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).

0044

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	n the instructions to the Form 55	00-SF.	
	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/2	011
A	This return/report is for:	a multiple	-employer plan (not multiemployer)	a one-participant plan
В	This return/report is: the first return/report	the final re	eturn/report		
	an amended return/report	a short pla	in year return/report (less than 12 i	months)	
С	Check box if filing under: Form 5558		DFVC program		
	special extension (enter descriptio	n)		•	_
Pa	urt II Basic Plan Information—enter all requested information	ation			
	Name of plan			1b	Three-digit
	SION PLAN FOR EMPLOYEES OF SONA I DEGANN, MD, PC				plan number
					(PN) ▶ 002
				1C	Effective date of plan 01/01/1993
2a	Plan sponsor's name and address; include room or suite number (er	mplover. if	for a single-employer plan)	2h	Employer Identification Number
SON	A I DEGANN, MD, PC	inployor, ii	Tot a dirigio diripioyor piari,		(EIN) 13-3573304
				2c	Sponsor's telephone number
57 E/	AST 74TH STREET 57 EAST 74T	TH STREE	Т		212-249-0900
	YORK, NY 10021 NEW YORK,			2d	Business code (see instructions)
					621111
	Plan administrator's name and address (if same as plan sponsor, er A I DEGANN, MD, PC 57 EAST 74T	3b	Administrator's EIN 13-3573304		
00147	NEW YORK,		'	3c	Administrator's telephone number
					212-249-0900
4	If the name and/or EIN of the plan sponsor has changed since the land t	ast return/i	report filed for this plan, enter the	4b	EIN
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	DN
	Total number of participants at the beginning of the plan year			_	110
b	Total number of participants at the end of the plan year			ou	
	Number of participants with account balances as of the end of the p			· 5b	· ·
С	complete this item)			. 5c	
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)		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		,		X Yes [] No
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	500.	
7	Plan Assets and Liabilities		(a) Denimina of Vern		(h) Fud of Voca
, a	Total plan assets	72	(a) Beginning of Year		(b) End of Year 1122075
a b	Total plan liabilities		0		0
C	Net plan assets (subtract line 7b from line 7a)	7c	1072857		1122075
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount		(b) Total
а	Contributions received or receivable from:		(a) Amount		(b) Total
	(1) Employers	8a(1)	67600		
	(2) Participants	8a(2)	0		
	(3) Others (including rollovers)	8a(3)	0		
b	Other income (loss)	8b	-10278		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			57322
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	315		
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	7789			
g	Other expenses	. 8g	0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			8104
i	Net income (loss) (subtract line 8h from line 8c)	8i			49218
j	Transfers to (from) the plan (see instructions)	8j	0		

_		
Form	5500-SF	2011

Part IV	Plan	Charact	aristics
railiv	ı Fiaii	Charact	ensucs

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	V Compliance Overtions						
art			V	Ma			
0 a	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in		Yes	No	μ	mount	
а	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			X			
	on line 10a.)	10b		^			
С	Was the plan covered by a fidelity bond?	10c	X				100000
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			
е	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		X			
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					
art	VI Pension Funding Compliance		•				
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					X Yes	☐ No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod					Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver						
lf y	ou 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			
С	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
	VII Plan Terminations and Transfers of Assets			'			
3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3) PN(s)
					, ,	Ì	
	ion: A namelty for the late or incomplete filing of this return/report will be assessed unless research	le car	ico ic	octabl	ished		
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal					lo a Cah	odulo
Во	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return f, it is true, correct, and complete.						

SIGN	Filed with authorized/valid electronic signature.	03/28/2012	A.DAVID DEGANN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

