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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P		dance witl	n the instructions to the Form 5500)-SF.		
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1:	2/31/2	<u>011</u> —	
Α	This return/report is for: a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	oant plan
В	This return/report is: the first return/report	the final r	eturn/report			
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)		
C	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m
	special extension (enter descriptio	n)		•	<u> </u>	
Pa	urt II Basic Plan Information—enter all requested information	ation				
	Name of plan			1b	Three-digit	
EAS ₁	MANHATTAN MEDICAL SERVICES, PC DEFINED BENEFIT PEN	ISION PLA	AN		plan number	
					(PN) •	001
				1C	Effective date of 01/01/	•
22	Plan sponsor's name and address; include room or suite number (er	mplover if	for a single-employer plan)	2h	Employer Identif	
	T MANHATTAN MEDICAL SERVICES, PC	inployer, ii	Tot a single employer plan		(EIN) 26-48	
					Sponsor's telep	hone number
3 FA:	ST 83RD STREET, 2ND FLR.				212-734	
	YORK, NY 10028			2d	Business code (see instructions)
					62111	1
	Plan administrator's name and address (if same as plan sponsor, er MANHATTAN MEDICAL SERVICES, PC 3 EAST 83RD			3b	Administrator's I	EIN 09837
EASI	NEW YORK,		, ZND FLR.	3c		elephone number
					212-734	
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN	
_	name, EIN, and the plan number from the last return/report.			4c	DNI	
	Sponsor's name Total number of participants at the beginning of the plan year				T	
b			-	<u>5a</u>	+	
	Total number of participants at the end of the plan year		-	5b		
С	Number of participants with account balances as of the end of the p complete this item)	• (·	5с		
6a	Were all of the plan's assets during the plan year invested in eligible	e 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
Pa	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 550	<i>J</i> U.		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
a	Total plan assets	7a	269349		(b) Liid	635520
h	Total plan liabilities		0			0
C	Net plan assets (subtract line 7b from line 7a)	7c	269349			635520
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	·otal
а	Contributions received or receivable from:		, ,		(3)	
	(1) Employers	8a(1)	408000			
	(2) Participants	8a(2)	0			
	(3) Others (including rollovers)	8a(3)	0			
b	Other income (loss)	8b	-41829			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				366171
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	0			
е	Certain deemed and/or corrective distributions (see instructions)	8e	0			
f	Administrative service providers (salaries, fees, commissions)	. 8f	0			
g	Other expenses	. 8g	0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0
i	Net income (loss) (subtract line 8h from line 8c)	8i				366171
j	Transfers to (from) the plan (see instructions)	8j	0			

_			
Form	5500.	-85	2011

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Part IV	Plan	Characteristics

- 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:

Part	V Compliance Questions						
10	During the plan year:		Yes	No	A	mount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Χ	1		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X		1		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	ľ		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ	1		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					X Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver						
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			- 7 -			
b	Enter the minimum required contribution for this plan year			12b	<u> </u>		
С	Enter the amount contributed by the employer to the plan for this plan year			12c	<u> </u>		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII Plan Terminations and Transfers of Assets						
13a	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	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	ınder	the co	ntrol		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.)	e plar	n(s) to			_	_
1	3c(1) Name of plan(s):		130	(2) EII	N(s)	13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	ise is	establi	ished.	•	
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r						

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	04/05/2012	PETER DISTLER
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).

