rollovers)</td> <td style="text-align: right;"><u>8a(3)</u></td> <td></td> </tr> <tr> <td>b Other income (loss)</td> <td style="text-align: right;"><u>8b</u> <u>-1932</u></td> <td></td> </tr> <tr> <td>c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</td> <td style="text-align: right;"><u>8c</u></td> <td style="text-align: right;"><u>598068</u></td> </tr> <tr> <td>d Benefits paid (including direct rollovers and insurance premiums to provide benefits)</td> <td style="text-align: right;"><u>8d</u> <u>505321</u></td> <td></td> </tr> <tr> <td>e Certain deemed and/or corrective distributions (see instructions)</td> <td style="text-align: right;"><u>8e</u></td> <td></td> </tr> <tr> <td>f Administrative service providers (salaries, fees, commissions)</td> <td style="text-align: right;"><u>8f</u></td> <td></td> </tr> <tr> <td>g Other expenses</td> <td style="text-align: right;"><u>8g</u> <u>91375</u></td> <td></td> </tr> <tr> <td>h Total expenses (add lines 8d, 8e, 8f, and 8g)</td> <td style="text-align: right;"><u>8h</u></td> <td style="text-align: right;"><u>596696</u></td> </tr> <tr> <td>i Net income (loss) (subtract line 8h from line 8c)</td> <td style="text-align: right;"><u>8i</u></td> <td style="text-align: right;"><u>1372</u></td> </tr> <tr> <td>j Transfers to (from) the plan (see instructions)</td> <td style="text-align: right;"><u>8j</u></td> <td></td> </tr> </table>		(a) Amount	(b) Total	a Contributions received or receivable from:			(1) Employers	<u>8a(1)</u> <u>600000</u>		(2) Participants	<u>8a(2)</u>		(3) Others (including rollovers)	<u>8a(3)</u>		b Other income (loss)	<u>8b</u> <u>-1932</u>		c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>	<u>598068</u>	d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<u>8d</u> <u>505321</u>		e Certain deemed and/or corrective distributions (see instructions)	<u>8e</u>		f Administrative service providers (salaries, fees, commissions)	<u>8f</u>		g Other expenses	<u>8g</u> <u>91375</u>		h Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>8h</u>	<u>596696</u>	i Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>	<u>1372</u>	j Transfers to (from) the plan (see instructions)	<u>8j</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 1G

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**

10	During the plan year:	Yes	No	Amount
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)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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			

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 ☒ NoIf "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.	10/15/2012	JOSEPH CHURILLA
	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 12/31/2010 and ending 12/30/2011

▶ **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>OHIO STATE MEDICAL ASSOCIATION PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>OHIO STATE MEDICAL ASSOCIATION</u>	D Employer Identification Number (EIN) <u>31-4364893</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>12</u> Day <u>31</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>8824523</u>
b Actuarial value	2b <u>8324361</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>24</u> <u>4482433</u>
b For terminated vested participants	3b <u>25</u> <u>1112685</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>368976</u>
(2) Vested benefits	3c(2) <u>5234729</u>
(3) Total active	3c(3) <u>53</u> <u>5603705</u>
d Total	3d <u>102</u> <u>11198823</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>6.37</u> %
6 Target normal cost	6 <u>572025</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>10/11/2012</u>
Signature of actuary	Date
<u>LORI A. DEVORE</u>	<u>11-05257</u>
Type or print name of actuary	Most recent enrollment number
<u>AON CONSULTING, INC.</u>	<u>614-486-8100</u>
Firm name	Telephone number (including area code)
<u>445 HUTCHINSON AVENUE, SUITE 900</u> <u>COLUMBUS, OH 43235</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)	1142310	341065
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	619767	0
9	Amount remaining (Item 7 minus item 8).....	522543	341065
10	Interest on item 9 using prior year's actual return of <u>11.99</u> %	62653	40894
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.70</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		
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).....	585196	381959

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	65.69 %
15	Adjusted funding target attainment percentage.....	15	65.69 %
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	80.64 %
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
01/25/2011	64000		09/08/2011	100000	
02/08/2011	36000		10/05/2011	50000	
03/08/2011	50000		11/01/2011	50000	
04/05/2011	50000		12/23/2011	100000	
05/11/2011	50000				
06/10/2011	50000				
			Totals ▶	18(b)	600000
				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 580861
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
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92 %	2nd segment: 6.40 %	3rd segment: 6.61 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
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	572025
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3393664	607818
b Waiver amortization installment	0	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	1179843
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	585196	300473
36 Additional cash requirement (item 34 minus item 35).....	36	294174
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	580861
38 Interest-adjusted excess contributions for current year (see instructions).....	38	286687
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 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 12/31/2010 and ending 12/30/2011

