Form 5500-SF

Department of the Treasury

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).

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2009 or fiscal plan year beginning and ending 03/31/2010 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number KNICKERBOCKER MEDICAL CARE PC DEFINED BENEFIT PLA 001 (PN) ▶ 1c Effective date of plan 04/01/2004 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number KNICKERBOCKER MEDICAL CARE PC 11-3373013 (EIN) 2c Plan sponsor's telephone number 718-456-1900 739 KNICKERBOCKER AVEUE BROOKLYN, NY 11221 2d Business code (see instructions) 621111 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN KNICKERBOCKER MEDICAL CARE PC 739 KNICKERBOCKER AVEUE 11-3373013 BROOKLYN, NY 11221 **3c** Administrator's telephone number 718-456-1900 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... 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 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 217173 373326 a Total plan assets..... 7a O **b** Total plan liabilities..... 7b 373326 Net plan assets (subtract line 7b from line 7a)..... 7с 217173 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 37700 8a(1) (2) Participants 8a(2) 0 0 (3) Others (including rollovers)..... 8a(3) 118453 Other income (loss)..... 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с 156153 Benefits paid (including direct rollovers and insurance premiums 0 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)...... 8f 0 0 Other expenses..... 8g Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 156153 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) 0

Part IV	Plan	Charac	teristics

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

SIGN HERE

Signature of employer/plan sponsor

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

		7 11								
Part	٧	Compliance Questions								
10	Dui	ing the plan year:				Yes	No	Α	mount	
а		s there a failure to transmit to the plan any participant contributions					X			
b		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar te there any nonexempt transactions with any party-in-interest? (Directions)		· -	10a		^			
D		ine 10a.)			10b		Χ			
С	Wa	s the plan covered by a fidelity bond?			10c		X			
d	Did	the plan have a loss, whether or not reimbursed by the plan's fidel ishonesty?	lity bond, that was o	caused by fraud	10d		X			
е	We inst	re any fees or commissions paid to any brokers, agents, or other p rrance service or other organization that provides some or all of the ructions.)	persons by an insura e benefits under the	ance carrier, e plan? (See	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		Χ			
h	If th	is is an individual account plan, was there a blackout period? (See	e instructions and 29	O CFR	10h		X			
i		Oh was answered "Yes," check the box if you either provided the reeptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part	VI	Pension Funding Compliance								
11	Is th	is a defined benefit plan subject to minimum funding requirements	? (If "Yes," see inst	ructions and comp	lete S	Sched	ule SB	(Form	V	7
40		0))							X Yes	No
12		nis a defined contribution plan subject to the minimum funding requ		n 412 of the Code	or sec	ction 3	802 of E	ERISA?	Yes	No
3	•	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being ar	,	voor oog instruct	iono	and a	ntar th	a data of the	lottor rulin	~
а		nativer of the minimum funding standard for a prior year is being an								
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule ME								
b	Ent	er the minimum required contribution for this plan year					12b			
С	Ent	er the amount contributed by the employer to the plan for this plan	year				12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the ative amount)				[12d			
е	Will	the minimum funding amount reported on line 12d be met by the for	unding 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 ye	ear or any prior yea	r?					X Yes	No
	If "Y	es," enter the amount of any plan assets that reverted to the emplo	oyer this year				13a			0
b	We	e all the plan assets distributed to participants or beneficiaries, traine PBGC?	nsferred to another	plan, or brought u	nder 1	the co			X Yes	No
С		rring this plan year, any assets or liabilities were transferred from the hassets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify the	e plar	n(s) to				
1	3c(1	Name of plan(s):				130	(2) EII	N(s)	13c(3) F	PN(s)
Cauti	ion:	A penalty for the late or incomplete filing of this return/report	will be assessed ι	ınless reasonable	cau	se is	establi	ished.		
SB or	· Sch	nalties of perjury and other penalties set forth in the instructions, I cledule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	, F	iled with authorized/valid electronic signature.	01/07/2011	SUSAN CONNOR	S					
HER		Signature of plan administrator	Date	Enter name of inc	dividu	al sigi	ning as	plan admini	strator	