as an attachment to Form 5500 or 5500-SE

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

							File as	an attachme	ent to Form	5500 or	5500-	SF.					
Fo	r cale	ndar p	lan year 20)11 c	or fiscal pla	n yea	ar beginning 0	1/01/2011				and end	ng 12	/31/20	011		
			amounts t				ssed for late filing o	of this roport	unloss ross	anabla ca	ouco ic	octoblich	od				
_	Name			φ1,0	JOO WIII DE	asse	ssed for late filling o	i tilis report	uniess reas	Jilable Ca	1						
				OICA	L SERVIC	ES, F	PC DEFINED BENE	EFIT PENSION	ON PLAN		В	Three-dig	-)	•	001	1
С	Plan s	ponso	or's name a	s sh	own on line	e 2a	of Form 5500 or 55	00-SF			D	Employer	Identific	ation	Number	(EIN)	
			TTAN MED									4809837				,	
Ε	Туре с	of plan	: X Single	, [Multiple-	A	Multiple-B	F	Prior year pla	an size:	X 100	or fewer	101-	500	More	than 500	
P	art I	R	asic Info	rm	ation		<u>-</u>										
1			valuation o			Ma	onth <u>12</u> [Day31	Year _	2011							
2		ets:	valuation	atc.		IVIC	5Hu1 L	Jay	rear_		_						
_	a		et value										2a				227520
	b												2b				227520
3			arget/partic							I		r of partici			(2)	Funding T	arget
Ĭ	а	•	• .	•			iaries receiving pay	ment	3a	(.,.	1011100	r or partie		0	(-)	r unung r	0
	b		•	•			g pa,							1			691
	C		active parti														
		(1)							3c(1)								194206
		(2)	Vested be	nefit	S				2 (2)								102562
		(3)	Total activ	e										7			296768
	d	Tota	ıl											8			297459
4	If th	e plar	n is in at-ris	k sta	itus, check	the b	oox and complete li	nes (a) and	(b)								
	а	Fund	ding target	disre	aardina pr	escril	bed at-risk assumpt	tions					4a				
	b		0 0		0 0.		umptions, but disre						-				
		at-ris	sk status fo	r fev	ver than fiv	e cor	nsecutive years and	d disregardin	ng loading fa	ctor							
5	Effe	ective	interest rat	e									5				5.25 %
6	Tar	get no	rmal cost										6				291913
	To the accorda	best of rance wit	th applicable la	the in w and	formation sup regulations. In	n my o	n this schedule and accompinion, each other assumience under the plan.										
	SIGN HERI														03/06/	2012	
					Sig	gnatu	re of actuary				_	-			Date		
ED	STEIN	MET:	Z, E.A.												11-04	803	
ELI	TE PE	NSIO	N CONSU	_TAN		r prin	t name of actuary						Most	recei		nent numbe	er
						Fir	m name				_	т.	elephon	e num		luding area	code)
	MARIN NSEY											·	Fe.		(0	g a. oa	
					А	ddre	ss of the firm				_						
If th	e actu	arv ha	s not fully	eflec	cted any re	gulat	ion or ruling promu	lgated unde	r the statute	in comple	etina t	his schedi	ıle, cher	k the	box and	l see	П
	ruction	-		200	, 10	94141	or raining profitio			5511161	9 .		, 51100				Ш