► **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>Ohio State Medical Association Pension Plan</u>	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Ohio State Medical Association</u>	D Employer Identification Number (EIN) <u>31-4364893</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>12</u> Day <u>31</u> Year <u>2010</u>		
2	Assets:		
a	Market value.....	2a	8,824,523
b	Actuarial value.....	2b	8,324,361
3	Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment.....	3a	24
b	For terminated vested participants.....	3b	25
c	For active participants:		
	(1) Non-vested benefits.....	3c(1)	368,976
	(2) Vested benefits.....	3c(2)	5,234,729
	(3) Total active.....	3c(3)	53
d	Total.....	3d	102
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	6.37 %
6	Target normal cost.....	6	572,025

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	LAD Signature of actuary	10/11/2012 Date
	<u>Lori A. DeVore</u> Type or print name of actuary	<u>11-05257</u> Most recent enrollment number
	<u>Aon Consulting, Inc.</u> Firm name	<u>(614) 486-8100</u> Telephone number (including area code)
	<u>445 Hutchinson Avenue, Suite 900</u> Address of the firm	
	<u>Columbus OH 43235</u>	

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)	1,142,310	341,065
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	619,767	0
9 Amount remaining (Item 7 minus item 8)	522,543	341,065
10 Interest on item 9 using prior year's actual return of <u>11.99</u> %	62,653	40,894
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.70</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
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)	585,196	381,959

Part III Funding percentages

14 Funding target attainment percentage	14	65.69 %
15 Adjusted funding target attainment percentage	15	65.69 %
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	80.64 %
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
01/25/2011	64,000		09/08/2011	100,000	
02/08/2011	36,000		10/05/2011	50,000	
03/08/2011	50,000		11/01/2011	50,000	
04/05/2011	50,000		12/23/2011	100,000	
05/11/2011	50,000				
06/10/2011	50,000				
Totals ▶			18(b)	600,000	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	580,861

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
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:

1st segment: 3.92 %	2nd segment: 6.40 %	3rd segment: 6.61 %	☐ N/A, full yield curve used
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b Applicable month (enter code) **21b** 4**22** Weighted average retirement age **22** 62**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** 572,025

Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		3,393,664	607,818
b Waiver amortization installment		0	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** 1,179,843

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	585,196	300,473	885,669

36 Additional cash requirement (item 34 minus item 35) **36** 294,174**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 580,861**38** Interest-adjusted excess contributions for current year (see instructions) **38** 286,687**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 Attachment (Form 5500)—2010 Plan Year
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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	10.00%	0.7738	4.64
61	10.00%	0.6964	4.25
62	25.00%	0.6268	9.71
63	25.00%	0.4701	7.40
64	25.00%	0.3526	5.64
65	50.00%	0.2644	8.59
66	50.00%	0.1322	4.36
67	100.00%	0.0661	4.43
Weighted Average			61.89

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Schedule SB, line 26—Schedule of Active Participant Data as of December 31, 2010

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		1								
25-29		5								
30-34		2	3	1						
35-39		1		2						
40-44		1	5	3	1	2				
45-49		2	2	1	1					
50-54		2	2	2	1		1	1		
55-59		1			1		1	1		
60-64		1							1	
65-69		1	1			1		1		
70+					1					

N-53

Schedule SB Attachment (Form 5500)—2010 Plan Year
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Cost Method

Traditional Unit Credit.

Asset Methods

Based on average annual fair market values over the period beginning on the last day of the 25th month preceding the month in which the valuation occurs and ending on the Valuation Date. This result is limited to no less than 90% and no greater than 110% of the fair market value of plan assets as of the Valuation Date.

Dates of Calculations

The Valuation Date is on December 31, 2010.

Employees Included in the Calculations

All active employees who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

Source of Data

Data is as of the valuation date and is supplied to us by the Employer. Financial information was supplied to us by the Trustee. Although we believe these to be accurate and complete, the data and financial information have not been audited by us.

Employees are assumed to work full-time in all future years.

Past salaries are based on actual salary history. Participant salaries are limited to the IRC Section 401(a)(17) limit that was in effect as of the beginning of this plan year. Projected benefits are limited to the IRC Section 415(b) limit that was in effect as of the beginning of the year.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break in service. These employees may have participation requirements different from other new employees.

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Interest and Other Rate Assumptions

Below is a summary of interest and inflation rates used for the December 31, 2010 valuation.

Interest Rates		Assumption
(1)	Funding Target	Segment rates, 4 th month preceding valuation date
(a)	First Segment Rate	3.92%
(b)	Second Segment Rate	6.40%
(c)	Third Segment Rate	6.61%
(2)	Funding Expected Return on Plan Assets	8.00%

Other Rates		Assumption
(1)	Social Security Wage Bases	4.50%
(2)	CPI for Social Security	4.50%
(3)	Future Salaries	6.50%
(4)	Increase Rate for the Maximum Benefit	3.50%
(5)	Cost of Living Adjustment	None

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Decrement Assumptions

Below is a summary of decrements used in this valuation.