Date

Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

						File as a	an attach	nment	to Form	5500 or	5500	-SF.					
For	caler	ndar p	lan year 2009	or fiscal plan y	ea	r beginning 04	4/01/2009	9				and endi	ng <mark>03/3</mark>	1/201	0		
			amounts to n penalty of \$1,		ses	sed for late filing o	of this repo	ort unl	less reaso	onable ca	use i	s establishe	ed.				
A N	lame CKER	of pla	an KER MEDICA	L CARE PC D	EF	NED BENEFIT PL	_A				В	Three-dig			>	001	
C F	lan s	nonso	or's name as s	hown on line 2	a c	f Form 5500 or 55	00-SF				D	Employer I	dentificat	ion N	umber	(FIN)	
			KER MEDICA				.					-3373013			G	(=,	
Ет	ype o	f plan	: X Single	Multiple-A		Multiple-B		F Pri	or year pla	an size: 🛚	100	or fewer	101-50	00	More	than 500	
	rt I		asic Inform	<u> </u>	_	·				<u> </u>				_			
1			valuation date		\/o	nth 04 F	Day 01	<u> </u>	Year 2	2009							
2	Ass		valuation date	·. !	VIO	nth <u>04</u> [Day <u>01</u>		_ Teal <u>_</u>	2009	_						
_	a		cet value										2a				216530
	b												2b				216530
3			target/participa									er of particin			(2)	Funding Targe	
•	a	·	•			···· aries receiving pay	ment		3a	(1)11	umbe	or particip	0		(2)	T dilding range	0
	b					g pay		-	3b				0				0
	C		active participa		· · ·												
		(1)						Г	3c(1)								2605
		(2)						_	3c(2)								444494
		(3)						-	3c(3)				3				447099
	d	Tota	al						3d				3				447099
4	If the	e plar	n is at-risk, che	ck the box and	d co	omplete items (a) a	and (b)				. 🗆						
	а	Fund	ding target disr	egarding preso	rib	ed at-risk assumpt	tions						4a				
	b					mptions, but disrevery we years and disrec							4b				
5	Effe	ctive	interest rate										5				6.70 %
6	Targ	get no	ormal cost										6				
1 2 0	o the b	pest of ince with	th applicable law an	information supplied regulations. In m	у ор	this schedule and accominion, each other assumpence under the plan.											
	ERE										_				11/16/2	2010	
IOU	VI CA	DICI	IANO	Signa	tur	e of actuary									Date	20.4	
JUH	N GA	RIGL	IANO								_				08-036		
FOR	EST I	HILLS	S PENSION SE	• • • • •	int	name of actuary					_		Most re		enrollm 31-870-	ent number 6824	
			DLLOW RD. 11747	F	Firn	n name						Te	elephone	numb	er (incli	uding area code	e)
				Add	res	s of the firm					_						
If the	actus	arv ha	as not fully refle	ected any requ	lati	on or ruling promu	lgated un	nder th	ne statute	in comple	etina t	this schedu	le, check	the h	ox and	see	
instru		•	to flot fally felle	olou uny rogu	au	on or raining profitio	gatoa an	.uoi (11	.o olalale	oomple	,ıg	o ooricaa	io, oricon	0	on unu		

Page 2-	1	
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Pa	rt II	Begin	ning of year	carryov	er and prefunding ba	lances						
				-			(a)	Carryover balance		(b) l	Prefundi	ng balance
7		-	•		cable adjustments (Item 13				0			0
8	Portion (used to	offset prior year's	funding re	quirement (Item 35 from pric	r year)			0			0
9	Amount	remainir	ng (Item 7 minus i	tem 8)					0			0
10	Interest	on item	9 using prior year	's actual re	eturn of%							
11	Prior yea	ar's exce	ess contributions t	o be adde	d to prefunding balance:							
	a Exce	ess contr	ributions (Item 38	from prior	year)							35
	b Inter	est on (a	a) using prior year	's effective	e rate of6.25 %							2
					year to add to prefunding bala							37
	d Porti	on of (c)	to be added to p	refunding b	palance							37
12	Reduction	on in bal	ances due to elec	tions or de	emed elections				0			0
13	Balance	at begir	nning of current ye	ear (item 9	+ item 10 + item 11d – item	12)			0			37
Р	art III	Fun	ding percenta	ages					•			
14			<u> </u>								14	48.42 %
15					ge						15	48.42 %
16	Prior yea	ar's fund	ling percentage fo	r purposes	s of determining whether car	ryover/prefu	ınding bala	nces may be used			16	82.70 %
17			<u> </u>		is less than 70 percent of the						17	48.43 %
					<u>.</u>	ranaing tai	igot, critor t	such percentage			.,	76
	art IV		tributions an	•	<u> </u>	.1						
10	(a) Date		(b) Amount p		rear by employer(s) and emp (c) Amount paid by	(a) [)ate	(b) Amount pa	aid by	1	c) Amou	nt paid by
(N	IM-DD-Y		employer		employees	(MM-DD		employer(-	,	-	oyees
03	/18/2010			37700								
						Totals ►	18(b)		37700	18(c)		0
19	Discoun	ted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation	date after t	he beginning of the	e year:			
	a Contri	ibutions	allocated toward	unpaid mir	nimum required contribution	from prior ye	ears		19a			0
	b Contri	ibutions	made to avoid res	strictions a	djusted to valuation date				19b			0
	C Contri	butions a	allocated toward mi	inimum req	uired contribution for current y	ear adjusted	l to valuatio	n date	19c			35421
20	Quarterl	y contrib	outions and liquidit	ty shortfalls	S:							
	a Did th	e plan h	ave a "funding sh	ortfall" for	the prior year?						X	Yes No
	b If 20a	is "Yes,	" were required qu	uarterly ins	stallments for the current yea	ar made in a	timely mar	nner?			X	Yes No
	C If 20a	is "Yes,	" see instructions	and comp	lete the following table as ap	plicable:					_	-
					Liquidity shortfall as of e	nd of Quarte	er of this pla	an year	1			
		(1) 1s	st		(2) 2nd		(3)	3rd			(4) 4th	1
						1			1			

