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

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending	12/31/2	2010
Α .	This return/report is for:	multiple-e	mployer plan (not multiemployer)		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 mo	onths)	
C	Check box if filing under:	automatic	extension		DFVC program
	special extension (enter descriptio				
Pa	Irt II Basic Plan Information—enter all requested informa				
	Name of plan	ation		1b	Three-digit
	IE HEALTH MEDICAL DEFINED BENEFIT PLAN				plan number 001
					(PN) •
				1c	Effective date of plan 01/01/2006
22	Plan sponsor's name and address (employer, if for single-employer	nlon)		2h	Employer Identification Number
	IE HEALTH MEDICAL	piari)		20	(EIN) 20-0155109
				2c	Plan sponsor's telephone number
	AMILTON PLACE DEN CITY, NY 11530			0.1	516-652-3693
				20	Business code (see instructions) 621111
3a	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	e")	3b	Administrator's EIN
PRIM	E HEALTH MEDICAL 29 HAMILTO GARDEN CIT		530		20-0155109
	<u></u>	,		3с	Administrator's telephone number 516-652-3693
4 1	the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4h	EIN
	name, EIN, and the plan number from the last return/report. Sponso		F,		
				4c	
5a	Total number of participants at the beginning of the plan year			5a	2
b	Total number of participants at the end of the plan year			5b	2
С	Total number of participants with account balances as of the end of complete this item)			. 5c	
62	Were all of the plan's assets during the plan year invested in eligible				X Yes ☐ No
b	Are you claiming a waiver of the annual examination and report of a		,		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.	
	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year	16	(b) End of Year 901632
	Total plan assets	7a	33376	0	0
	Total plan liabilities		59578		901632
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c			
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total
а	(1) Employers	8a(1)	23000	00	
	(2) Participants	8a(2)		0	
	(3) Others (including rollovers)	8a(3)		0	
b	Other income (loss)	8b	7584	16	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			305846
d	Benefits paid (including direct rollovers and insurance premiums			0	
	to provide benefits)	8d			
e	Certain deemed and/or corrective distributions (see instructions)	8e		0	
f	Administrative service providers (salaries, fees, commissions)	8f			
g	Other expenses	. 8g		0	0
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			305846
ĺ	Net income (loss) (subtract line 8h from line 8c)	8i			303646
- 1	Transfers to (from) the plan (see instructions)	Ωi		0	