								<u> </u>	File as a	n attacnme	ent to Form	5500 or	5500-	SF.							
Fo	r cale	ndar p	lan <u>y</u>	year 201	1 or	fiscal	plan ye	ear beginnin	ng <mark>01</mark>	/01/2011				and end	ding	12/31/	/201	1			
•	Rour	nd off	amo	ounts to	nea	rest d	ollar.														
•	Caut	ion: A	per	nalty of \$	1,00	00 will l	be asse	essed for la	ate filing of	this report	unless reas	onable ca	ause is	s establis	hed.						
	Name NSIO			OR EMF	PLOY	/EES (OF SO	NA I DEGA	ANN, MD, I	PC			В	Three-d	•	r (PN)	ı	•		002	
С	Plan s	ponso	or's r	name as	sho	wn on	line 2a	of Form 55	500 or 550	0-SF			D	Employe	r Ide	ntificatio	n Nu	ımber	(EIN)		
SC	I ANG	DEGA	NN,	MD, PC									13	-3573304	ļ						
Ε	Type of plan: X Single Multiple-A Multiple-B F Prior year plan size: X 100 or fewer 101-												101-500)	More	than 50	0				
Р	art I	В	asi	c Infor	ma	tion															
1				ation da			N	onth 01	D	ay 01	Year _	2011									
2		ets:											_								
	а		et v	alue											Γ	2a					1072857
	b														<u> </u>	2b					1072857
3				et/particip								(1) N	lumbe	r of partic	rinaı			(2)	Fundin	g Targe	
Ū	a	•	·					ciaries rece	aivina navn	nent	3a	(1)1	dilloc	or partit	oipai	0		(2)	1 dilaii	g raige	0
	b				•			······	01,							2					87543
	C			e partici			oiparito	,	•••••		00										
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		(2)									2 (2)	}				_					767025
		(3)									2 (2)					3					767025
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4											(b)		П								
7									•	, ,	. ,		ш		Г	4-					
	a		·	Ū	·	·			•						-	4a					
	b										sition rule fo g loading fa					4b					
5	Effe	ective	inter	est rate												5					6.07 %
6	Tar	get no	rma	l cost												6					124137
Sta	To the accorda	best of i	ny kn h app	licable law	ne info	rmation egulation	s. In my		other assumpt		ules, statements ble (taking into a										
	SIGN HERI																(03/28/2	2012		
							Signat	ure of actua	ary									Date			
CU	RT EV	'ANS																11-05	239		
EV	ANS B	ENEF	TT C	ONSUL	TING		or pri	nt name of	actuary							Most rec	ent e	enrollm	nent nu	mber	
	88 BRI. THLEH			S WAY 8015			Fi	rm name					_	-	Tele	phone nu	umbe	er (incl	uding a	rea cod	le)
							Addr	ess of the fi	irm				_								
If th	e actu	ary ha	is no	t fully re	flect	ed any	regula	ation or rulir	ng promul	gated under	r the statute	in comple	eting t	his sched	dule,	check th	ne bo	x and	see		П
	ruction			, -			3		5.				9		- 1						Ш

Page 2	2 - 1
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Schedule SB (Form 5500) 2011

Pa	rt II	Begir	ning of year	carryove	er and prefunding ba	lances							
								(a) (Carryover balance)	(b)	Prefundi	ng balance
7		Ū	0 , ,		cable adjustments (line 13	•		169615					87110
8			•	•	unding requirement (line 35					8140			0
9	Amount	t remainii	ng (line 7 minus lir	ne 8)					1	60475			87110
10	Interest	on line 9	using prior year's	actual ret	urn of11.35%					18214			9887
11	Prior ye	ar's exce	ess contributions t	o be added	d to prefunding balance:								
	a Pres	sent valu	e of excess contri	butions (lin	e 38 from prior year)								30797
					rate of% exce								2048
	C Tota	ıl availabl	e at beginning of co	urrent plan y	year to add to prefunding bal	ance							32845
	d Port	tion of (c)	to be added to pr	efunding b	alance								0
12	Other re	eductions	s in balances due	to elections	s or deemed elections					57397			0
13	Balance	e at begir	nning of current ye	ear (line 9 +	- line 10 + line 11d – line 12	2)			1.	21292			96997
P	art III	Fun	ding percenta	ages									
14	Funding	g target a	attainment percent	age								14	100.00 %
15	Adjuste	d funding	g target attainmen	t percentag	je							15	125.54 %
	6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement)	16	105.66 %
17	If the cu	ırrent val	ue of the assets o	f the plan is	s less than 70 percent of th	e funding	targe	et, enter s	uch percentage			17	%
Pa	art IV	Con	tributions and	d liquidi	ty shortfalls								
18	Contrib				ear by employer(s) and em	ployees:							
(N	(a) Dat IM-DD-Y		(b) Amount pa employer		(c) Amount paid by employees	(a (MM-	i) Dat DD-Y		(b) Amount p employer		(c) Amou emple	nt paid by byees
06	/20/2011			67600	0								
						Totals	•	18(b)		67600	18(c)		
19	Discour	nted emp	loyer contributions	s – see inst	tructions for small plan with	a valuation	on da	te after th	ne beginning of th	e year:			
	a Conti	ributions	allocated toward	unpaid min	imum required contribution	s from pri	or yea	ars		19a			0
	b Conti	ributions	made to avoid res	strictions ac	djusted to valuation date					19b			0
	C Contr	ributions a	allocated toward mi	nimum requ	uired contribution for current	year adjus	ted to	valuation	date	19c			65758
20	Quarter	ly contrib	outions and liquidit	y shortfalls	:								_
	a Did th	he plan h	nave a "funding sh	ortfall" for t	he prior year?							X	Yes No
	b If 20a	a is "Yes,	" were required qu	uarterly ins	tallments for the current ye	ar made i	n a tir	mely man	ner?	<u>-</u>		X	Yes No
	C If 20a	a is "Yes,	" see instructions	and comple	ete the following table as a	pplicable:							
	_				Liquidity shortfall as of	end of qua	rter o		-			(4)	
		(1) 19	st		(2) 2nd			(3)	3rd			(4) 4th	1