Pa	rt V Assumptio	ons used to determi	ne funding target	and target i	normal cost			
21	Discount rate:							
	a Segment rates:	1st segment: 5.33 %	2nd seg	ment: 5.62 %	3rd segment: 6.80 %		N/A, full yield curve used	
	b Applicable month	(enter code)				21b		0
22	Weighted average re-	tirement age				22	6	62
23	Mortality table(s) (se	ee instructions)	Prescribed - combined	d Pre	scribed - separate	Substitut	е	
Pa	rt VI Miscellane	ous items						
24	•	made in the non-prescribe					· · · · ·	0
25		e been made for the curre						0
26		o provide a Schedule of A						
27	If the plan is eligible f	for (and is using) alternativ	re funding rules, enter a	pplicable code	and see instructions	27		_
_		t				•		
		ation of unpaid min						0
28		uired contribution for all p	•			28		
29	, ,	r contributions allocated to	•		. ,	29		0
30	Remaining amount of	f unpaid minimum require	d contributions (item 28	minus item 29)		30		0
Pa	rt VIII Minimum	required contributi	on for current yea	ır				
31	Target normal cost, a	adjusted, if applicable (see	instructions)			31		0
32	Amortization installme	ents:			Outstanding Bala	ance	Installment	
	a Net shortfall amort	tization installment				203780	3519	98
	b Waiver amortization	on installment				0		0
33		approved for this plan yea Day Year _				33		
34	• •	ment before reflecting car	, ,	•		34	3519	98
			Carryover	balance	Prefunding bala	nce	Total balance	
35	Balances used to offs	set funding requirement						0
36	Additional cash requi	irement (item 34 minus ite	m 35)			36	3519	98
37		ed toward minimum requir				37	3542	21
38	Interest-adjusted exc	ess contributions for curre	nt year (see instructions	3)		38	22	23
39	Unpaid minimum requ	uired contribution for curre	ent year (excess, if any,	of item 36 over	item 37)	39		0
40	Unpaid minimum requ	uired contribution for all ye	ears			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).

2009

OMB No. 1210-0110

This Form is Open to Public Inspection

	▶ File as an attachm	ent to Form	5500 or 9	5500-SF.				
Fo	or calendar plan year 2009 or fiscal plan year beginning 04/	01/2009		and endin	g	0.	3/31/2	010
	Round off amounts to nearest dollar.						_	
•	Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reas	onable ca	use is established	d			
Α	Name of plan			B Three-digit				
				plan numb	er (PN)	>		001
ĸ	nickerbocker Medical Care, P.C. Defined Bene	afit Dla	n				6 J J	
	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	SIIC FIG	.11	D Employer lo	lantificat	ion Nivesh		
J	Fian sponsors fiame as shown of fine 2a of Form 5500 of 5500-5F			Employer ic	entinca	ROTE INUITIE	er (EIN)	
K	nickerbocker			11-33730	13			
E	Type of plan: X Single Multiple-A Multiple-B	Prior year pla	an size: 🛚	100 or fewer	101-5	00 M	ore than 50	
P	art I Basic Information		, tan					
1	Enter the valuation date: Month 4 Day 1	Vear	2009					
2	Assets:	rear_				804 40		
~	a Market value				2a	1955-45	v=1.4	216,530
					2b			
3							(O) =====	216,530
J	Funding target/participant count breakdown	3a	(1) N	umber of particip	ants O		(2) Fundir	
	For retired participants and beneficiaries receiving payment For terminated vested participants				0		-	0
		30	255E 00005E				,	0
	C For active participants:	20/4)			10 10 10 10 10 10 10 10 10 10 10 10 10 1	\$7.a.		
	(1) Non-vested benefits		\$.7£		7. h			2,605
	(2) Vested benefits	` ` _	10 mg/m	Nº san	3			444,494
	(3) Total active							447,099
	d Total	1						447,099
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 tran at-risk for fewer than five consecutive years and disregarding load				4b			
5	Effective interest rate	_			5			6.70 %
6	Target normal cost				6			0
	Itement by Enrolled Actuary							
	To the best of my knowledge, the information supplied in this schedule and accompanying schedule	ules, statements	and attachm	ents, if any, is complete	and accu	rate Each pr	escribed assi	umption was applied in
	accordance with applicable law and regulations. In my opinion, each other assumption is reasonal combination, offer my best estimate of anticipated experience under the plan.	abie (taking into a	eccount the e	xperience of the plan a	no reasona	abia expectai	ions) and sud	on other assumptions, in
	SIGN / /							
	IERE John Thuistus				11/1	1/2	10	
	Signature of actuary			-	4	Da Da	i/ W	
ďΩ	hn Garigliano						3634	
	Type or print name of actuary				Mostr		ollment nu	mher
Fo	rest Hills Pension Services						70–682	
	Firm name			Tel				area code)
20	O Broadhollow Rd.			1 01	op.ione	unoei (i	uuiliy a	a 0000)
Me	lville NY 11	747						
_	Address of the firm			-				
lf fh	e actuary has not fully reflected any regulation or ruling promulgated unde	r the etatute	in comple	ating this schedule	- chock	the hov -	nd sca	
	e actuary has not full y reflected any regulation of ruling promulgated under ructions	ine statute	iii comple	ang mis scheduk	, check	HIP DOX 8	nu see	

