Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

SIGN HERE

Signature of DFE

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

| | | | | | inspection | | | |
|--|--|----------------------------------|-------------------------|--|--|-------|--|--|
| Part I Annual Report Identification Information | | | | | | | | |
| For cale | For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011 | | | | | | | |
| A This return/report is for: a multiemployer plan; a multiple-employer plan; or | | | | | | | | |
| | | a single-employer plan; | ☐ a DFF (si | pecify) | | | | |
| | | A dangle employer plan, | ☐ a B, E (o) | | | | | |
| | | | | | | | | |
| B This | return/report is: | the first return/report; | <u></u> | eturn/report; | | | | |
| | | an amended return/report; | a short pl | an year return/report (less than | n 12 months). | | | |
| C If the | plan is a collectively-bargained p | lan, check here | | | | | | |
| D Chec | k box if filing under: | X Form 5558; | automatio | extension; | the DFVC program; | | | |
| | - | special extension (enter des | cription) | | _ | | | |
| Part | II Basic Plan Informat | ion—enter all requested informa | ation | | | | | |
| | | chief all requested informa | ation | | 1b Three digitales | | | |
| | ne of plan EL A. LETTRICK, MD, PC SAFEH | IARBOR 401(K) PROFIT SHARII | NG PLAN | | 1b Three-digit plan number (PN) ▶ | 001 | | |
| | | | | | 1c Effective date of pl | an | | |
| | | | | | 01/01/2001 | | | |
| 2a Plar | n sponsor's name and address, in | cluding room or suite number (Er | mployer, if for single- | employer plan) | 2b Employer Identifica | ation | | |
| | • | , | | . , , | Number (EIN) | | | |
| MICHAE | EL A. LETTRICK, MD, PC | | | | 14-1823167 | | | |
| | | | | | 2c Sponsor's telephone | | | |
| | | | | | number | | | |
| 1529 CC | DLUMBIA TURNPIKE | 1539 COL | UMBIA TURNPIKE | | 518-477-1191 | | | |
| | TON, NY 12033 | | ON, NY 12033-9584 | | 2d Business code (see | Э | | |
| | | | | | instructions) | | | |
| | | | | | 621111 | | | |
| | | | | | | | | |
| | | | | | | | | |
| Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. | | | | | | | | |
| | | · · · · · · | | | | dules | | |
| Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. | | | | | | | | |
| | | | | | | | | |
| SIGN | Filed with authorized/valid electro | onic signature. | 07/17/2012 | MICHAEL A LETTRICK MD | | | | |
| HERE | Signature of plan administrat | Or | Date | Enter name of individual signing as plan administrator | | | | |
| | Orginature or plan administrat | <u> </u> | Date | Enter hame of individual sign | ing as plan auministrator | | | |
| SIGN | | | 07/47/0040 | MICHAEL A LETTRICK MD | | | | |
| SIGN HERE | Filed with authorized/valid electron | onic signature. | 07/17/2012 | WICHAEL A LETTRICK MD | | | | |
| | Signature of employer/plan s | ponsor | Date | Enter name of individual signing as employer | | onsor | | |
| | | | | | | | | |

Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011) v.012611

Enter name of individual signing as DFE

Form 5500 (2011) Page **2**

| | Plan administrator's name and address (if same as plan sponsor, enter "SarCHAEL A. LETTRICK, MD, PC | me") | | | ministrator's EIN 1823167 |
|----|---|-----------------------|--|----------|---|
| | 28 COLUMBIA TURNPIKE STLETON, NY 12033 | | | | ministrator's telephone mber 518-477-1191 |
| 4 | If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report: | n/report filed for th | is plan, enter the name, EIN | and | 4b EIN |
| а | Sponsor's name | | | | 4c PN |
| 5 | Total number of participants at the beginning of the plan year | | | 5 | 10 |
| 6 | Number of participants as of the end of the plan year (welfare plans complete | te only lines 6a, 6k | o, 6c, and 6d). | | 1 |
| а | Active participants | | | 6a | 10 |
| b | Retired or separated participants receiving benefits | | | 6b | |
| С | Other retired or separated participants entitled to future benefits | | | 6c | |
| d | Subtotal. Add lines 6a, 6b, and 6c | | | 6d | 10 |
| е | Deceased participants whose beneficiaries are receiving or are entitled to re | eceive benefits | | 6e | |
| f | Total. Add lines 6d and 6e | | | 6f | 10 |
| g | Number of participants with account balances as of the end of the plan year complete this item) | ` • | | 6g | 10 |
| h | Number of participants that terminated employment during the plan year wit less than 100% vested | | | 6h | |
| 7 | Enter the total number of employers obligated to contribute to the plan (only | | | 7 | |
| 8a | If the plan provides pension benefits, enter the applicable pension feature of $2E-2H-2J-3D$ | odes from the List | of Plan Characteristic Codes | in the i | nstructions: |
| b | If the plan provides welfare benefits, enter the applicable welfare feature con | des from the List o | f Plan Characteristic Codes i | n the in | structions: |
| 9a | Plan funding arrangement (check all that apply) (1) | | it arrangement (check all tha | t apply) | |
| | (1) Insurance (2) Code section 412(e)(3) insurance contracts | (1) | Code section 412(e)(3) in | nsuranc | e contracts |
| | (3) Trust | (3) | Trust | | |
| 10 | (4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are a | (4) | General assets of the specie indicated, enter the number | | hed (See instructions) |
| | Pension Schedules | b General S | , | o. ando | |
| a | (1) X R (Retirement Plan Information) | (1) | H (Financial Inform | ation) | |
| | (2) MB (Multiemployer Defined Benefit Plan and Certain Money | (2) | I (Financial Inform | , | Small Plan) |
| | Purchase Plan Actuarial Information) - signed by the plan | (3) | A (Insurance Inform | | |
| | actuary | (4) | C (Service Provide | r Inform | ation) |
| | (3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (5) (6) | D (DFE/ParticipatingG (Financial Transa | - | |
| | | <u> </u> | • | | |

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2011

| nursuant to EDICA agostian 402(a)(2) | | | | | m is Open to Public Inspection | | |
|--|---|--|--|-------------------------------|-----------------------------------|------------------|--|
| For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011 | | | | | | | |
| A Name of plan MICHAEL A. LETTRICK, | MD, PC SAFE | EHARBOR 401(K) PROFIT SHA | RING PLAN | Three-digit plan number (P | N) • | 001 | |
| · | C Plan sponsor's name as shown on line 2a of Form 5500 MICHAEL A. LETTRICK, MD, PC D Employer Identification Number (EIN) 14-1823167 | | | | | | |
| on a separat | | ning Insurance Contract Individual contracts grouped a | | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca | | | | | | | |
| NATIONWIDE LIFE INSU | JRANCE CO. | | | | | | |
| (b) EIN | (c) NAIC | (d) Contract or | (e) Approximate numbe persons covered at end | | Policy or co | ontract year | |
| (b) EIN | code | identification number | persons covered at end policy or contract yea | /+1 | From | (g) To | |
| 31-4156830 | 66869 | 0000MICH01NY001 | | 01/01/20 | 011 | 12/31/2011 | |
| 2 Insurance fee and com descending order of the | | nation. Enter the total fees and to | otal commissions paid. List in | item 3 the agents | s, brokers, and c | other persons in | |
| (a) Total amount of commissions paid (b) Total amount of fees paid | | | | | | | |
| 0 | | | | | | | |
| 3 Persons receiving com | missions and | fees. (Complete as many entrie | s as needed to report all perso | ons). | | | |
| | (a) Name | and address of the agent, broke | r, or other person to whom cor | mmissions or fees | s were paid | | |
| | | | | | | | |
| (b) Amount of sales ar | nd base | Fe | ees and other commissions pa | iid | | | |
| commissions pa | | (c) Amount | (d) P | (d) Purpose | | | |
| | | | | | | | |
| | (a) Name | and address of the agent, broke | r, or other person to whom cor | mmissions or fees | s were paid | | |
| | (2) | | ,, | | | | |
| | | | | | | | |
| (b) Amount of sales ar | nd base - | | ees and other commissions pa | iid | | | |
| commissions pa | id | (c) Amount | (d) P | | (e) Organization code | | |
| | | | | | | | |
| | | | | | | <u> </u> | |