Mortality Decrements	Description
Funding	IRS 2010 Annuitant and Non-Annuitant Mortality Tables for Males and Females

—Retirement—	
Decrement Age	Rates
55-59	0.05000
60-61	0.10000
62-64	0.25000
65	0.50000
66	0.50000
67	1.00000

—Termination—				
Decrement Age	Years of Service			
	0	1	2	3+
25	0.1000	0.1000	0.1000	0.0772
35	0.1000	0.1000	0.1000	0.0628
45	0.1000	0.1000	0.1000	0.0398
55	0.1000	0.1000	0.1000	0.0094

The weighted average retirement age is 61.89. Sample Retirement and Termination rates are illustrated in the table above.

Expenses

Funding: The normal cost for funding purposes includes assumed expenses equal to the actual general administrative expenses paid by the trust in the previous plan year. General administrative expenses include trustee, investment, and actuarial fees.

Form of Benefit Payment

100% of participants are assumed to elect the Normal Form.

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Schedule SB, Part V—Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan:

General Information

Original Effective Date:	December 31, 1946
Effective Date of Last Amendment:	December 31, 2010
Plan Year:	December 31 to December 30
Employer Fiscal Year:	January 1 to December 31
Employer ID Number:	31-4364893
Plan Administrator's ID Number:	31-4364893
Plan Number:	001
Plan Administrator:	Ohio State Medical Association

Eligibility

Employees are eligible to participate in the plan on the June 30 or December 31 following the completion of one qualifying year of service (or 100 days of employment within an eligibility period) and the attainment of age 21.

Service

Service equals total years of service while employed by the Ohio State Medical Association. A year of service is credited for each plan year in which an employee works at least 1,000 hours.

A break in service occurs at the start of any plan year in which the employee works 500 or fewer hours for the employer in such year. Service will not be interrupted by:

- (1) A leave of absence granted by the employer, including maternity or paternity leave,
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted,
- (3) A period of disability during which the participant is being paid directly or indirectly by the employer,
- (4) A period of jury duty.

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An employee will be given credit for his pre-break service if either of the following occurs:

- (1) The employee had a vested interest in his Accrued Benefit at the time of his break in service.
- (2) The employee's period of absence was less than the greater of five years and his past Service.

Normal Retirement Date

Normal Retirement Date is the first of the month on or after a participant's 65th birthday.

Normal Retirement Benefit

The amount of annual benefit to be paid in monthly installments for the participant's lifetime is the sum of:

- (1) 1.5% of Average Compensation under the Integration Level multiplied by all years of service, plus
- (2) 2.15% of Average Compensation in excess of the Integration Level multiplied by years of service (capped at 35).

The benefit above shall be rounded to the next higher multiple of \$10.

Integration Level

The Integration Level is the average of the Social Security Taxable Wage Base for the 35-year period ending in the year the participant attains Social Security retirement age. The table of Integration Levels will be revised each year in order to reflect any increases in the Social Security Taxable Wage Base.

Average Compensation

The average of the highest five consecutive full calendar years of compensation during the last ten full calendar years.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the benefit as calculated under Normal Retirement Benefit above, using Average Compensation and Service as of the date of determination.

Early Retirement Date

A participant who has attained the age of 55 and who has completed at least 10 years of eligibility service may retire any time on or after the effective date.

Early Retirement Benefit

The Early Retirement Benefit is calculated in the same manner as the Normal Retirement Benefit but reduced actuarially for each month by which the Early Retirement Date precedes the Normal Retirement Date if the participant has achieved age 55 and 10 years of service, and reduced by 2% for each year by which the Early Retirement Date precedes the Normal Retirement Date if the participant has achieved age 55 and 20 years of service.

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Disability Retirement

An active participant who is totally disabled is entitled to a disability benefit beginning at his Normal Retirement Date or his Early Retirement Date, if elected.

Disability Retirement Benefit

The monthly amount of the disability benefit is equal to the monthly amount of the participant's Accrued Benefit payable as of his retirement date. The Accrued Benefit will reflect additional years of service earned while the participant is on disability at the same rate of compensation applicable just prior to disability.

Pre-retirement Death Benefit

If a vested participant dies prior to retirement, his spouse will be eligible for a benefit equal to the survivor portion of the Joint & 50% Survivor Annuity benefit calculated as if the participant had separated from service on the date of his death, survived to his earliest retirement, and commenced receiving benefits.

Severance Benefit

Upon the termination of employment after five or more years of service, a participant shall have a vested interest in his Accrued Benefit which will be payable at his Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Less than 5	0%
5 or more	100%

In the event that the participant had met the service requirement for early retirement at the date of termination, he may elect to receive his vested interest at age 55. Such benefit will be reduced as described under Early Retirement Benefit.

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with 50%, 66 2/3%, 75%, or 100% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) An adjusted benefit to be paid for the life of the participant with a guarantee of 120 payments.
- (3) If the lump sum value of a participant's benefit is less than \$5,000 then it shall be distributed in a single lump sum.

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Amendment or Termination of Plan

The employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal plan document.

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Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$2,253,887	December 31, 2009	6	\$419,713
Shortfall	\$1,139,777	December 31, 2010	7	\$188,105