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Pa	rt II Begir	nning of year	carryove	r and prefunding bal	ances		-					
						(a) (Carryover balance		(b) i	refundi	ng balar	ice
7				able adjustments (Item 13 f		_		0				0
8	Portion used to	offset prior year's	funding requ	uirement (Item 35 from prior	year)			0				0
9	Amount remaini	ng (Item 7 minus it	tem 8)		·····			0				0
10	Interest on item	9 using prior year'	s actual ret	urn of%								
11	Prior year's exc	ess contributions t	o be added	to prefunding balance:					< ab*	eur e		4 .
	a Excess cont	ributions (item 38	from prior y	ear)								35
	b Interest on (a) using prior year'	s effective r	ate of6.25_%								2
				ear to add to prefunding bala				36				37
	d Portion of (c) to be added to pr	refunding ba	alance	*************							37
12	Reduction in ba	lances due to elec	tions or dee	med elections	*****			0				0
13	Balance at begi	nning of current ye	ar (item 9 +	- item 10 + item 11d - item 1	12)		_	0				37
P	art III Fun	ding percenta	ages									
14	Funding target	attainment percent	age				,		,	14	48.	42 %
15	Adjusted funding	g target attainmen	t percentage	e						15	48.	42 %
16				of determining whether carr				o reduce		16	82.	70 %
17				less than 70 percent of the						17	48.	43 %
	sia la Maria.	tributions and							,			
18	Contributions m	ade to the plan for	the plan ye	ear by employer(s) and emp	loyees:							
(N	(a) Date (M-DD-YYYY)	(b) Amount p		(c) Amount paid by employees		Date D-YYYY)	(b) Amount pai employer(s		(€	Amou emple	nt paid to	ру
-	3/18/2010		37,700					,		<u>. </u>	,	
			,						-			
		_			_							
										_		
·												
					Totals ▶	18(b)	3	7,700	18(c)			0
19	Discounted emr	lover contributions	s - see instr	ructions for small plan with a	yaluation	date after th						
				num required contribution for				19a				0
	_			justed to valuation date			⊢	19b				
				ired contribution for current ye			<u> </u>	19c				5,421
20		butions and liquidit			cai aujustei	TO VAIGATION	T date	100				3,421
-0	-		-	ne prior year?				<u>\$.</u>	Magazi gildanianis	X	Yes	No
		_		allments for the current year						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		No
			•	te the following table as ap		, <u>-</u>		3				
				Liquidity shortfall as of en		er of this pla	n year		4707770	- 7mg-1 P. (1977)	V 30.03	
	(1) 1	st		(2) 2nd		(3)	3rd			(4) 4th		

21	Discount rate:					
	a Segment rates:	1st segment: 5.33 %	2nd segment: 6.62 %	3rd segm 6.80	ent: %	N/A, full yield curve used
	b Applicable month ((enter code)			21b	0
22	Weighted average reti	irement age			22	62
23	Mortality table(s) (see	e instructions) X Pre	scribed - combined	Prescribed - separate	Substitut	te
Par	t VI Miscellane	ous items				
24	Has a change been m	ade in the non-prescribed actu		current plan year? If "Yes,"		
25	Has a method change	been made for the current pla	n year? If "Yes," see insti	ructions regarding required a	ttachment	Yes 🛛 No
26	Is the plan required to	provide a Schedule of Active I	Participants? If "Yes," see	instructions regarding requi	red attachment	Yes X No
		or (and is using) alternative fun			27	
Par	t VII Reconcilia	ation of unpaid minimu	m required contribu	utions for prior years		
28	Unpaid minimum requ	ired contribution for all prior ye	ears		28	
		contributions allocated toward				(
30	Remaining amount of	unpaid minimum required con	tributions (item 28 minus i	tem 29)	30	
Par	t VIII Minimum	required contribution f	or current year			
31	Target normal cost, ac	djusted, if applicable (see instri	uctions)		31	(
32	Amortization installme	ents:		Outstanding	Balance	Installment
i	a Net shortfall amorti	zation installment			203,780	35,198
	b Waiver amortization	n installment			0	
		approved for this plan year, ent Day Year			33	
		nent before reflecting carryove	-			35,198
			Carryover balance	Prefunding t	alance	Total balance
35	Balances used to offse	et funding requirement				(
36	Additional cash require	ement (item 34 minus item 35)			36	35,198
37	Contributions allocate	d toward minimum required co	ntribution for current year	adjusted to valuation date	37	35,421
		ess contributions for current ye				223
		rired contribution for current ye	<u> </u>			

