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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) [ ] a one-participant plan

B This return/report is: [ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
BEL-PARK ANESTHESIA ASSOCIATES DEFINED BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2004

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
BEL-PARK ANESTHESIA ASSOCIATES INC

4135 BOARDMAN CANFIELD RD, STE 101
CANFIELD, OH 44406-9803

2b Employer Identification Number (EIN) 34-1039898

2c Sponsor's telephone number 330-286-5330

2d Business code (see instructions) 621111

3a Plan administrator's name and address [ ] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address
BEL-PARK ANESTHESIA ASSOCIATES INC
4135 BOARDMAN CANFIELD RD, STE 101
CANFIELD, OH 44406-9803

3b Administrator's EIN 34-1039898

3c Administrator's telephone number 330-286-5330

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.
a Sponsor's name

4b EIN

4c PN

5a Total number of participants at the beginning of the plan year	**5a**	74
b Total number of participants at the end of the plan year	**5b**	81
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	**5c**	

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] 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.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [X] Yes [ ] No [ ] Not determined

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.	10/14/2014	THOMAS DE ASCENTIS
	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

Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

Preparer's telephone number (optional)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1992939	2392446
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1992939	2392446

8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	284000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	196275	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		480275
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	80768	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		80768
i Net income (loss) (subtract line 8h from line 8c)	8i		399507
j Transfers to (from) the plan (see instructions)	8j		

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:
1C 1D 3H

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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		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?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) [X] Yes [ ] No

11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 | 11a | 0

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 [X] No

(If "Yes," complete line 12a or lines 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 in any plan year?	☐ Yes ☒ No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No	

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

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

Part VIII Trust Information (optional)

14a Name of trust	**14b** Trust's EIN

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2013** **This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **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
BEL-PARK ANESTHESIA ASSOCIATES DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BEL-PARK ANESTHESIA ASSOCIATES INC

D Employer Identification Number (EIN)
34-1039898

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2013

2 Assets:

a Market value	**2a**	2108446
b Actuarial value	**2b**	2108446

3 Funding target/participant count breakdown:

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	**3a**	0	0
b For terminated vested participants	**3b**	6	64812
c For active participants:			
(1) Non-vested benefits	**3c(1)**		0
(2) Vested benefits	**3c(2)**		1715269
(3) Total active	**3c(3)**	75	1715269
d Total	**3d**	81	1780081

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.04 %
6 Target normal cost	**6**	267100

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

Signature of actuary — Date: 09/22/2014

CAROL R SEARS FSPA, MAAA,FCA,CPC,EA
Type or print name of actuary

14-03581
Most recent enrollment number

ACTUARIAL CONSULTING GROUP, INC
Firm name

309-263-5622
Telephone number (including area code)

P O BOX 5355
MORTON, IL 61550
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 [ ]

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 (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b Interest on (a) using prior year's effective interest rate of 6.69 % except as otherwise provided (see instructions)		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	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	118.44 %
15	Adjusted funding target attainment percentage	15	118.45 %
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	114.09 %
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
07/02/2014	284000	0			
			Totals ► 18(b)	284000	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 contributions 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	275777

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.94%	6.15%	6.76 %	

b Applicable month (enter code)	21b	0
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 subject to 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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	31a	267100
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	267100

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	36	267100
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	275777

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	8677
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	Under 1		1 To 4		5 To 9		10 To 14		15 To 19		20 To 24		25 To 29		30 To 34		35 To 39		40 & Up	
	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	4	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	4	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	3	0	7	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	3	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	7	0	3	0	11	0	0	0	0	0	1	0	0	0	0	0	0	0
55 to 59	0	0	5	0	3	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	4	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of plan: Bel-Park Anesthesia Associates Defined Benefit Plan
Plan sponsor's name: Bel-Park Anesthesia Associates, Inc.