Page	2	-	1
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Pa	rt II	Begin	ning of year	carryove	er and prefunding ba	lances						
	•						(a) (Carryover balance	;	(b)	Prefundir	ng balance
7		0	0 ,		cable adjustments (line 13	•			0			0
8			•	•	unding requirement (line 35				0			0
9	Amoun	t remainiı	ng (line 7 minus li	ne 8)					0			0
10	Interest	on line 9	using prior year's	s actual ret	urn of%							
11	Prior ye	ear's exce	ess contributions t	o be added	I to prefunding balance:							
	a Pres	sent valu	e of excess contri	butions (lin	e 38 from prior year)							0
b Interest on (a) using prior year's effective rate of6.06 % except as otherwise provided (see instructions)												0
	C Total available at beginning of current plan year to add to prefunding balance											
	d Portion of (c) to be added to prefunding balance											
12	Other re	eductions	s in balances due	to elections	or deemed elections				0			0
13	Balance	e at begir	nning of current ye	ear (line 9 +	· line 10 + line 11d – line 12	2)			0			0
P	art III	Fun	ding percenta	ages								
14	Funding	g target a	ttainment percent	age							14	76.48 %
15	Adjuste	d funding	g target attainmen	t percentag	je						15	38.60 %
	6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement											
17	If the cu	urrent val	ue of the assets o	f the plan is	s less than 70 percent of th	e funding ta	rget, enter s	uch percentage			17	%
Pa	art IV	Con	tributions an	d liquidi	ty shortfalls							
18	Contrib	utions ma	ade to the plan for	the plan y	ear by employer(s) and em	ployees:						
(N	(a) Dat IM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) [(MM-DE		(b) Amount p employer		(c) Amour emplo	nt paid by oyees
06	/27/2011			300000	0							
02	/27/2012	2		108000	0							
											1	
						Totals ▶	18(b)		408000	18(c)		0
19	Discour	nted emp	loyer contributions	s – see inst	ructions for small plan with	a valuation	date after th	ne beginning of the	e year:			
	a Cont	ributions	allocated toward	unpaid min	imum required contribution	s from prior	years		19a			0
	b Cont	ributions	made to avoid res	strictions ac	djusted to valuation date				19b			0
	C Conti	ributions a	allocated toward mi	nimum requ	uired contribution for current	year adjusted	d to valuation	date	19c			408000
20	Quarter	ly contrib	outions and liquidit	y shortfalls	:							
	a Did t	he plan h	ave a "funding sh	ortfall" for t	he prior year?							Yes X No
	b If 20a	a is "Yes,	" were required q	uarterly ins	tallments for the current ye	ar made in a	timely man	ner?		<u></u>		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 quarte					(1)	
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4th	

Pa	rt V	Assumptio	ns used to determ	ine f	funding target and t	arget r	normal cost						
21	Disco	ount rate:			_								
	a S	egment rates:	1st segment: 1.99%		2nd segment: 5.12%		3rd segment: 6.24 %			N/A, fu	ll yield o	curve	used
	b A	pplicable month	(enter code)					21b					0
22	Weigl	hted average ret	tirement age					22					60
23	Morta	ality table(s) (see	e instructions) X	Pre	escribed - combined	Pres	scribed - separate	Subs	titute				
Pa	rt VI	Miscellane	ous items										
24	Has a	a change been m	nade in the non-prescribe	ed act	tuarial assumptions for the	current	plan year? If "Yes," see	instructi	ons re	garding re	quired		
												Yes	X No
25	Has a	a method change	e been made for the curr	ent pl	an year? If "Yes," see inst	ructions	regarding required attac	hment.				Yes	X No
26	Is the	plan required to	provide a Schedule of A	Active	Participants? If "Yes," see	e instruc	tions regarding required	attachm	ent		X	Yes	No
27					nding rules, enter applicab			27					
Pa	rt VII	Reconcilia	ation of unpaid mi	nimu	um required contrib	utions	for prior years						
28	Unpa	id minimum requ	uired contributions for all	prior	years			28					0
29					d unpaid minimum required			29					0
30	Rema	aining amount of	f unpaid minimum require	ed cor	ntributions (line 28 minus li	ne 29)		30					0
Pa	rt VIII	Minimum	required contribut	ion	for current year								
31	Targe	et normal cost a	nd excess assets (see in	struct	tions):								
	a Tai	rget normal cost	(line 6)					31a					291913
	b Ex	cess assets, if a	applicable, but not greate	r than	1 31a			31b					0
32	Amor	tization installme	ents:				Outstanding Bala	nce		lı	nstallme	ent	
	a Ne	et shortfall amort	ization installment					699	39				11051
	b W	aiver amortizatio	on installment						0				0
33					nter the date of the ruling le			33					
34	Total	funding requirer	ment before reflecting ca	rryove	er/prefunding balances (lin	es 31a -	31b + 32a + 32b - 33)	34					302964
		<u></u>			Carryover balance)	Prefunding balar	nce		To	tal bala	nce	
35			use to offset funding										0
36	Additi	ional cash requir	rement (line 34 minus lin	e 35)				36					302964
37					ontribution for current year			37					408000
38	Prese	ent value of exce	ess contributions for curre	ent ye	ear (see instructions)			I	- I				
	a To	tal (excess, if an	ny, of line 37 over line 36)				38a					105036
	b Po	rtion included in	line 38a attributable to ι	use of	prefunding and funding st	andard o	arryover balances	38b					0
39	Unpa	id minimum requ	uired contribution for curr	rent y	ear (excess, if any, of line	36 over l	ine 37)	39					0
40	Unpa	id minimum requ	uired contributions for all	years	3			40					0
Pa	rt IX	Pension f	funding relief unde	er Pe	ension Relief Act of	2010 (see instructions)						
41	If a sh	nortfall amortizati	ion base is being amortiz	zed pı	ursuant to an alternative ar	nortizatio	on schedule:						
	a Sch	nedule elected							. 2	plus 7 yea	rs	15 y	/ears
	b Elig	gible plan year(s)) for which the election ir	n line	41a was made			П	2008	2009	2010		2011
42	Amou	nt of acceleratio	on adjustment					42					
					ed over to future plan years			43					