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions: Options:

Male Nonannuitant: 2009 Nonannuitant Male Use optional combined mortality table for small plans: Yes 2009 Nonannuitant Female Female Nonannuitant: Use discount rate transition: No

2009 Annuitant Male Male Annuitant: Lump sums use proposed regulations: Yes

Female Annuitant: 2009 Annuitant Female Actuarial Equivalent Floor

Applicable months from valuation month: Stability period: plan year

Lookback months: 1 Probability of lump sum: 0.00%

Use pre-retirement mortality: No Nonannuitant: None

> 2009 Applicable Annuitant:

2nd 3rd 1st <u>3rd</u> <u>1st</u> <u>2nd</u> Current: 4,46 5.20 5.32

Segment rates: 5.33 6.62 6.80 Override: 0.00 0.00 0.00

High Quality Bond rates: N/A N/A N/A

Final rates: 5.33 6.80 6.62 Override: 0.00 0.00 0.00

Salary Scale Late Retirement Rates

0.00% Male: None Male: Female: 0.00% Female: None

Withdrawal Marriage Probability Setback

Male: Male: None 0 0.00%

Female: None Female: 0.00%

Withdrawal-Select Expense loading: 0.00% Male: None

Disability Rates Female: None Male: None

Early Retirement Rates Female: None

Male: None Mortality Setback

Female: None Male: None 0

Subsidized Early Retirement Rates 0 None Female: Male:

Name of Plan: Knickerbocker Medical Care, P.C.

Plan Sponsor's EIN: 11-3373013

None

None

Plan Number: 001

Female:

Plan Sponsor's Name: Knickerbocker Medical Care, P.C.

Schedule SB, Part V - Summary of Plan Provisions

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:

Two year eligibility: No

Earnings

Total compensation excluding: 403(b)

Cafeteria Other

Prior to participation 415 prior to participation

Retirement **Normal Early Subsidized Early Disability** Death 62 20 Age: 0 Service: 0 5 Participation: 0 Plan valuation Defined: 1st of month date nearest during

Benefit Reduction / Mortality table & setback

Male:Actuarial EquivalenceActuarial EquivalenceNone0Female:Actuarial EquivalenceActuarial EquivalenceNone0

Pre-retirement death benefit

Rates - Male: None None None None None

Use Social Security Retirement Age: No REACT Benefits Percentage: 50,00%

Vesting Schedule: 2/20

Vesting Definition: Hours Worked Percentage of accrued benefit: 0.00%

Death Benefit Payment method: Face + PVAB - Curr. CV

AnnuityPercentYearsNormal:Life only0.00%0QJSA:Joint and contingent50.00%0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: Knickerbocker Medical Care, P.C. Defined Benefit Plan

Plan Sponsor's EIN: 11-3373013

Plan Number: 001

Plan Sponsor's Name: Knickerbocker Medical Care, P.C.

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula: Benefit formula

Type of Formula: Unit benefit non-integrated

Effective Date: 01/01/2008

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

First tier: 3.65% for 1st None Second tier: None for next None Third tier: None for remaining yrs

Maximum credit:

Past years: 11 **Fnture years:** 99 17 Total years:

Averaging

Current Compensation Apply exclusion to accrued benefit: Projection method: No Annualize short compensation years: No Final Average Based on: Annualize short plan years: Highest: 3 No

In the last: 10 Include compensations based

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

Accrual

Frozen: Yes

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

Precision: N/A Continuing Died **Disabled** Retired **Terminated** Accrual credit: 1000 0 1000 Limit current credit

> to: N/A

0 Service Cap/floor years: Years based on:

5.0000 Maximum past accrual years: Cap or floor: Floor Method: Unit accrual Accrual % per year: 0.00%

Apply 415 before accrual: No

Frozen Benefits

Fresh Start Date: 03/31/2008 Fresh start approach No wear away Yes

Apply increase to frozen compensation: No Reduce years and/or caps

Selected Formula: N/A by frozen years:

Name of Plan: Knickerbocker Medical Care, P.C. Defined Benefit Plan

11-3373013 Plan Sponsor's EIN:

001 Plan Number:

Plan Sponsor's Name: Knickerbocker Medical Care, P.C.