Form 5500-SF 2010 Page 2-	Plan Characteristics	
	Form 5500-SF 2010	Page 2-

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

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

L	During the plan year:		Yes	No		Am _f	ount	
a v	Vas 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				
	Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
;	Was the plan covered by a fidelity bond?	10c		X				
	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				
iı	Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nsurance service or other organization that provides some or all of the benefits under the plan? (See nstructions.)	10e		Χ				
f H	las the plan failed to provide any benefit when due under the plan?	10f		X				
g [oid the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 1520.101-3.)	10h						
	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						
rt V	Pension Funding Compliance							
	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 500))					X	Yes	No
-	a this and fined an attituding relative to the minimum for the many increase of a continuous to the Oads							14
I	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of I	ERISA?	[Yes	_
	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	or se	ction 3	802 of I	ERISA?	[Yes X	_
(I a If g	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver	ctions, th	and e	nter th	e date d	of the le	tter ruling	N
(l a If g fyo	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Monus completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ctions, th	and e	nter th Day	e date d	of the le	tter ruling	N g
(I a If g fyo b E	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Mon u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter the minimum required contribution for this plan year.	ctions, th	and e	nter th Day	e date d	of the le	tter ruling	N g
(I a If g fyo b E C E	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Monus completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ctions, th of a	and e	nter th Day	e date d	of the le	tter ruling	N g
(I g fyo o E c E	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Mon u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter the minimum required contribution for this plan year. Inter the amount contributed by the employer to the plan for this plan year. Bubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left)	ctions, th of a	and e	nter th Day 12b 12c 12d	e date d	of the le	tter ruling	N
(I g fyo o E d S n	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Mon u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter the minimum required contribution for this plan year. Inter the amount contributed by the employer to the plan for this plan year. Bubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions, th of a	and e	nter th Day 12b 12c 12d	e date d	of the le	etter ruling	N
(I) g g ff yo E E H S n	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Monu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter the minimum required contribution for this plan year. Inter the amount contributed by the employer to the plan for this plan year. Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount) If the minimum funding amount reported on line 12d be met by the funding deadline? If Plan Terminations and Transfers of Assets	ctions, th of a	and e	nter th Day 12b 12c 12d	e date d	of the le	etter ruling	N/A
(I) g f yo E E E O E V T T T T T T T T T T T T T T T T T	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Monu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter the minimum required contribution for this plan year. Inter the amount contributed by the employer to the plan for this plan year. Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount). III Plan Terminations and Transfers of Assets las a resolution to terminate the plan been adopted during the plan year or any prior year?	of a	and e	nter th Day 12b 12c 12d	e date d	of the le	tter ruling	N/A
(IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Monu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter the minimum required contribution for this plan year. Inter the amount contributed by the employer to the plan for this plan year. Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount) If the minimum funding amount reported on line 12d be met by the funding deadline? If Plan Terminations and Transfers of Assets	of a	and e	12b 12c 12d 	e date d	of the le	tter ruling	N/A
(IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Monu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter the minimum required contribution for this plan year. Inter the amount contributed by the employer to the plan for this plan year. Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount). It will the minimum funding amount reported on line 12d be met by the funding deadline? In the minimum funding amount reported on line 12d be met by the funding deadline? In the minimum funding amount reported on line 12d be met by the funding deadline? In the minimum funding amount reported on line 12d be met by the funding deadline? In the minimum funding amount reported on line 12d be met by the funding deadline? In the minimum funding amount reported on line 12d be met by the funding deadline? In the minimum funding amount reported on line 12d be met by the funding deadline? In the minimum funding amount reported on line 12d be met by the funding deadline? In the minimum funding amount reported on line 12d be met by the funding deadline? In the minimum funding amount reported on line 12d be met by the funding deadline? In the minimum funding amount reported on line 12d be met by the funding deadline?	of a	and e	12b 12c 12d 	e date d	of the le	No Yes	N/A
(IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Monu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter the minimum required contribution for this plan year. Inter the amount contributed by the employer to the plan for this plan year. Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount). III Plan Terminations and Transfers of Assets las a resolution to terminate the plan been adopted during the plan year or any prior year? "Yes," enter the amount of any plan assets that reverted to the employer this year. "Yes," enter the amount of any plan assets that reverted to the employer this year. Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan is plan t	of a	and e	12b 12c 12d 	e date d	of the le_Yea	No Yes	N/A
(IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	of a	and e	12b 12c 12d 13a ntrol	e date d	of the le_Yea	No Yes	N/A
(IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	of a	and e	12b 12c 12d 13a ntrol	e date d	of the le_Yea	No Yes	N/A

SIGN	Filed with authorized/valid electronic signature.	08/18/2011	DR. RAJESH ROHATGI
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	08/18/2011	DR. RAJESH ROHATGI
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-SE