EAST MANHATTAN MEDICAL SERVICES, PC

DEFINED BENEFIT PENSION PLAN

Schedule of Active Participant Data Plan Year: 1/1/2011 to 12/31/2011 Valuation Date: 12/31/2011

Age/ Svc	<2:	5 25	-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Total
0	0		0	0	0	0	0	0	0	0	0	0	0
1-4	1		1	0	0	3	2	0	0	0	0	0	7
5-9	0		0	0	0	0	0	0	0	0	0	0	0
10-1	4 0		0	0	0	0	0	0	0	0	0	0	0
15-1	9 0		0	0	0	0	0	0	0	0	0	0	0
20-2	4 0		0	0	0	0	0	0	0	0	0	0	0
25-2	9 0		0	0	0	0	0	0	0	0	0	0	0
30-3	4 0		0	0	0	0	0	0	0	0	0	0	0
35-3	9 0		0	0	0	0	0	0	0	0	0	0	0
40+	0		0	0	0	0	0	0	0	0	0	0	0
Tota	1 1		1	0	0	3	2	0	0	0	0	0	7

2

Average Age: 39.0 Average Service:

^{*}Employees who have not met the minimum eligibility requirements are excluded

EAST MANHATTAN MEDICAL SERVICES, PC DEFINED BENEFIT PENSION PLAN

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2011 to 12/31/2011 Valuation Date: 12/31/2011

	For PPA Funding	For 417(e)	For Actuarial Equiv.				
Interest Rates	Segment 1 1.99%	Pre-Retirement 5.00%	Pre-Retirement 5.00%				
	Segment 2 5.12%	Post-Retirement 5.00%	Post-Retirement 5.00%				
	Segment 3 6.24%						
Pre-Retirement							
Turnover	None	None	None				
Mortality	None	None	None				
Assumed Ret Age	Normal retirement age 60 and 5 years of participation	Normal retirement age 60 and 5 years of participation	Normal retirement age 60 and 5 years of participation				
Future Salary Increa	se5% SALARY SCALE	None	None				
Post-Retirement							
Mortality	Male-modified RP2000 combined healthy male projected 23 & 15 yrs Female-modified RP2000 combined healthy female projected 23 & 15 yrs	2008 Applicable Mortality Table from Rev Rul 2006-67	GAR 94 without loads projected to 2002 with scale AA 50%M/50%F				
Assumed Benefit Form I	For Funding	Lump Sum					
Calculated Effective Inte	erest Rate	5.25%					