Pa	rt V	Assumptio	ns used to determ	ine f	unding target and tar	get r	normal cost		
21	Disco	ount rate:							
	a Se	egment rates:	1st segment: 2.94%		2nd segment: 5.82%		3rd segment: 6.46 %		N/A, full yield curve used
	b At	policable month	(enter code)		1			21b	0
22								22	65
23		ality table(s) (see	_		escribed - combined	1	scribed - separate	Substitu	
							onibou copulate		
-		Miscellane							
24		· ·	·		uarial assumptions for the co		•		· · · · · · · · · · · · · · · · · · ·
25	Has a	a method change	e been made for the curr	ent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes 🛚 No
26	Is the	plan required to	provide a Schedule of A	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment	Yes X No
27			ν		nding rules, enter applicable			27	
	rt VII				ım required contribut				
					years			28	0
29					I unpaid minimum required o			29	0
30	Rema	aining amount of	funpaid minimum require	ed con	ntributions (line 28 minus line	29)		30	0
Pa	rt VIII	Minimum	required contribut	tion f	or current year				
31	Targe	et normal cost a	nd excess assets (see in	nstructi	ions):				
	a Tai	rget normal cost	(line 6)					31a	124137
	b Ex	cess assets, if a	applicable, but not greate	r than	31a			31b	0
32	Amor	tization installme	ents:				Outstanding Bala	nce	Installment
	a Ne	et shortfall amort	ization installment					0	0
	b Wa	aiver amortizatio	on installment						
33					ter the date of the ruling lette			33	
34	Total	fundina requirer	ment before reflecting ca	rrvove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	124137
		<u> </u>		Ť	Carryover balance		Prefunding balar	nce	Total balance
35	Balan	acce clasted for a	use to offset funding		,		3		
33						58379		0	58379
36	Additi	ional cash requir	rement (line 34 minus lin	e 35).				36	65758
37	Contr	ributions allocate	ed toward minimum requi	ired co	ontribution for current year a	djusted	d to valuation date	37	65758
38			ess contributions for curre						
								38a	0
			•		prefunding and funding star			38b	0
39					ear (excess, if any, of line 36			39	0
40		<u> </u>						40	0
	rt IX				nsion Relief Act of 20				
			_		irsuant to an alternative amo		<u></u>		
-7 1								Г	2 plus 7 veers
									2 plus 7 years 15 years
		, , , ,	,		41a was made				8 2009 2010 2011
								42	
43	Exces	ss installment ac	celeration amount to be	carrie	d over to future plan years			43	

Plan Sponsor: Sona I. Degann, M.D., P.C.

Plan Name: Pension Plan for Employees of Sona I. Degann, M.D., P.C.

EIN: 13-3573304

Plan Number: 002

Schedule SB Part V: Actuarial Assumptions and Methods

In valuing the liabilities and determining the contribution requirements for a defined benefit pension plan, it is desirable to take into consideration every reasonably predictable future contingency which will have an effect on the ultimate cost of the plan. The actuary does this by making assumptions regarding the incidence and occurrence of those future events and trends upon which the payment and amount of benefits is contingent.

Federal law requires that assumptions upon which plan funding is based must represent the actuary's best estimate of anticipated future experience in light of all the pertinent circumstances surrounding the particular plan situation. The law also requires that each assumption must be "reasonable" and the assumptions must be "reasonable" in the aggregate.