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For	ماد	ndar nlan yoar 2010	or fiscal plans		01/01/2010	nent to Form	3300 OI		nding 12/31/	2010		
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 • 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.												
ΑN	A Name of plan PRIME HEALTH MEDICAL DEFINED BENEFIT PLAN Out Out Out Out Out Out Out Ou											
PRII	/IE F	HEALTH MEDICAL D	ELINED BEN	EFII PLAN				plan nu	ımber (PN)	•		
										·		
		sponsor's name as sh	hown on line 2	a of Form 5500 or 5	5500-SF			D Employe	er Identification	n Number (EIN)		
PRI	/IE F	HEALTH MEDICAL						20-0155109)			
Ет	уре (of plan: X Single	Multiple-A	Multiple-B	F	Prior year pla	n size: 🛚	100 or fewer	101-500	More than 500		
D-	Part I Basic Information											
Pa												
1	Ent	ter the valuation date	:	Month	Day <u>01</u> _	Year <u>2</u>	010					
2	Ass	sets:										
	а	Market value							2a		593097	
	b	Actuarial value							2b		593097	
3	Fur	nding target/participa	nt count break	kdown			(1) N	umber of part	cipants	(2) Funding Targ	get	
	а	For retired participa	ants and bene	ficiaries receiving p	avment	3a		·	0	()	0	
	b			ts	,				0		0	
	c	For active participa										
	C					20/1)					0	
		()				` '			0		456757	
		(3) Total active				. ,			2		456757	
	d	Total				3d			2		456757	
4	If th	ne plan is at-risk, che	ck the box an	d complete items (a) and (b)							
	а	Funding target disre	egarding pres	cribed at-risk assum	notions			_	4a			
	b	Funding target refle	0 0.		•							
	~			utive years and disr					4b			
5	Effe	ective interest rate		·					5		6.65 %	
6	Tar	rget normal cost							6		143493	
		nt by Enrolled Actu										
		•	•	ed in this schedule and acc	ompanying sche	edules, statements a	nd attachm	ents, if any, is con	plete and accurat	e. Each prescribed assumption	was applied in	
		lance with applicable law an nation, offer my best estimat			imption is reasor	nable (taking into ac	count the e	experience of the pl	an and reasonabl	e expectations) and such other a	assumptions, in	
			· ·	· · · · · · · · · · · · · · · · · · ·								
	IGN									07/04/0044		
Н	ER	E						_		07/21/2011		
			J	ature of actuary						Date		
THE	ODO	RE ANDERSEN, M.	A.A.A., MSPA							11-02034		
			Type or p	rint name of actuary	,				Most red	ent enrollment number		
PEN	NOIS	N ASSOCIATES		-						203-356-0306		
				Firm name					Telephone n	umber (including area co	nde)	
		ST MAIN STREET S		i iiii iiaiiic					relephone in	arriber (including area ce	ide)	
STAI	ЛFO	RD, CT 06902										
			Add	dress of the firm				_				
If the	act.	iany hae not fully rofla	acted any real	lation or ruling prop	nulgated use	ler the statute i	n comple	ating this sobo	dula chack ti	ne hov and soo	\neg	
instru		ıary has not fully refle าร		nation of fulling profit	iuiyateu unu	ici ilie statute l		zung uns sche	uule, check li	ie bux aliu see		

Page	2-	1

Pa	art II	Begin	ning of year	carryov	er and prefunding ba	lances						
				-			(a)	Carryover balance		(b) l	Prefundi	ng balance
7		-	• , ,		icable adjustments (Item 13	•			0			0
8	Portion (used to	offset prior year's	funding re	quirement (Item 35 from pri	or 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%				0			0
11	Prior yea	ar's exce	ess contributions t	o be adde	d to prefunding balance:							
	a Exce	ss contr	ributions (Item 38	from prior	year)							153467
	b Inter	est on (a	a) using prior year	's effective	e rate of6.40 %							9822
					year to add to prefunding bal							163289
	d Portion of (c) to be added to prefunding balance											
12	2 Reduction in balances due to elections or deemed elections											
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)											163289	
Р	art III	Fun	ding percenta	ages			•					
14			<u> </u>								14	94.09 %
15					ge						15	129.84 %
16	Prior yea	ar's fund	ling percentage fo	r purposes	s of determining whether car	rryover/pref	unding bala	ances may be used t			16	124.38 %
17					is less than 70 percent of th						17	
					·	e fulluling ta	irget, eriter	such percentage			''	%
	art IV		tributions an	•	•							
18	(a) Date		ade to the plan for (b) Amount p		vear by employer(s) and em (c) Amount paid by		Doto	(b) Amount pa	id by	1	•\ \ \ m a	int paid by
(N	M-DD-Y		employer		employees		Date D-YYYY)	employer(s		,,	-	oyees
03	3/15/2011			230000	0							
						Totals ▶	18(b))	230000	18(c)		0
19	Discoun	ted emp	loyer contributions	s – see ins	structions for small plan with	a valuation	date after	the beginning of the	year:			
	a Contri	butions	allocated toward	unpaid mir	nimum required contribution	from prior y	ears		19a			0
	b Contri	butions	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	year adjuste	d to valuation	on date	19c			212899
20	Quarterl	y contrib	outions and liquidit	ty shortfall:	s:							
	a Did th	e plan h	ave a "funding sh	ortfall" for	the prior year?							Yes X No
	b If 20a	is "Yes,	" were required qu	uarterly ins	stallments for the current yea	ar made in a	a timely ma	anner?				Yes No
	c If 20a	is "Yes,	" see instructions	and comp	lete the following table as a	oplicable:						_
				-	Liquidity shortfall as of e	nd of Quart	er of this p	lan year				
		(1) 1s	st		(2) 2nd		(3)	3rd	-		(4) 4th	1
				l		1			1			