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation Complete all entries in accor	rdance with	the instructions to the Form 550	0-SF.	Ins	spection
	art I Annual Report Identification Information					
Foi		01/01/2	011 and ending		12/31/2011	L
Α	This return/report is for:	a multiple-	employer plan (not multiemployer)		a one-partici	pant plan
В	This return/report is: the first return/report	the final re	turn/report			
	an amended return/report	a short plar	n year return/report (less than 12 m	onths)		
С	Check box if filing under: Form 5558	automatic		0111110)	DFVC progra	
	special extension (enter description		extension .		☐ DF v C progra	1111
P	art II Basic Plan Information—enter all requested inform					
	Name of plan	lation		1 h	The second 2000	
	st Manhattan Medical Services, PC Defined	d Benef	it Pension Plan	ID	Three-digit plan number	
						001
				1c	Effective date of	f plan
0-			I regula		01/01/2010	
Za Ea	Plan sponsor's name and address; include room or suite number (est Manhattan Medical Services, PC	employer, if f	or a single-employer plan)		Employer Identif	
	East 83rd Street, 2nd Flr.				(EIN) 26-480	The same and the s
	202000, 2114 111.				Sponsor's telep	
Ne	w York NY 10028				212-734-34	
110	w York NY 10028					see instructions)
3a	Plan administrator's name and address (if same as plan sponsor, e-	nter "Same")		621111 Administrator's B	=INI
Ea	Plan administrator's name and address (if same as plan sponsor, es st Manhattan Medical Services, PC East 83rd Street, 2nd Flr.	nior Gaine	, '		26-4809837	
	**					elephone number
4	ew York NY 10028 If the name and/or EIN of the plan sponsor has changed since the I	last -st /	and Clark Country		212-734-34	144
•	name, EIN, and the plan number from the last return/report.	iast return/re	eport filed for this plan, enter the	4b	EIN	<u> </u>
	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		8
	Total number of participants at the end of the plan year			5b		8
	Number of participants with account balances as of the end of the p	plan year (de	efined benefit plans do not	0.0	_	
	complete this item)			5c		
6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (See instructions.)			X Yes No
b	Are you claiming a waiver of the annual examination and report of a	an independ	ent qualified public accountant (IQF	PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo	and conditio	ns.)			X Yes No
Pa	art III Financial Information	01111 0000-0	r and must mistead use Form 550	<i>J</i> U.		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Vacu
а	Total plan assets	. 7a	26934	9	(b) End	
	Total plan liabilities		20934	0		635520
С	Net plan assets (subtract line 7b from line 7a)	7c	26934	0		0
8	Income, Expenses, and Transfers for this Plan Year	70		7	<i>(L)</i> =	635520
	Contributions received or receivable from:		(a) Amount		(b) T	otal
	(1) Employers	8a(1)	40800	0		
	(2) Participants	8a(2)		0		
	(3) Others (including rollovers)	8a(3)		0		
b	Other income (loss)	8b	-4182	9		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				366171
d						
_	to provide benefits)	. 8d				
	Certain deemed and/or corrective distributions (see instructions)	8e		0		
1	Administrative service providers (salaries, fees, commissions)	8f		0		
g	Other expenses	8g		0		
n :	((8h				0
!	Net income (loss) (subtract line 8h from line 8c)	- 8i				366171
J	Transfers to (from) the plan (see instructions)	8i		0		