In order to establish appropriate assumptions with respect to your plan, we analyzed the experience of your population for prior years, and as a result of this information and our own predictive data and resources, we have selected the underlying assumptions upon which your pension valuations and funding are based. These are discussed in detail later in this section.

In addition to assumptions, the second element of the valuation which forms the basis of current contributions is the "actuarial cost method." The cost method is simply a payment schedule designed to insure that sufficient funds are accumulated over time to meet the benefit obligations of the plan.

Sona I. Degann, M.D., P.C.

Plan Name:

Pension Plan for Employees of Sona I. Degann, M.D., P.C.

FIN:

13-3573304

Plan Number:

002

Schedule SB Part V: Actuarial Assumptions and Methods

Cost Method

The Pension Protection Act of 2006 requires use of the Unit Credit Cost Method.

Asset Valuation Method

The actuarial value of assets is determined by using Market Value of plan assets.

Valuation Procedures

All active employees who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included. No liability is held for non-vested, inactive employees who have a break in service, or for employees who have quit or been terminated, even if a break in service had not occurred as of the valuation date.

Dates of Calculations

The valuation date is January 1, 2011.

Source of Data

Data is as of the valuation date and is supplied to us by the Employer.

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

Financial information was supplied to us by the Trustee.

Although, we believe these to be accurate and complete, the data and financial information have not been audited by us.

Employee Contributions

Employee contributions are neither required nor permitted. The entire cost of the plan is paid by the Employer.

Expenses

Operational and administrative expenses of the plan are paid by the Employer.

Sona I. Degann, M.D., P.C.

Plan Name:

Pension Plan for Employees of Sona I. Degann, M.D., P.C.

EIN:

13-3573304

Plan Number:

002

Schedule SB Part V: Actuarial Assumptions and Methods

Interest and Other Rate Assumptions

Below is a summary of interest and inflation rates used for the January 1, 2011 valuation.

Inter	est Rates	Assumption							
(1)	Funding								
	(a) Target Liability	Three-Segmented Yield Curve for the Month of January on the Valuation Date							
	(b) PPA Effective Rate	6.07%							

Statutory Assumptions

Below is a summary of statutory assumptions used for the January 1, 2011 valuation.

Statu	itory Assumptions	2011 Limit	
(1)	Maximum Benefit Limit	\$195,000	
(2)	Compensation Limit	\$245,000	

Sona I. Degann, M.D., P.C.

Plan Name:

Pension Plan for Employees of Sona I. Degann, M.D., P.C.

EIN:

13-3573304

Plan Number:

002

Schedule SB Part V: Actuarial Assumptions and Methods

Decrement Assumptions

Below is a summary of decrements used in this valuation.

Mortality Decrements		Description			
(1)	Funding				
	Actives (postretirement)	RP-2000 IRS PPA @ 2011 Non-Annuitant / Annuitant Tables for Males and Females			
	Non-Disabled Inactives	RP-2000 Healthy Annuitant Tables			
	Disabled Inactives	Curr. Liab Disabled < 1/1/95			
		Curr. Liab Disabled > 1/1/95			

Marital Demographics

In order compute liabilities for surviving spouse pensions certain assumptions must be made regarding the number of participants who are married and the age difference between husband and wife.

Termination of Employment

We have assumed no turnover prior to retirement.

Age at Retirement

Your plan specifies a normal retirement age of the later of 65 or the fifth anniversary of participation.

We have elected to assume all participants will retire at their normal retirement age.

Sona I. Degann, M.D., P.C.

Plan Name:

Pension Plan for Employees of Sona I. Degann, M.D., P.C.

EIN:

13-3573304

Plan Number:

002

Schedule SB Part V: Summary of Plan Provisions

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

General Information

Plan Name:

Pension Plan for Employees of Sona I. Degann, M.D., P.C.

Original Effective Date:

January 1, 1993

Effective Date of Last Amendment:

January 1, 2002

Plan Year:

January 1st to December 31st

Employer Fiscal Year

January 1st to December 31st

Employer ID Number:

13-3573304

Plan Administrator's

13-3573304

ID Number:

Plan Number:

002

Plan Type:

Defined Benefit Pension Plan

Plan Administrator:

Administrative Committee

Eligibility to Participate

An employee shall become a participant on the January 1 or July 1 coincident with or next following the date on which he both attains age twenty-one (21) and completes one (1) hour of Service.