| Schedule A (Form 5500) | 2011 | Page 2 - 1 | <u> </u> | | | | |
|---|--------------------------------------|-----------------------------|-------------------------------|-----------------------|--|--|--|
| (a) Na | ame and address of the agent, broke | r. or other person to whom | commissions or fees were paid | | | | |
| (4) 110 | and and address of the agent, sience | n, or ourer percent to whem | commissions of 1666 Word paid | | | | |
| | | | | | | | |
| | | | | | | | |
| (I) A | | Fees and other commission | ns paid | (-) One of the first | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | | (d) Purpose | (e) Organization code | | | |
| • | , , | | | | | | |
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| | | | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom | commissions or fees were paid | | | | |
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| (b) Amount of sales and base | | Fees and other commission | ns paid | (e) Organization | | | |
| commissions paid | (c) Amount | | (d) Purpose | code | | | |
| | | | | | | | |
| | | | | | | | |
| (-) NI- | | | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom | commissions or fees were paid | | | | |
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| | <u> </u> | | | | | | |
| (b) Amount of sales and base | | Fees and other commission | | (e) Organization | | | |
| commissions paid | (c) Amount | | (d) Purpose | code | | | |
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| (a) Na | ame and address of the agent, broke | r, or other person to whom | commissions or fees were paid | | | | |
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| (b) Amount of sales and base | | Fees and other commission | ns paid | (e) Organization | | | |
| commissions paid | (c) Amount | | (d) Purpose | code | | | |
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| (a) Na | ame and address of the agent, broke | er, or other person to whom | commissions or fees were paid | | | | |
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| (b) Amount of sales and base | | Fees and other commission | | (e) Organization | | | |
| commissions paid | (c) Amount | | (d) Purpose | code | | | |
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| P | art II | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report. | idual contracts with | each carrier may be trea | ited as a unit for purposes of |
|---|--------|---|-----------------------|---|--------------------------------|
| 4 | Curr | ent value of plan's interest under this contract in the general account at year | end | 4 | |
| | | ent value of plan's interest under this contract in separate accounts at year e | | | 449784 |
| | | racts With Allocated Funds: | | <u>.</u> | • |
| | а | State the basis of premium rates AS PUBLISHED/FILED BY INSURAN | CE CO | | |
| | b | Premiums paid to carrier | | | 57477 |
| | С | Premiums due but unpaid at the end of the year | | 6c | |
| | d | If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount | | ' | 1762 |
| | | Specify nature of costs CONTRACT COMMISSIONS | | | |
| | е | Type of contract: (1) ☒ individual policies (2) ☐ group deferre (3) ☐ other (specify) ▶ | d annuity | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | nating plan check h | ere 🕨 🗌 | |
| 7 | Cont | racts With Unallocated Funds (Do not include portions of these contracts ma | | | |
| | а | Type of contract: (1) deposit administration (2) mmedia (3) guaranteed investment (4) other | ate participation gua | arantee | |
| | b | Balance at the end of the previous year | | 7b | |
| | С | Additions: (1) Contributions deposited during the year | | | _ |
| | | (2) Dividends and credits | | | _ |
| | | (3) Interest credited during the year | | | _ |
| | | (4) Transferred from separate account | | | |
| | | (5) Other (specify below) | . 7c(5) | | |
| | | | | | |
| | | (6)Total additions | | |) |
| | | Total of balance and additions (add b and c(6)). | | 7d | |
| | | Deductions: | 7-(4) | | |
| | | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | |
| | | (2) Administration charge made by carrier | . 7e(2) | | |
| | | (3) Transferred to separate account | - 23 | | |
| | | • | | | |
| | | | | | |
| | | (5) Total deductions | | 7e(5 |) |
| | f | Balance at the end of the current year (subtract e(5) from d) | | | |

| | Schedule A (Form 5500) 2011 | | Page 4 | | |
|-----|---|--|-------------------|-----------------------------|-------------------------|
| I | Welfare Benefit Contract Information If more than one contract covers the same groen information may be combined for reporting pure the entire group of such individual contracts with | oup of employees of the sarposes if such contracts are | e experience-rate | d as a unit. Where contract | |
| efi | it and contract type (check all applicable boxes) | | | | |
| 1 | Health (other than dental or vision) | b Dental | c Visio | n | d Life insurance |
| | Temporary disability (accident and sickness) | f Long-term disability | g Supp | elemental unemployment | h Prescription drug |
| Ī | Stop loss (large deductible) | j HMO contract | k ☐ PPO | contract | I Indemnity contract |
| Ī | Other (specify) | _ | _ | | _ |
| eri | ence-rated contracts: | | | | |
| Pr | remiums: (1) Amount received | | 9a(1) | | |
| (2 | 2) Increase (decrease) in amount due but unpaid. | | 9a(2) | | |
| (3 | 3) Increase (decrease) in unearned premium rese | rve | 9a(3) | | |
| (4 | 4) Earned ((1) + (2) - (3)) | <u></u> | | 9a(4) | |
| В | Benefit charges (1) Claims paid | | 9b(1) | | |
| (2 | 2) Increase (decrease) in claim reserves | | 9b(2) | | |
| (3 | 3) Incurred claims (add (1) and (2)) | | | 9b(3) | |

9b(4)