		Form 5500-SF 2011	Page 2 -			_							
Par	t IV	Plan Characteristics											
9a	If the	e plan provides pension benefits, enter the applicable pension fea	ature codes from the	List of Plan Chara	acteris	stic Co	odes in	n the ins	tructio	ns:			
b	1A 3Db If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:												
Part	Part V Compliance Questions												
10													
а	29	s there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correction Progra	am)	10a		Х		7.	ilouit	-		
b	We on I	re there any nonexempt transactions with any party-in-interest? (I line 10a.)	10b		Х								
С	Wa	as the plan covered by a fidelity bond?			10c	X				1	100000		
d		the plan have a loss, whether or not reimbursed by the plan's fide dishonesty?			10d		Х						
е	insu	re any fees or commissions paid to any brokers, agents, or other parance service or other organization that provides some or all of the tructions.)	e plan? (See	10e		Х							
f	Has	s 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	f year end.)		10g		X						
h		is is an individual account plan, was there a blackout period? (Sei 0.101-3.)		10h		Х							
i		Oh was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.		10i									
Part		Pension Funding Compliance											
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))												
12		his a defined contribution plan subject to the minimum funding req								Yes	_		
	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	le.)							_			
а	If a	waiver of the minimum funding standard for a prior year is being a nting the waiver.	amortized in this plan	year, see instruc	tions,	and e	enter t	he date	of the	letter ru	ling		
lf y		completed line 12a, complete lines 3, 9, and 10 of Schedule M					Day		_ '`				
b	Ente	er the minimum required contribution for this plan year					12b						
С		er the amount contributed by the employer to the plan for this plan	,				12c						
d		tract the amount in line 12c from the amount in line 12b. Enter the ative amount)					12d						
		the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes		No	N/A		
Part		Plan Terminations and Transfers of Assets											
13a		a resolution to terminate the plan been adopted in any plan year?						Yes X	No				
h		'es," enter the amount of any plan assets that reverted to the emp				3a							
D		re all the plan assets distributed to participants or beneficiaries, transparence PBGC?								Yes	X No		
С		uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	e plar	n(s) to)						
1	3c(1) Name of plan(s):				13	c(2) E	IN(s)		13c(3)) PN(s)		
Cauti	ion:	A penalty for the late or incomplete filing of this return/report	t will be assessed u	ınless reasonabl	e cau	se is	estab	lished.					
SB or	r Sch	nalties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have eas the electronic vers	examined this retusion of this return/r	rn/rep eport	ort, ir , and	ncludir to the	ng, if app best of r	licable ny kno	e, a Schowledge	edule and		
SIGN	1	Lete Ditte	3/1//2	PETER DISTI	LER								
HER	E	Signature of plan administrator	Date	Enter name of in	dividu	ıal sig	ning a	s plan a	dminis	strator			

Date

Enter name of individual signing as employer or plan sponsor

SIGN HERE

Signature of employer/plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

instructions

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).

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OMB No. 1210-0110

2011

This Form is Open to Public Inspection

. 011		File as an			500 or 55	00-SF.			
For cal	endar plan year 2011 or fiscal pl	an year beginning	01/01/2	011		and ending	3	12/31/2	2011
▶ Rou	and off amounts to nearest do	llar.							
▶ Cau	ition: A penalty of \$1,000 will be	e assessed for late filing of th	nis report ur	nless reason	nable caus	se is established	l		
A Nam	e of plan		- · · ·	5.1.	1	B Three-digit			0.01
	t Manhattan Medical	l Services, PC De	fined E	Benefit		plan numb	er (PN)	•	001
Per	sion Plan								
C Diam	sponsor's name as shown on li	no 22 of Form 5500 or 5500	SE			D Employer Id	entificatio	n Number (EIN)
C Plan	sponsor's name as snown on i	ne 2a 01 F01111 3300 01 3300	-01			Limpleyeria	Ontinoutio		,
Eas	st Manhattan Medica:	l Services, PC				26-4809837	7		
Е Туре	e of plan: X Single Multiple	e-A Multiple-B	F P	rior year plan	n size: 🏻	100 or fewer	101-500	More	than 500
Part	I Basic Information								
	nter the valuation date:	Month 12 Day	y 31	Year	2011				
_	ssets:								
а	Market value						2a		227520
b							2b		227520
3 F	unding target/participant count b	reakdown:			(1) Nu	mber of participa	ants	(2)	Funding Target
а			ent	3a			0		C
b			Г	3b			1		69:
C						Trigile general			
	(1) Non-vested benefits			3c(1)					194206
	(2) Vested benefits								102562
	(3) Total active						7		296768
d				3d			8	ā:	297459
4 If	the plan is in at-risk status, che			0)		100			
а							4a		
b							4b		
-	at-risk status for fewer than	five consecutive years and d	isregarding	loading fac	ctor		40		
5 E	ffective interest rate						. 5		5.25%
6 T	arget normal cost						. 6		29191
Staten	nent by Enrolled Actuary								
acco	he best of my knowledge, the information sordance with applicable law and regulations	s. In my opinion, each other assumption	anying schedule on is reasonabl	es, statements a e (taking into ac	and attachme ccount the ex	ents, if any, is complet perience of the plan a	e and accura and reasonab	te. Each presc le expectations	nbed assumption was applied in s) and such other assumptions, ir
com	bination, offer my best estimate of anticipa	ted experience under the plan.						,	
SIC	SN C	101.					/,	100	_
HE	RE Co	1 Steinm	25				16/	201	2
		Signature of actuary				/		Date	0.3
ED ST	TEINMETZ, E.A.							11048	03
		or print name of actuary							ment number
ELITE	PENSION CONSULTANT	rs					8	45-354-	-83/3
		Firm name				Te	lephone n	umber (inc	luding area code)
58 MA	ARINER WAY								
		0052							
MONSI	EY NY 1	Address of the firm							
			otoddc-	the etetute :	in compl-	ting this school	le chack t	he hov and	I saa
If the ac	ctuary has not fully reflected any	regulation or ruling promulg	ated under	the statute i	iri comple	ung this schedu	e, check t	ne box and	300