Attachment to 2009 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan NameKNICKERBOCKER MEDICAL CARE PC DEFINED BENEFIT PLANEIN: 11-3373013Plan Sponsor's NameKNICKERBOCKER MEDICAL CARE PCPN: 001

Date of		Year	Effective	Interest Adjusted
Contributon	Amount	Annlied	Interest Rate	Contribution:
Contributon 03/18/2010	37,700	Applied 2010	6.70	35,421
05/10/2010	3,,,00	2010	0,70	337 121
		·		

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			-	
			1	

	_			

Attachment to 2009 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name KNICKERBOO	CKER MEDICAL CARE PC DEFINED BENEFIT PLAN	EIN:	11-3373013				
Plan Sponsor's Name	KNICKERBOCKER MEDICAL CARE PC	PN:	001				
The weighted average retirement age is equal to the normal retirement age of62							
	at each age and describe the methodology used to compute the description of the weight applied at each potential retirement	_	nted average				

Attachment to 2009 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameKNICKERBOCKERMEDICAL CAREPCDEFINEDBENEFITPLANEIN:11-3373013Plan Sponsor's NameKNICKERBOCKERMEDICAL CAREPCPN:001

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Type of Base Shortfall	36,870	03/31/2010	6	7,030
Shortfall	166,910	03/31/2010	7	28,168
		00,02,00		20, 20
			-	
-				
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		,		
	_			
			-	