Pa	rt V Assumptio	ns used to determine f	unding target and tar	get no	ormal cost		
21	Discount rate:						
	a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %		3rd segment: 6.76 %		N/A, full yield curve used
	b Applicable month	(enter code)				21b	0
22	Weighted average ret	tirement age				22	62
23	Mortality table(s) (see	e instructions)	escribed - combined	Presc	ribed - separate	Substitut	te
Pa	rt VI Miscellane	ous items					
24	Has a change been m	nade in the non-prescribed act	•		•		~ ·
25		a haan mada far tha aurrant al					
		e been made for the current pl	•				
26	· · · · · · · · · · · · · · · · · · ·	provide a Schedule of Active				attacnment	Yes No
27		or (and is using) alternative fu	•			27	
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribut	ions f	or prior years		
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0
29	' '	contributions allocated toward			' '	29	0
30	Remaining amount of	f unpaid minimum required cor	ntributions (item 28 minus iter	m 29)		30	0
Pa	rt VIII Minimum	required contribution	for current year				
31		idjusted, if applicable (see insti				31	143493
32	Amortization installme	ents:	·		Outstanding Bala	ince	Installment
	a Net shortfall amorti	tization installment				0	0
	b Waiver amortizatio	on installment				0	0
33		approved for this plan year, en Day Year				33	0
34	3 - 1	ment before reflecting carryove	. • • • • •			34	143493
			Carryover balance		Prefunding bala	nce	Total balance
35	Balances used to offs	set funding requirement		0		0	0
36	Additional cash requir	rement (item 34 minus item 35)			36	143493
37		ed toward minimum required co	•	•		37	212899
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	69406
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 36	over it	em 37)	39	0
40	Unpaid minimum requ	uired contribution for all years				40	

	Form 5500-SF 2010	P	age Z-					
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension featu	ure codes from the Lis	st of Plan Character	istic C	Codes	in the	instructions:	
h	1A	o and an from the Lint	of Dlan Characteris	tio Co	adaa ir	a dha lu	atmintions:	
D	If the plan provides welfare benefits, enter the applicable welfare featur	e codes from the List	of Plan Characteris	suc Cc	odes ii	i trie ir	istructions.	
Pai	t V Compliance Questions	1001		·····				
10	During the plan year:				Yes	No	An	nount
а	Was there a failure to transmit to the plan any participant contribution					х		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar Were there any nonexempt transactions with any party-in-interest? (I			10a			*****	
~	on line 10a.)		·	10b		х		
С	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 fide	elity bond, that was ca	used by fraud			37		
	or dishonesty?			10d		х		
е	Were any fees or commisions paid to any brokers, agents, or other p insurance services or other organization that provides some or all of							
	instructions.)			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	f year end.)		10g		х		
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)		CFR	10h				
i	If 10h was answered "Yes," check the box if you either provided the r		of the	10h				
-	exceptions to providing the notice applied under 29 CFR 2520.101-3			10i				
	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirement		•					X Yes No
12	Is this a defined contribution plan subject to the minimum funding req							Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	le.)						
а	If a waiver of the minimum funding standard for a prior year is being a							
lf	granting the waiver			ın		Day	' Ye	ear
b	Enter the minimum required contribution for this plan year	*	-		. [12b		
С	Enter the amount contributed by the employer to the plan for this plan					12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a minu	s sign to the left of a			12d		
_	negative amount)			• •	• _		Yes [□No □N/A
Pari	Will the minimum funding amount reported on line 12d be met by the VII Plan Terminations and Transfers of Assets	funding deadline? .		<u></u>	•	• •		
250000000000000000000000000000000000000	92000000	voor or only prior voor					· · · · · · · · · · · · · · · · · · ·	Yes X No
ısa	Has a resolution to terminate the plan been adopted during the plan y If "Yes," enter the amount of any plan assets that reverted to the emp			• •		 13a	• • • •	
b	Were all the plan assets distributed to participants or beneficiaries, tra			er the				
	of the PBGC?	·						Yes X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another p	lan(s), identify the p	lan(s)	to			
	13c(1) Name of plan(s):				13	c(2) E	IN(s)	13c(3) PN(s)
	roo(1) Hame of plants).				10	U(Z)	114(3)	100(0)1 11(3)
	on: A penalty for the late or incomplete filing of this return/report v							
	 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.			,				
SIG	N Jejer bler	8/18/11	Dr. Rajesh R	ohat	gi			
HE		Date	Enter name of indi	ividua	l signi	ng as	plan administ	rator
SIG	N Lauly	8/18/11	Dr. Rajesh R	ohat	gi			
HE	RE Signature of employer/glan sponsor	Date	Enter name of indi	ividua	l signi	ng as	employer or p	lan 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).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