						- 7
~	_	_	_	•	2	- 2

Pai	rt II Regin	ning of year ca	rrvover	and prefunding bal	ances								
i di	th Degin	ining or year ce	ary o cor	und protunding but	411000		(a) C	arryover balance		(b) F	refund	ing balan	ce
				ble adjustments (Item 13 f	70				0				0
8	Portion used to o	offset prior year's fu	nding requ	irement (Item 35 from prior	r year)				0				0
9	Amount remaining	ng (Item 7 minus iter	m 8)						0				0
10	Interest on item 9	9 using prior year's	actual retu	rn of%		* < 0							
				o prefunding balance:									
				ar)	************				TOURS !				0
	b Interest on (a) using prior year's	effective ra	ate of6.06%									0
				ear to add to prefunding bala		8							0
				lance									0
12				med elections		_			0				0
				item 10 + item 11d - item					0				0
		ding percentag											
				21 \$34048 \$404 \$1 \$14048 \$1404 \$1 \$2004 \$1 \$104 \$104 \$104 \$104 \$104 \$104 \$10							14	76	.48%
				***************************************							15	38	.60%
				of determining whether care							16		
	current year's fur	nding requirement		\$2284005XXX003X4003XXX0303XXXXXXXXXXXXXXXXXX	XX444 + 000 X 4 C 9 :	1> < 0 0 0 X		\$\$\$4\$65XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5×41454×0001×414		0	.00%	
17	If the current val	ue of the assets of t	the plan is	less than 70 percent of the	e funding	targe	t, enter s	uch percentage	< + + + + + + + + + + + + + + + + + + +		17		%
Pa	art IV Con	tributions and	liquidity	y shortfalls									
18	Contributions ma	ade to the plan for t	he plan ye	ar by employer(s) and emp	oloyees:								
(M	(a) Date M-DD-YYYY)	(b) Amount pai employer(s		(c) Amount paid by employees	(a (MM-l) Dat		(b) Amount p employer((-	unt paid b oloyees	у
06	5/27/2011	3	00000	0									
02	2/27/2012	1	08000	0									
,000,000,000,000													

*****************	enemberarione de la company		***************************************					***************************************	000000000000000000000000000000000000000	***************************************		***************************************	
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	***************************************								00,000,000,000,000,000,000,000,000			***************************************	
NAMES OF THE PARTY													
100000000000000000000000000000000000000	***************************************					****************		***************************************		***************************************	***************************************		
000000000000000000000000000000000000000						***************************************						***************************************	***************************************
					Totals	>	18(b)		408000	18(c)			C
10	Discounted amo	ilasar contributions	cae inctr	ructions for small plan with	a valuati	on da	te after ti	ne healphing of th	e vear				
13		-		mum required contribution					19a				(
				justed to valuation date					19b				
				ired contribution for current					19c			4	0800
20					year dujus	icu ii	Valuation	E MARKET VANDOVALE COLOR CENT	1.00				
20		butions and liquidity										☐ Yes	X No
				ne prior year?						*********		☐ Yes	Π No
				allments for the current year			mery man	mier r		*****		1 163	L 140
	c If 20a is "Yes	," see instructions a	ind comple	te the following table as a Liquidity shortfall as of e			of this pla	1997 06	-				
	(1) 1	st		(2) 2nd	,,,,, Ot QU	ui (Ci		3rd			(4)	4th	
	3.,,											***************************************	