Plan number: 003
EIN: 34-1039898

PLAN: Bel-Park Anesthesia Associates Defined Benefit Plan
PLAN SPONSOR: Bel-Park Anesthesia Associates
EMPLOYER IDENTIFICATION NUMBER: 34-1039898
PLAN NUMBER: 003

2013 SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

1. Minimum Required Contribution (MRC) Prescribed Segment Rates with MAP-21 floor ,with HATFA extension opted out, for December 2013:		4.94%; 6.15%; 6.76%
2. Mortality Tables for MRC:		Static Sex Distinct Annuitant and Non-Annuitant RP 2000 Mortality Tables projected with Scale AA as per IRS Proposed Regulation §1.430(h)(3)-1
3. Disability Incidence:		None Anticipated
4. Salary Scale:		None, not pay based
5. Pre-Retirement Withdrawal:		Society of Actuaries 2003 Small Pension Plan Age Based Table – sample rates:

Age Nearest	Turnover per 100 Lives
20	24.30
30	15.50
40	9.40
50	5.60
60	3.00

6. Retirement Rates:		100% at age 62
7. Decrement age:		Decrement are assumed to occur at nearest age on future valuation dates
8. Provisions for Expenses and Contingencies:		None, expenses are not paid by the Trust
9. Funding for Death Benefit:		Actuarially determined according to the above assumptions and included in liabilities for all funding purposes.
10. Lump Sum Probability for MRC:		95%
11. Cash Balance Future Interest Credit		5.00%
12. Asset Valuation Method		Fair Market Value

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2013** **This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **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
BEL-PARK ANESTHESIA ASSOCIATES DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BEL-PARK ANESTHESIA ASSOCIATES INC

D Employer Identification Number (EIN)
34-1039898

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2013

2 Assets:

a Market value	2a	2108446
b Actuarial value	2b	2108446

3 Funding target/participant count breakdown:

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	0	0
b For terminated vested participants	3b	6	64812
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		1715269
(3) Total active	3c(3)	75	1715269
d Total	3d	81	1780081

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.04%
6 Target normal cost	6	267100

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

Carol R. Sears

Signature of actuary — Date 09/22/2014

CAROL R SEARS FSPA, MAAA,FCA,CPC,EA — Most recent enrollment number 1403581

Type or print name of actuary

ACTUARIAL CONSULTING GROUP, INC — Telephone number (including area code) 309-263-5622

Firm name

P O BOX 5355
MORTON IL 61550

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 [ ]

Part II Beginning of Year Carryover Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b Interest on (a) using prior year's effective interest rate of 6.69% except as otherwise provided (see instructions)		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	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	118.44 %
15	Adjusted funding target attainment percentage	15	118.45 %
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	114.09 %
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
07/02/2014	284000	0			
			Totals ► 18(b)	284000	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 contributions 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	275777

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
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 subject to 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 contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	267100
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	267100

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	267100
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	275777

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	8677
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

PLAN: Bel-Park Anesthesia Associates Defined Benefit Plan
PLAN SPONSOR: Bel-Park Anesthesia Associates
EMPLOYER IDENTIFICATION NUMBER: 34-1039898
PLAN NUMBER: 003

2013 SCHEDULE SB (FORM 5500), line 22 –Description of Weighted Average Retirement Age

All participants are assumed to retire at age 62 or actual age if later.

The weight applied at age 62 is 100% and is 0% for any preceding age.

PLAN: Bel-Park Anesthesia Associates Defined Benefit Plan
PLAN SPONSOR: Bel-Park Anesthesia Associates
EMPLOYER IDENTIFICATION NUMBER: 34-1039898
PLAN NUMBER: 003

2013 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Effective Date of the Plan

The Plan was effective as of January 1, 2004. The Plan was restated effective January 1, 2013.

Plan Year

The Plan Year will be each 12-month period, commencing on January 1st and ending on December 31st.

Year of Service

A Year of Service will be credited for each Plan Year, during which an employee works at least 1,000 hours.

Eligibility

Eligible Employees participate as of their date of employment or age 21. Per Diem Employees and Student Employees are not eligible.

Normal Retirement Age

Normal Retirement Age was the later of Participant's 50th birthday or the 2nd anniversary of Plan entry.
Effective May 2007, Normal Retirement Age is the later of Participant's 62nd birthday or the 2nd anniversary of Plan entry.

Normal Retirement Date

The Normal Retirement Date is the first of the month next following the Participant's Normal Retirement Age.

Retirement Income Formula

The monthly benefit for a Participant as of his Normal Retirement Date is the Actuarial Equivalent of the Hypothetical Account. For each Plan Year, a Participant shall have such Participant's Hypothetical Account credited for that Plan Year with an annual Hypothetical Allocation equal to the following amounts (with the subsequent restrictions):

Effective January 1, 2013, the Hypothetical Allocation for each Plan Year shall be as follows:

$20,000.00 to each Participant of Group A, which shall consist of: Brent Altenhof.

$20,000.00 to each Participant of Group B, which shall consist of: Amy Hutchinson.