Contributions

Retirement benefits under this Plan are funded entirely by the Employer. Employee contributions are neither required nor allowed. Each year, the Employer contributes such amounts as are determined by the Plan's actuary to be necessary to meet the continuing obligations of the Plan and the requirements of Federal law.

Sona I. Degann, M.D., P.C.

Plan Name:

Pension Plan for Employees of Sona I. Degann, M.D., P.C.

EIN:

13-3573304

Plan Number:

002

Schedule SB Part V: Summary of Plan Provisions

Principal Benefit Provisions

(a) Compensation

Basic cash remuneration paid to an employee during the plan year, including salary, bonuses, overtime, incentive pay, commissions and contributions made to a qualified cash or deferred arrangement under Section 401(k) during a plan year. Compensation is limited to \$225,000.

(b) Year of Credited Service

A plan year during which an employee completes at least 1,000 Hours of Service.

(c) Employer

Sona I. Degann, M.D., P.C.

Eligibility for Retirement

(a) Normal Retirement Age

The later of:

- (i) the date a participant attains age sixty-five (65); and
- the fifth (5th) anniversary of the date as of which the participant commenced plan participation.
- (b) Normal Retirement Date

The first of the month coinciding with or next following the participant's Normal Retirement Age.

Sona I. Degann, M.D., P.C.

Plan Name:

Pension Plan for Employees of Sona I. Degann, M.D., P.C.

EIN:

13-3573304

Plan Number:

002

Schedule SB Part V: Summary of Plan Provisions

Benefits

(a) Normal Retirement Benefit

A specified percentage of Compensation for each participant for each year of Credited Service.

- (b) The normal form of Pension for all married participants is a Joint & 100% Survivor Pension; for single participants, a Life Pension.
- (c) Vested Benefits

A Participant shall be 100 percent vested upon completion of five years of Vesting Service.

- (d) Death Benefits
 - (i) Surviving Spouse Benefit for Married Participants

An actuarially reduced benefit actuarially equivalent to what the spouse would have received if the participant died on his Normal Retirement Date and chose the 100% Joint and Survivorship form of his accrued benefit.

(ii) Single Sum Benefit

The single sum actuarial equivalent of the accrued benefit payable at Normal Retirement Date less the value of the surviving spouse benefit, if any.

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).