Pa	rt V	Assumptio	ns used to determine f	unding target and tar	get normal cost						
21	Discou	int rate:									
	a Se	gment rates:	1st segment: 1.99%	2nd segment: 5.12%	3rd segment: 6.24%		N/A, full yield curve used				
	b Ap	plicable month	(enter code)			21b			0		
22	Weigh	ted average ref	tirement age			22			60		
23	Mortal	ity table(s) (se	e instructions) X Pre	escribed - combined	Prescribed - separate	Substitute					
Pai	rt VI	Miscellane	ous items		_	_					
			nade in the non-prescribed act	uarial assumptions for the ci	urrent plan year? If "Yes," see	instructions r	egarding requi	red			
									s 🛛 No		
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instru	ctions regarding required attac	chment		Yes	No No		
26	Is the	plan required to	o provide a Schedule of Active	Participants? If "Yes," see i	nstructions regarding required	attachment		X Yes	No No		
27			for (and is using) alternative fu			27					
Pa	rt VII	Reconcilia	ation of unpaid minimu	ım required contribut	ions for prior years						
28	Unpai	d minimum req	uired contributions for all prior	years		28			0		
29		Company of the compan	r contributions allocated toward		29			0			
30	Rema	ining amount o	f unpaid minimum required co	ntributions (line 28 minus line	29)	30			0		
Pa	rt VIII	Minimum	required contribution	for current year							
31			and excess assets (see instruc								
	a Tar	get normal cost	t (line 6)			31a			291913		
	b Exc	cess assets, if a	applicable, but not greater than		31b	C					
32	Amortization installments: Outstanding Balance							llment			
	a Ne	t shortfall amortization installment					9				
	b Wa	aiver amortization	on installment			0			0		
33	If a wa	aiver has been h	approved for this plan year, er Day Year	nter the date of the ruling lett	er granting the approval	33					
34			ment before reflecting carryov			. 34			302964		
		0 1		Carryover balance	Prefunding bala	ance	Total	balance	e		
35			use to offset funding						0		
36			irement (line 34 minus line 35)			36			302964		
37	Contr	ibutions allocat	ed toward minimum required o	ontribution for current year a	djusted to valuation date	37			408000		
38	,		ess contributions for current ye								
			ny, of line 37 over line 36)			. 38a			105036		
		1	n line 38a attributable to use o			. 38b			0		
39			quired contribution for current y			. 39		7	0		
40			quired contributions for all year			40					
	rt IX		funding relief under Po								
			ition base is being amortized p								
			ition base is being amortized p				2 plus 7 years	□ 1/	5 years		
			s) for which the election in line					010	2011		
42						42					
			on adjustment			43					
43	Exces	s installment a	cceleration amount to be carrie	ed over to ruture plan years.							

East Manhattan Medical Services, PC Defined Benefit Pension Plan

Tax ID No. 26 - 4809837

Plan Year 01/01/2011 - 12/31/2011

Schedule SB, Line 22 - Description of Weighted Avg. Ret. Age

Rate of retirement at age 60: 100%

East Manhattan Medical Services, PC Defined Benefit Pension Plan

Tax ID No. 26 – 4809837

Plan Year 01/01/2010 - 12/31/2010

Schedule SB, Line 32 – Schedule of Amortization Bases

The type of base is shortfall, not waiver.

The present value of any remaining installments is (incl. the installment for the current p/y) is \$69,939.

The base was established as of December 31, 2011.

6 years remain in the amortization period.

The amortization installment is \$11,051.