		>	File as an attachme	ent to Fo	rm 5500 d	or 5500-SF	₹.			
For calendar plan ye	ear 2010 or fiscal plan year	beginning	01/01/20	10		and end	ding	1.2	2/31/2010	
	ints to nearest dollar.	16 16 6					h• 1			
Caution: A pen	alty of \$1,000 will be asses:	sed for late fil	ing of this report unit	ess reaso	onable cat	ise is estar			1 T	<u> </u>
A Name of plan								hree-di		
Prime H	ealth Medical Defi	.ned Benei	fit Plan				ŗ	lan num	nber (PN), ▶	001
C Plan sponsor's n	ame as shown on line 2a o	f Form 5500	or 5500-EZ				D E	Employe	r Identificatio	n Number (EIN)
Prime H	ealth Medical						5	20-015	5109	
E Type of plan:	X Single Multip	Ie-Δ M	ultiple-B	Prior ve	ar nlan siz	e: X 100	or few	er	101-500	More than 500
	nformation	10-7 (101)	uitipie-b	i nor ye	ai piari siz	.c. [==] 100	OI ICV	C1		More than 500
1 Enter the value		Month	01. Day 0)1	Year	2010				
I Litter the value	ation date.	101011111	Day		_ Cal					
2 Assets:										
								Г	20	E02 007
a Market val									2a 2b	593,097
b Actuarial v				• • • •			• • •			593,097
9 0	/participant count breakdov			Г		(1) Numb	ber of		ants ((2) Funding Target
a For retired	participants and beneficiar	ies receiving	payment	• • •	3a	 		0		0
b For termin	ated vested participants			[3b			0		. 0
C For active	participants:									
(1) Non-v	ested benefits				3c(1)					0
(2) Veste	d benefits			[3c(2)					456,757
(3) Total a	active				3c(3)			2		456,757
d Total .	<u> </u>			[3d			2		456,757
4 If the plan is at	-risk, check the box and co	mplete lines	a and b			🗆				
a Funding ta	rget disregarding prescribe	d at-risk assu	ımptions					[4a	
b Funding ta	rget reflecting at-risk assur	nptions, but d	isregarding transitior	n rule for	plans tha	t have beei	n			
at-risk for	fewer than five consecutive	years and dis	sregarding loading fa	actor					4b	
5 Effective intere	est rate								5	6.65
^	cost								6	143,493
Statement by Enro										
To the best of my k	nowledge, the information supplied in this	schedule and accor	npanying schedules, statements	s and attachn	nents, if any, is	complete and ac	ccurate. E	ach presribe	d assumption was a	applied in
	plicable law and regulations. In my opion, my best estimate of anticipated experienc		ion is reasonable (taking into ac	scount the ex	penence or the	pian and reason	able expe	ctations) an	d such other assum	paons, in
SIGN		\sim 1	11							
HERE		1h	U						07/21/201	.1
	Signa	ture of actuar	у						Date	
Theodore	Andersen, M.A.A.A	., MSPA							11-0203	4
	Type or pr	int name of a	ctuary				N	/lost rec	ent enrollme	nt number
Pension	Associates		•						356-0306	
1311011011		irm name				Т				ng area code)
0001 77										.g ou couc,
ZUUI Wes	t Main Street Suit	e 23U								
US Stamford	CT	06902								
		ss of the firm								
If the actuary has not	fully reflected any regulation		omulgated under the	statute	in comple	ting this so	hedul	e. check	the box and	see
nstructions	. rany reneeted any regulation	or running bi		Juliuic	comple	19 1.113 30	cault	z, oricon	and box and	
3 100 0000113										