		-		

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

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information	01/01/0	000		02/21/2010	
For		04/01/2			03/31/2010	
Α .	This return/report is for:	multiple-e	mployer plan (not multiemployer)	Ĺ	one-participant plan	
В .	This return/report is for: first return/report	final retur	n/report			
	an amended return/report	short plar	year return/report (less than 12 mor	nths)		
C	Check box if filing under:	automatic	extension		DFVC program	
	special extension (enter descript	ion)		,	ionusi	
Pa	rt II Basic Plan Information—enter all requested inform					
L	Name of plan			1b	Three-digit	
	KNICKERBOCKER MEDICAL CARE PC DEFINED B	ENEFIT	PLA		plan number	
			}		(PN) ▶ 001	
					Effective date of plan 04/01/2004	
	Discourse de partir de la delega (ampleyor if for pindo ampleyor	r ninn)			Employer Identification Number	
Za	Plan sponsor's name and address (employer, if for single-employer KNICKERBOCKER MEDICAL CARE PC	i piani			(EIN) 11-3373013	
				2c	Plan sponsor's telephone number	r
	739 KNICKERBOCKER AVEUE				(718) 456-1900	
	**************************************		NY 11221	2d	Business code (see instructions) 621111	
	BROOKLYN Plan administrator's name and address (if same as Plan sponsor,	enter "Same		3h	Administrator's EIN	
Ja	Plati authinistrator's flame and address (it same as i lan sponsor,	CIIICE CAIIN			, tallimoti ator o min.	
	· ·			3с	Administrator's telephone numbe	r
				41		
	f the name and/or EiN of the plan sponsor has changed since the liname. EIN, and the plan number from the last return/report. Spons		port filed for this plan, enter the	4b	EIN	
	maine, Env, and the plan humber from the last foculin open.	or o manno		4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		3
b	Total number of participants at the end of the plan year			5b		3
	· · · · · · · · · · · · · · · · · · ·					
c	Total number of participants with account balances as of the end	of the plan y	rear (defined benefit plans do not			
С	Total number of participants with account balances as of the end complete this item)			5c		
	complete this item)	ble assets?	(See instructions.)	•••••	X Yes N	Vo
	Were all of the plan's assets during the plan year invested in eligi Are you claiming a waiver of the annual examination and report of	ble assets?	(See instructions.)	(PA)		
6a	Complete this item)	ble assets? of an indepe	(See instructions.))PA)		40 40
6a b	complete this item)	ble assets? of an indepe	(See instructions.))PA)		
6a b	complete this item)	ble assets? of an indepe	(See instructions.))PA)	X Yes ☐ N	
6a b	complete this item). Were all of the plan's assets during the plan year invested in eligical Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use of the plan cannot use of the plan cannot use of the plan Assets and Liabilities.	ble assets? of an indepe of and condit form 5500-	(See instructions.) Indent qualified public accountant (IC) IO) SF and must instead use Form 55 (a) Beginning of Year	00.		No.
6a b Pa 7	complete this item) Were all of the plan's assets during the plan year invested in eligical Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use in till Financial Information Plan Assets and Liabilities Total plan assets	ble assets? If an indeper and condit Form 5500-	(See instructions.)	00.	X Yes ☐ N (b) End of Year	26
6a b Pa 7 a b	complete this item) Were all of the plan's assets during the plan year invested in eligical Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use of the plan cannot use of the plan Assets and Liabilities Total plan assets Total plan liabilities	ble assets? If an indepe If and condit If an indepe If and condit If an indepe	(See instructions.) Indent qualified public accountant (IC) IO) SF and must instead use Form 55 (a) Beginning of Year	ΩPA) 00.	X Yes ☐ N (b) End of Year	26
6a b Pa 7 a b c	complete this item) Were all of the plan's assets during the plan year invested in eligical Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use of the Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	ble assets? If an indepe If and condit If an indepe If and condit If an indepe	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 217,17	ΩPA) 00.	(b) End of Year 373, 3	26
6a b 7 a b c	complete this item) Were all of the plan's assets during the plan year invested in eligical Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use of the plan cannot use of the plan Assets and Liabilities Total plan assets Total plan liabilities	ble assets? If an indepe If and condit If an indepe If and condit If an indepe	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 217,17 (a) Amount	00. 73	(b) End of Year 373, 3	26
6a b Pa 7 a b c	complete this item) Were all of the plan's assets during the plan year invested in eligical Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use of till. Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities. Net plan assets (subtract line 7b from line 7a). Income, Expenses, and Transfers for this Plan Year	ble assets? If an indeper and condit Form 5500- 7a 7b 7c	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 217,17	00. 73	(b) End of Year 373, 3	26
6a b 7 a b c	complete this item) Were all of the plan's assets during the plan year invested in eligical Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use of the plan cannot use of the plan assets and Liabilities. Plan Assets and Liabilities. Total plan liabilities. Net plan assets (subtract line 7b from line 7a). Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	ble assets? of an indeper and condit Form 5500- 7a 7b 7c 8a(1)	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 217,17 (a) Amount	00. 73	(b) End of Year 373, 3	26
6a b 7 a b c	complete this item) Were all of the plan's assets during the plan year invested in eligical Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use of the plan cannot use of the plan assets and Liabilities. Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	ble assets? of an indeper and condit form 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 217,17 (a) Amount	00. 73	(b) End of Year 373, 3	26
6a b 7 a b c	complete this item)	ble assets? of an indepe of and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 217, 17 (a) Amount 37, 70	2PA) 00. 23 0 00 00 00 00 00 00 00 00 00 00 00 00	(b) End of Year 373, 3 (b) Total	26 0 26
Pa 7 a b c 8 a	complete this item)	ble assets? of an indeper and condit Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 217, 17 (a) Amount 37, 70	2PA) 00. 23 0 00 00 00 00 00 00 00 00 00 00 00 00	(b) End of Year 373, 3	26 0 26
Pa 7 a b c 8 a	complete this item)	ble assets? of an indeper and condit Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 217, 17 (a) Amount 37, 70	2PA) 00. 23 0 00 00 00 00 00 00 00 00 00 00 00 00	(b) End of Year 373, 3 (b) Total	26 0 26
Pa b c 8 a b	complete this item). Were all of the plan's assets during the plan year invested in eligical Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use of the plan cannot use of the plan assets. Plan Assets and Liabilities Total plan assets. Total plan liabilities. Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	ble assets? of an indeper and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 217, 17 (a) Amount 37, 70	2PA) 00. 23 0 00 00 00 00 00 00 00 00 00 00 00 00	(b) End of Year 373, 3 (b) Total	26 0 26
Pa 7 ab c 8 a b cd	Complete this item) Were all of the plan's assets during the plan year invested in eligical Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use of the plan cannot use of the plan assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions).	ble assets? of an indeper and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 217, 17 (a) Amount 37, 70	2PA) 00. 23 0 00 00 00 00 00 00 00 00 00 00 00 00	(b) End of Year 373, 3 (b) Total	26 0 26
Pa 7 a b c 8 a b	complete this item) Were all of the plan's assets during the plan year invested in eligical Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use of the plan cannot use of the plan assets and Liabilities. Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions). Administrative service providers (salaries, fees, commissions)	ble assets? of an indeper and condit Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 217, 17 (a) Amount 37, 70	2PA) 00. 23 0 00 00 00 00 00 00 00 00 00 00 00 00	(b) End of Year 373, 3 (b) Total	26 0 26
Pa 7 ab c 8 a b cd	complete this item). Were all of the plan's assets during the plan year invested in eligical Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use of the plan cannot use of the plan assets. Plan Assets and Liabilities Total plan assets. Total plan liabilities. Net plan assets (subtract line 7b from line 7a)	ble assets? of an indeper and condit Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 217, 17 (a) Amount 37, 70	2PA) 00. 23 0 00 00 00 00 00 00 00 00 00 00 00 00	(b) End of Year 373, 3 (b) Total	26 0 26
Pa b c 8 a b c d e f	Complete this item) Were all of the plan's assets during the plan year invested in eligical Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use of the plan cannot use of the plan assets and Liabilities. Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions). Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	ble assets? of an indepe of and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 217, 17 (a) Amount 37, 70	2PA) 00. 23 0 00 00 00 00 00 00 00 00 00 00 00 00	(b) End of Year 373, 3 (b) Total	26 0 26 53
Pa 7 a b c c d e f g.	complete this item). Were all of the plan's assets during the plan year invested in eligical Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use of the plan cannot use of the plan assets. Plan Assets and Liabilities Total plan assets. Total plan liabilities. Net plan assets (subtract line 7b from line 7a)	ble assets? of an indepe of and condit form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55 (a) Beginning of Year 217, 17 (a) Amount 37, 70	2PA) 00. 23 0 00 00 00 00 00 00 00 00 00 00 00 00	(b) End of Year 373, 3 (b) Total	26 0 26 53