$36,000.00 to each Participant of Group C, which shall consist of: John Jakubek.

$20,000.00 to each Participant of Group D, which shall consist of: Gerald Matteucci.

$15,000.00 for the 2013 Plan Year and $0.00 for Plan Years commencing after December 31, 2013 to each Participant of Group E, which shall consist of: Peter Motolenich.

$40,000.00 to each Participant of Group F, which shall consist of: Ronald Mullis.

$30,000.00 to each Participant of Group G, which shall consist of: Frederick Peachman.

$43,000.00 to each Participant of Group H, which shall consist of: Steven Scharf.

$30,000.00 to each Participant of Group I, which shall consist of: Steven Sheakoski.

$20,000.00 to each Participant of Group J, which shall consist of: Alan Weiss.

$0.00 to each Participant of Group K, which shall consist of Participants who have ownership interest in the Employer and who are not included in Groups A through J.

The sum of (A) and (B) as follows to each Participant of Group L, which shall consist of Participants who have no ownership interest in the Employer and who are not included in Groups A through K, based upon their cumulative Years of Service as of the applicable Plan Year end, where appropriate:

A: The amount determined from the amount in (i) offset by the amount in (ii), not less than zero (which shall be a concurrent benefit offset arrangement as defined in Treas. Reg. §1.401(a)(26)-5(a)(2)):

(i) 5% of Plan Year Compensation for each eligible Participant, offset by

(ii) The annual addition attributable to the Employer Nonelective Contributions and related forfeitures, if any, allocated on behalf of that eligible Participant in the Bel-Park Anesthesia Associates Retirement Savings Plan for the corresponding Plan Year.

B: The amount determined as follows:

Years of Service as of the applicable Plan Year End is:	Hypothetical Allocation
Less than 10	$0
At least 10, but less than 15	$500
At least 15, but less than 20	$1,000
More than 20	$1,500

For purposes of the Hypothetical Allocations, the determination period shall be a Plan Year.

Only Participants who work and earn a Year of Service during the Plan Year shall be eligible to receive the Hypothetical Allocation for that year. The Hypothetical Allocation shall be credited as of the last day of the Plan Year.

For each Plan Year continuing until the last day of the Plan Year before payment of a Participant's Accrued Benefit commences, each Participant's Hypothetical Account shall be credited, whether or not the Participant remains an Employee, with a hypothetical Interest Credit determined by multiplying the dollar amount representing the balance of the Participant's Hypothetical Account as of the beginning of the Plan Year, including all previous Hypothetical Allocations and Interest Credits, minus any distributions made during the Plan Year, by the Applicable Interest Rate as defined in Section 1.3. However, no interest shall be credited for any period after payment of the Participant's Accrued Benefit commences, unless the distribution is made as a lump sum. Interest shall be credited as of the last day of the Plan Year.

Benefit Accrual

A Participant’s Accrued Benefit shall be as per calculated using the Retirement Income Formula and Year of Accrual Service earned as of the date of determination Notwithstanding the above, the Participant's Hypothetical Allocation for each Plan Year determined above shall be reduced by the Actuarial Equivalent of the Participant's Annual Addition attributable to discretionary Employer Non-elective Contributions and related Forfeitures in the Bel-Park Anesthesia Associates Retirement Savings Plan as allocated on behalf of the Plan Year for which such Hypothetical Allocation is being calculated.

Normal Form of Annuity

The Normal Form of Annuity, which is the actuarial equivalent of the retirement benefit, is a monthly annuity payable for the Participant's lifetime, and continuing to pay 50% of the initial amount to the surviving spouse.

Pre-Retirement Death Benefit

The Pre-Retirement Death Benefit, payable as a monthly annuity to a surviving spouse, is Actuarially Equivalent to 100% of the Participant's Vested Accrued Normal Retirement Benefit. The Participant's Vested Accrued Normal Retirement Benefit will be adjusted to reflect commencement before Normal Retirement Date, but not earlier than the Early Retirement Date, as well as the Qualified Joint and Survivor Normal Form.

Vested Accrued Benefit

The Vested Accrued Benefit is equal to the Participant's Accrued Benefit multiplied by the Vested Percentage below:

Vesting Schedule

Years of Service	Percentage
1	20 %
2	40 %
3	100 %

A Participant will be 100% vested at Normal Retirement Date or Disability Retirement Date regardless of his Years of Service. Years of Service earned before age 18 will not be considered.