Part II Begini	ning of year carryover a	nd prefunding balances						
:			(a)) Carryover balance	(b) Pre	funding	balance	
7 Balance at be	ginning of prior year after a	pplicable adjustments (item 13 from						
year)				0				0
		requirement (item 35 from prior yea		. 0				0
				0				0
	m 9 using prior year's actua			0				.0
	cess contributions to be ad							
•		or year)					153	,467
	(a) using prior year's effect	· · ·					9	,822
	.,	plan year to add to prefunding bala	nce				163	,289
		unding balance					163	,289
		deemed elections		0				0
13 Balance at be	ginning of current year (iten	n 9 + item 10 + item 11d - item 12).		0			163	,289
Part III Fund	ling percentages							
14 Funding targe	t attainment percentage .					14	94.09	%
		ntage				15	129.84	. %
16 Prior year's fu	nding percentage for purpo	ses of determining whether carryove	er/prefunding balan	ices may be used to redu	ice		-	
current year's	funding requirement				. 	16	124.38	%
17 If the current v	value of the assets of the pl	an is less than 70 percent of the fun	ding target, enter s	such percentage		17		%
Part IV Cont	ributions and liquidity	shortfalls						
18 Contributions	made to the plan for the the	plan year by employer(s) and emp	oyees:					
(a) Date	(b) Amount paid by	(c) Amount paid by	(a) Date	(b) Amount paid by		(c) Amo	ount paid by	
(MM-DD-YYYY)	`´employer(s)	employees	(MM-DD-YYYY)	employer(s)			loyees	
03/15/2011	230,0	00						
				,				
			Totals ► 18(b)	230	,000 18(c)		
19 Discounted er	nployer contributions see	instructions for small plan with a va	luation date after th	he beginning of the year:			-	
a Contribution	ns allocated toward unpaid	minimum required contribution from	prior years		19a			0
b Contribution	ons made to avoid restriction	ns adjusted to valuation date			19b			0
C Contribution	s allocated toward minimum re	quired contribution for current year adju	sted to valuation date	•	19c		212	<u>,899</u>
20 Quarterly conf	tributions and liquidity short	fall(s):						
a Did the pla	n have a "funding shortfail"	for the prior year?				Yes	X No	
b If 20a is "Y	es," were required quarterly	installments for the current year m	ade in a timely mar	nner?	· · · · <u>· · · · · · · · · · · · · · · </u>	Yes	□No	
c If 20a is "Y	es," see instructions and co	emplete the following table as applic	able:					
-	-	Liquidity shortfall as of e	nd of Quarter of thi	is plan year				
	(1) 1st	(2) 2nd	(3) 3rd		(4)	4th		
				•	ı			