2011

OMB No. 1210-0110

This Form is Open to Public Inspection

v.012611

a Market value	Pension Benefit Guaranty Corpora	File as an attac	chment to Form 5500	or 5500-SF.				
A Name of plan PENSION PLAN FOR EMPLOYEES OF SONA I DEGANN, MD, PC Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SONA I DEGANN, MD, PC Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SONA I DEGANN, MD, PC Part I Basic Information 1 Enter the valuation date: Month □1 Day □1 Year 2011 2 A sastes: a Market value. b Actuarial value. b Actuarial value. c For active participants and beneficiaries receiving payment. 3a For retired participants and beneficiaries receiving payment. 5 For terminated vested participants. (1) Non-vested benefits. (2) Vested benefits. (3) Total active. 3 For locative participants. 4 If the plan is in st-fisk status, check the box and complete lines (a) and (b). a Funding target reflecting at-fisk assumptions, but disregarding transition rule for plans that have been in at-fisk status for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate. 6 Target normal cost. Statement by Enrolled Actuary To the best of provisedage, this enrolled in this schedule and accompanying schedules, statements and attachments, if any, is complete expension and five repetition is expected in this schedule and accompanying schedules, statements and attachments, if any, is complete expension and very control of the plan are inscribed experience under the plan. Statement by Enrolled Actuary To the best of provisedage, this enrolled accompanying schedules, statements and attachments, if any, is complete expension and expectation is expected in this schedule and accompanying schedules, statements and attachments, if any, is complete expension and expectation in the plan is retended to accomplete interest and the supervision of the plan and maximals expectation and uncertaints of the plan and maximals expectation and uncertaints and attachments, it any, is complete expension of the plan and maximals expectation and uncertaints and attachments, it any, is complete expension of the plan and maximals expectation in the schedul	For calendar plan year 2011 o			THE RESERVE OF THE PARTY OF THE	ng 12/31	/2011		
Part I Basic Information There is a shown on line 2 of Form 5500 or 5500-SF Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information Tenter the valuation date: Month 01 Day 01 Year 2011 Assets: 2 Assets: 2 Assets: 2 Assets: 3 Amarket value 2 Assets: 4 Amarket value 2 Assets: 5 Actuarial value 2 Assets: 6 Amarket value 8 Actuarial value 9 Actua			port unless reasonabl	e cause is establish	ed.			
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 0 Day 01 Year 2011 2 Assets: a Market Value 2 2a b Actuarial value 2 2b 5 Funding target/participant count breakdown: (1) Number of participants (2) Funding Target a For retired participants and beneficiaries receiving payment 3a 0 b For terminated vested participants 3b 2 c For active participants: (2) Funding Target (1) Non-vested benefits 3c(2) (2) Vested benefits 3c(2) (3) Total active 3c(2) (3) Tot	Name of plan			B Three-di	git	•	002	
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1 Enter the valuation date: Month 01 Day 01 Year 2011 2 Assets: 2a Market value. 2b 3 Funding target/participant count breakdown: 2b 5 Funding target/participant count breakdown: 3a 0 0 5 Funding target/participants and beneficiaries receiving payment 3a 0 0 6 For terminated vested participants 3b 2 0 7 For active participants: 3c (1) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E Type of plan: X Single	Multiple-A Multiple-B	F Prior year plan siz	e: X 100 or fewer	101-50	00 Mo	re than 500	
Assets: a Market value. b Actuarial value. 2	Part I Basic Inform	ation						
a Market value	1 Enter the valuation date:	Month 01 Day	01 Year 2011			an value of the		
a Market value					0-		107285	
3 Funding target/participants count breakdown: a For retired participants and beneficiaries receiving payment							107285	
a For retired participants and beneficiaries receiving payment 3a 0 b For terminated vested participants: C For active participants: (1) Non-vested benefits 3c(2) (2) Vested benefits 3c(2) (3) Total active 3c(3) 3 d Total active 3c(3) 3 d Total material status, check the box and complete lines (a) and (b) 4a b Funding target disregarding prescribed at-risk assumptions 4b 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 Target normal cost. 5 6 Target normal cost. 6 6 Target normal cost. 6 6 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 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 assumption offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Date 11-05239 Type or print name of actuary Most recent enrollment number			AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1	(1) Number of partic				
b For terminated vested participants c For active participants: (1) Non-vested benefits				(1) Number of partic			(2) I dilding ranget	
C For active participants: (1) Non-vested benefits					2	87		
(1) Non-vested benefits. (2) Vested benefits. (3) Total active								
d Total active 3c(3) 3 d Total active 5 d Total 3d 5 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4 a Funding target disregarding prescribed at-risk assumptions 44 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 4 5 Effective interest rate 5 6 Target normal cost 5 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 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 assumption, offer my best estimate of anticipated experience under the plan. SIGN HERE 03/28/2012 Signature of actuary Date 11-05239 Type or print name of actuary Most recent enrollment number			3c(1)					
d Total active	(2) Vested benefit	ts	3c(2)				76702	
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 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 5 Effective interest rate 5 Target normal cost 6 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 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 assumption, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Date 11-05239 Type or print name of actuary Most recent enrollment number	(3) Total active						76702	
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5 Effective interest rate	b Funding target refle	ecting at-risk assumptions, but disregarding	g transition rule for pla	ins that have been i	a Ab			
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Signature of actuary CURT EVANS Type or print name of actuary EVANS BENEFIT CONSULTING Date 11-05239 Most recent enrollment number	To the best of my knowledge, the accordance with applicable law ar combination, offer my best estima	information supplied in this schedule and accompanying id regulations. In my opinion, each other assumption is re	schedules, statements and a easonable (taking into account	attachments, if any, is com nt the experience of the pla	plete and accu an and reason	able expectal	tions) and such other assumptions, in	
EVANS BENEFIT CONSULTING		Signature of actuary						
	EVANS BENEFIT CONSULT				Most	ecent enr	ollment number	
Firm name Telephone number (including area code 1688 BRIAN JONES WAY BETHLEHEM, PA 18015		Firm name			Telephone	number (including area code)	
Address of the firm		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	그런 이 그리다면서 부탁하는 아이지만 하는 것도 같은 아이들이 하나 있다. 한 사람들이 아이를 하는데 없다면 때문에 없었다.	ected any regulation or ruling promulgated	under the statute in c	completing this sche	dule, check	the box	and see	