Form	5500.	SE.	2000	١

Page	2-	

Par									
_ +-	If the plan provides pension benefits, enter the applicable pension feature $1A$ $1I$ $3D$								
b —	If the plan provides welfare benefits, enter the applicable welfare featu	re codes from the	List of Plan Charac	teristic	Code	s in t	he instruction	ens:	
Part	V Compliance Questions								
10	During the plan year:			Y	es	No	P	mount	
а	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Prog	ram)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)		1	10b		Х			
C	Was the plan covered by a fidelity bond?			10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty?	-	1	10d		Х			
e	Were any fees or commissions paid to any brokers, agents, or other prinsurance service or other organization that provides some or all of the instructions.)	benefits under t	ne plan? (See	10e		Х		,	
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х			
g	Did the plan have any participant loans? (if "Yes," enter amount as of y	ear end.)		10g		Х			
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)		29 CFR	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or o	ne of the	10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	? (If "Yes," see in	structions and comp	olete So	hedul	e SB	(Form	X Yes	☐ No
	If a waiver of the minimum funding standard for a prior year is being ar granting the waiver	3 (Form 5500), aı	Month ad skip to line 13.	h <u></u>	_	Day .			
b	Enter the minimum required contribution for this plan year		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	-	2b			
d	Enter the amount contributed by the employer to the plan for this plan subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a mi	nus sign to the left o	of a		2c 2d			
e	Will the minimum funding amount reported on line 12d be met by the fu				L		Yes	No	N/A
Part	[
	Has a resolution to terminate the plan been adopted during the plan ye	ar ar any nriar ve		······································				X Yes	∏ No
ıva	, , , , , , , , , , , , , , , , , , , ,	• • •				3a		[]	0
b	If "Yes," enter the amount of any plan assets that reverted to the employment all the plan assets distributed to participants or beneficiaries, train of the PBGC?	nsferred to anothe	er plan, or brought u	nder th	e con			X Yes	∏ No
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	nis plan to anothe	r plan(s), identify the	e plan(s) to				
1	3c(1) Name of plan(s):				13c(2) El	N(s)	13c(3)	PN(s)

Caut	on: A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonable	e caus	is e	stabl	ished.	***************************************	
SB o	r penalties of perjury and other penalties set forth in the instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as , it is true, correct, and complete.	eclare that I have the electronic ve	examined this return/resion of this return/re	rn/repo eport, a	rt, inc and to	luding the b	g, if applicat best of my k	ole, a Sche nowledge	edule and
SIGI		12-31-10	SYED HASSAN	7					***************************************
HER	<u> </u>	Date		e of individual signing as plan administrator					
SIG	· .							**************************************	
HER	Signature of employer/plan sponsor	Date	Enter name of inc	dividua	signi	ng as	s employer o	r plan spo	nsor

Attachment to 2009 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan NameKNICKERBOCKERMEDICAL CAREPCDEFINEDBENEFITPLANEIN:11-3373013Plan Sponsor's NameKNICKERBOCKERMEDICAL CAREPCPN:001

Date of		Year	Effective	Interest Adjusted
Contributon	Amount	Applied	Interest Rate	Contribution:
03/18/2010	37,700	2010	6.70	35,421
	- ,			,
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Attachment to 2009 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name KNICKERBOO	KER MEDICAL CARE PC DEFINED BENEFIT PLAN	EIN:	11-3373013
Plan Sponsor's Name	KNICKERBOCKER MEDICAL CARE PC	PN:	001
The weighted average reti	irement age is equal to the normal retirement age of62		
	at each age and describe the methodology used to compute to description of the weight applied at each potential retiremen	U	nted average

Attachment to 2009 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameKNICKERBOCKER MEDICAL CARE PC DEFINED BENEFIT PLANEIN:11-3373013Plan Sponsor's NameKNICKERBOCKER MEDICAL CARE PCPN:001

	Present Value of				
			V	A	
	Any Remaining		Years	Amortization	
Type of Base	Installments	Valuation Date	Remaining	Installment	
Shortfall	36,870	03/31/2010	6	7,030	
Shortfall	166,910	03/31/2010	7	28,168	
	1				
	+				
	1		†		
			+		
			+		
			1		
			+		
	+				
	+		+		
	+		+		
	- 		+		
					
	+		+		
	+		+		
	- 		1		