Part V Assumptions used t	o determine fu	nding target and target norn	nal cost		,
21 Discount rate:					
a Segment rates: 1st s	egment	2nd segment	3rd segment		□N/A, full yield curve used
-	4.60 %	6.65 %	6.76 %		
b Applicable month (enter code)	<u> </u>			21b	0
22 Weighted average retirement a		<u> </u>		22	62
23 Mortality table(s) (see instruction		rescribed combined	Prescribed separate		Substitute
Part VI Miscellaneous item	s				
24 Has a change been made in th	e non-prescribed	actuarial assumptions for the cur	rent plan year? If "Yes," see	e insti	ructions regarding required
attachment -					Yes X No
25 Has a method change been ma	ade for the curren	t plan year? If "Yes," see instruct	ions regarding required atta	chme	ent Yes X No
26 Is the plan required to provide	a Schedule of Act	tive Participants? If "Yes," see ins	structions regarding required	d atta	chment Yes X No
27 If the plan is eligible for (and is	using) alternative	funding rules, enter applicable c	ode and see instructions		
regarding attachment			<u></u>	27	
Part VII Reconciliation of u	npaid minimun	n required contributions for	prior years		
28 Unpaid minimum required cont	ribution for all prid	or years		28	. 0
29 Discounted employer contributi	ons allocated tow	vard unpaid minimum required co	ntributions from prior years		
(item 19a)				29	0
30 Remaining amount of unpaid m				30	0
Part VIII Minimum required	contribution fo	r current year			
31 Target normal cost, adjusted, if	applicable (see i	nstructions)		31	143,493
32 Amortization installments:			Outstanding Balance		Installment
a Net shortfall amortization instal	ment			0	0
b Waiver amortization installmen	t			0	0
33 If a waiver has been approved			granting the approval		
(Month Day	Year		mount	33	0
34 Total funding requirement befo	re reflecting carry	over/prefunding balances			
,				34	143,493
		Carryover balance	Prefunding Balance		Total balance
35 Balances used to offset funding	requirement	0		0	0
36 Additional cash requirement (ite	em 34 minus item	135)		36	143,493
37 Contributions allocated toward					
	•		'	37	212,899
38 Interest-adjusted excess contril				38	69,406
39 Unpaid minimum required cont				39	
40 Unpaid minimum required cont	ribution for all yea	ars		40	

Schedule SB, Part V Summary of Plan Provisions

Prime Health Medical PC Defined Benefit Plan 20-0155109 / 001

For the plan year 1/1/2010 through 12/31/2010

Employer: Prime Health Medical PC

Type of Entity - S-Corporation

EIN: 20-0155109 TIN: Plan #: 001

Dates: Effective - 1/1/2006 Year end - 12/31/2010 Valuation - 1/1/2010

Top Heavy Years - 2010

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 500 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Attainment of age 62 and completion of 10 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the unit credit benefit formula below rounded to the nearest dollar:

10% of average monthly compensation per year of participation beginning year 1 limited to 10

year(s)

Accrued Benefit - Unit credit based on participation

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: 2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$195,000

Maximum 401(a)(17) compensation - \$245,000

Normal Form: Life Annuity

Optional Forms:

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:YearsPercent0-10%

2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

Prime Health Medical PC Defined Benefit Plan 20-0155109 / 001

For the plan year 1/1/2010 through 12/31/2010

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence 417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	3.21
Segment 2	6 - 20	5.19
Segment 3	> 20	5.67

Mortality Table - 10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Prime Health Medical PC Defined Benefit Plan 20-0155109 / 001

For the plan year 1/1/2010 through 12/31/2010

Valuation Date: 1/1/2010

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

New participants are included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Minimum

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	4.60
Segment 2	6 - 20	6.65
Segment 3	> 20	6.76

Pre-Retirement - Mortality Table - None

Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living - None

Lump Sum - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A) at 5%

or

10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8%

Post-Retirement - Interest - 8%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, line 19 - Discounted Employer Contributions

Prime Health Medical PC Defined Benefit Plan 20-0155109 / 001

For the plan year 1/1/2010 through 12/31/2010

Valuation Date: 1/1/2010

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	3/15/2011	\$230,000					
Applied to Additional Contribution	1/1/2010	74,981	69,406	0	0	6.65	0
Applied to MRC	1/1/2010	155,019	143,493	0	0	6.65	0
Totals for Deposited Contribution		\$230,000	\$212,899	\$0	\$0		

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Prime Health Medical PC Defined Benefit Plan 20-0155109 / 001 For the plan year 1/1/2010 through 12/31/2010

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.