		and prefunding bala		(a) Carry	over balance		(b) Pr	efunding	balance
	nning of prior year after applical				1680	615			87110
B Portion elected f	or use to offset prior year's fun	ding requirement (line 35 fr	om		8	140			0
and the second s	ng (line 7 minus line 8)				160	475			87110
	using prior year's actual return				18	214			9887
	ess contributions to be added to								
	e of excess contributions (line							3.	30797
b Interest on (a) using prior year's effective ra	ate of 6.65 % except	as						2048
	le at beginning of current plan ye		CONTRACTOR OF THE PARTY OF THE						32845
) to be added to prefunding bal								0
	s in balances due to elections				57	397			0
	nning of current year (line 9 + I				121	292			96997
CHEST CONTRACTOR STATE OF THE PARTY OF	iding percentages								
	attainment percentage							14	100.00 %
	g target attainment percentage						1855 St	15	125.54 %
16 Prior year's fun	ding percentage for purposes of unding requirement	of determining whether carr	yover/prefunding	balances	may be used to	o reduce		16	105.66 %
	lue of the assets of the plan is							17	%
		1000 tilen i o para-ini	lunding target,	enter such	percentage				
Part IV Co			funding target,	enter such	percentage				
	ntributions and liquidity	y shortfalls		enter such	percentage	•••••			
		y shortfalls			(b) Amount pai	id by			nt paid by
18 Contributions n (a) Date	ntributions and liquidity nade to the plan for the plan ye (b) Amount paid by	y shortfalls ar by employer(s) and emp (c) Amount paid by	loyees:		(b) Amount pai	id by		e) Amoun	nt paid by
18 Contributions n (a) Date (MM-DD-YYYY)	ntributions and liquidity nade to the plan for the plan ye (b) Amount paid by employer(s)	y shortfalls ar by employer(s) and emp (c) Amount paid by employees	loyees:		(b) Amount pai	id by		e) Amoun	nt paid by
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18 Contributions n (a) Date (MM-DD-YYYY) 06/20/2011	ntributions and liquidity nade to the plan for the plan ye (b) Amount paid by employer(s) 67600	y shortfalls ar by employer(s) and emp (c) Amount paid by employees 0	loyees: (a) Date (MM-DD-YY) Totals	18(b)	(b) Amount pai employer(s	id by)	(0	:) Amoun emplo	nt paid by yees
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18 Contributions in (a) Date (MM-DD-YYYY) 06/20/2011 19 Discounted em a Contribution b Contribution	ntributions and liquidity nade to the plan for the plan ye (b) Amount paid by employer(s) 67600	y shortfalls ar by employer(s) and emp (c) Amount paid by employees 0 ructions for small plan with mum required contributions justed to valuation date	loyees: (a) Date (MM-DD-YY) Totals a valuation date from prior years	18(b) after the b	(b) Amount pai employer(s	67600 year:	(0	:) Amoun emplo	nt paid by lyees
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18 Contributions in (a) Date (MM-DD-YYYY) 06/20/2011 19 Discounted em a Contribution b Contribution c Contributions 20 Quarterly contri	ployer contributions — see instributions and liquidity and to the plan for the plan ye (b) Amount paid by employer(s) 67600 ployer contributions — see instricts allocated toward unpaid mining made to avoid restrictions additional allocated toward minimum requiributions and liquidity shortfalls:	y shortfalls ar by employer(s) and emp (c) Amount paid by employees 0 ructions for small plan with mum required contributions justed to valuation date	loyees: (a) Date (MM-DD-YY) Totals ▶ a valuation date from prior years	18(b) after the b	(b) Amount pai employer(s	67600 year: 19a 19b	18(c)	e) Amoun	at paid by yees
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18 Contributions in (a) Date (MM-DD-YYYY) 06/20/2011 19 Discounted em a Contribution b Contribution c Contributions 20 Quarterly contri a Did the plan b If 20a is "Ye	ployer contributions — see instributions and liquidity and to the plan for the plan ye (b) Amount paid by employer(s) 67600 67	ructions for small plan with mum required contribution for current years allments for the current years allments for the current years.	Totals Totals a valuation date from prior years ear adjusted to valuation a time	18(b) after the b	(b) Amount pai employer(s	67600 year: 19a 19b	18(c)	amplo	t paid by yees
18 Contributions in (a) Date (MM-DD-YYYY) 06/20/2011 19 Discounted em a Contribution b Contribution c Contributions 20 Quarterly contri a Did the plan b If 20a is "Ye	ployer contributions — see instrictions and liquidity and to the plan for the plan ye (b) Amount paid by employer(s) 67600 676	ructions for small plan with mum required contribution for current years allments for the current years allments for the current years.	Totals Totals a valuation date from prior years ear adjusted to valuation a time plicable:	18(b) after the b	(b) Amount pai employer(s	67600 year: 19a 19b	18(c)	amplo	t paid by yees 6575

-		is used to determine	runding target and ta	rget norm	ai cost				
21	Discount rate: a Segment rates:	1st segment: 2.94%	2nd segment: 5.82%		3rd segment		N/A, full yie	ld curve u	ised
	h Applicable month	(enter code)				21b			0
		irement age				22			85
-	Mortality table(s) (see		rescribed - combined		d - separate	Substitut	e		
lives i e									
100000000000000000000000000000000000000	Has a change been m	ade in the non-prescribed ac							No No
25		been made for the current p					-	Yes	No
2000		provide a Schedule of Active					-	Yes	No
27	If the plan is eligible for	or (and is using) alternative fu	unding rules, enter applicable	e code and s	ee instructions	27			
Pa	rt VII Reconcilia	ation of unpaid minim	um required contribu	tions for	prior years				
		uired contributions for all prior				. 28			0
29	Discounted employer (line 19a)	contributions allocated towar	d unpaid minimum required	contributions	from prior years	29			0
30	Remaining amount of	unpaid minimum required co	ontributions (line 28 minus lin	ne 29)		30			0
Pa	rt VIII Minimum	required contribution	for current year						
31	Target normal cost a	nd excess assets (see instruc	ctions):						
	a Target normal cost	(line 6)				31a			124137
	b Excess assets, if a	applicable, but not greater tha	ın 31a			31b			0
32	Amortization installme	ents:			Outstanding Ba	lance	Insta	llment	
	a Net shortfall amort	tization installment				0			0
	b Waiver amortization	on installment							
33	If a waiver has been (Month	approved for this plan year, e Day Year	enter the date of the ruling le) and the waived an	tter granting nount	the approval	33			
34	Total funding require	ment before reflecting carryo	ver/prefunding balances (line	es 31a - 31b	+ 32a + 32b - 33)	34			124137
			Carryover balance		Prefunding ba	lance	Total I	balance	
35	Balances elected for requirement	use to offset funding		58379		0			58379
36	Additional cash requ	irement (line 34 minus line 35	5)			36	6		
37	Contributions allocat	ed toward minimum required	contribution for current year	adjusted to	valuation date	37			65758
38		ess contributions for current							
		ny, of line 37 over line 36)							(
		n line 38a attributable to use							
39		quired contribution for current				THE RESERVE OF THE PARTY OF THE			(
40		quired contributions for all year							(
Pa	rt IX Pension	funding relief under F	Pension Relief Act of	2010 (see	instructions)			
41	If a shortfall amortiza	ation base is being amortized	pursuant to an alternative a	mortization s	chedule:				
	a Schedule elected						2 plus 7 years	15 y	ears
	b Eligible plan year(s) for which the election in lin	e 41a was made			20	08 2009 2	010	2011
42	Amount of accelerati	on adjustment				42			
43	Excess installment a	Excess installment acceleration amount to be carried over to future plan years				43			

Plan Sponsor: Sona I. Degann, M.D., P.C.

Plan Name: Pension Plan for Employees of Sona I. Degann, M.D., P.C.

EIN: 13-3573304

Plan Number: 002

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

	(1)	(2)	(3)	(4)	
Age	Retirement Rate (qx)	рх	Cumulative px	(1)*(3)*Age	
65	100.00%	0.00%	100%	65.000	
١	Weighted Average Retirement	nt Age:		65.000	

Plan Sponsor: Sona I. Degann, M.D., P.C.

Plan Name: Pension Plan for Employees of Sona I. Degann, M.D., P.C.

EIN: 13-3573304

Plan Number: 002

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: 1/1/2011

EIR: 6.07%

Date of Contribution	Contribution Amount	Years	Discounting Factor	Discounted Contribtuion Amount
6/20/2011	\$67,600	0.46869	0.97275847	\$65,758
Total				\$65,758