10a

10b

Remainder of premium: (1) Retention charges (on an accrual basis) --(A) Commissions 9c(1)(A) (B) Administrative service or other fees 9c(1)(B) 9c(1)(C) (C) Other specific acquisition costs..... (D) Other expenses..... 9c(1)(D) 9c(1)(E) (E) Taxes..... (F) Charges for risks or other contingencies 9c(1)(F) (H) Total retention 9c(1)(H) (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) 9c(2) d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement...... 9d(1) (2) Claim reserves 9d(2) 9d(3) (3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) 9e

| Part IV | Provision of Information | | | |
|------------------|--|-----|----|--|
| 11 Did th | ne insurance company fail to provide any information necessary to complete Schedule A? | Yes | No | |

a Health (other than dental or vision)

Experience-rated contracts:

10 Nonexperience-rated contracts:

Specify nature of costs

Benefit and contract type (check all applicable boxes)

Part III

a Premiums: (1) Amount received..... (2) Increase (decrease) in amount due but unpaid......

(4) Claims charged.....

Total premiums or subscription charges paid to carrier If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

retention of the contract or policy, other than reported in Part I, item 2 above, report amount.....

¹² If the answer to line 11 is "Yes," specify the information not provided.

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

| r ension benefit duaranty oc | riporation | Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | | | | This Form is Open to Public Inspection | | | | |
|---|--|---|--|----------------|--------------------------|---|-----------------------|--|--|--|
| For calendar plan year 20 | 11 or fiscal pla | an year beginning 01/01/2011 | | and en | iding 12/3 | 1/2011 | | | | |
| A Name of plan MICHAEL A. LETTRICK, | MD, PC SAFI | EHARBOR 401(K) PROFIT SHA | RING PLAN | | e-digit number (PN) | • | 001 | | | |
| C Plan sponsor's name a MICHAEL A. LETTRICK, | | ne 2a of Form 5500 | | D Emplo | oyer Identifica 23167 | tion Number | (EIN) | | | |
| | on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. | | | | | | | | | |
| (a) Name of insurance ca | | MPANY | _ | | | | | | | |
| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate r persons covered a policy or contract | at end of | (f) F | Policy or c | ontract year (g) To | | | |
| 31-4156830 | 66869 | 0000LETT00NY00S | policy of contract | ct year | 01/01/201 | 1 | 12/31/2011 | | | |
| 2 Insurance fee and com descending order of the | | nation. Enter the total fees and to | otal commissions paid. I | List in item 3 | the agents, b | orokers, and | other persons in | | | |
| | | nmissions paid | | (b) To | otal amount of | f fees paid | | | | |
| 2 | | 0 | | l \ | | | 0 | | | |
| Persons receiving com | | fees. (Complete as many entrie and address of the agent, broke | | | ione or food v | voro poid | | | | |
| (b) Amount of color of | | | ees and other commission | | | | Τ | | | |
| (b) Amount of sales ar commissions pa | | (c) Amount | (d) Purpose | | | (e) Organization | | | | |
| | | | | | | | | | | |
| | (a) Name | and address of the agent, broke | r. or other person to who | om commiss | ions or fees v | vere paid | | | | |
| | (1) | y | | | | , | | | | |
| (b) Amount of sales ar | nd base | Fe | ees and other commission | ons paid | | | | | | |
| commissions pa | | (c) Amount | | (d) Purpose | е | | (e) Organization code | | | |
| | | | | | | | | | | |

| Schedule A (Form 5500) | 2011 | Page 2 - 1 | <u> </u> | | | | |
|---|--------------------------------------|-----------------------------|-------------------------------|-----------------------|--|--|--|
| (a) Na | ame and address of the agent, broke | r. or other person to whom | commissions or fees were paid | | | | |
| (4) 110 | and and address of the agent, sience | n, or ourer percent to whem | commissions of 1666 Word paid | | | | |
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| (I) A | | Fees and other commission | ns paid | (-) One of the first | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | | (d) Purpose | (e) Organization code | | | |
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| (a) Na | ame and address of the agent, broke | er, or other person to whom | commissions or fees were paid | | | | |
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| (b) Amount of sales and base | | Fees and other commission | ns paid | (e) Organization | | | |
| commissions paid | (c) Amount | | (d) Purpose | code | | | |
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| (a) Na | ame and address of the agent, broke | er, or other person to whom | commissions or fees were paid | | | | |
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| (b) Amount of sales and base | | Fees and other commission | | (e) Organization | | | |
| commissions paid | (c) Amount | | (d) Purpose | code | | | |
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| (a) Na | ame and address of the agent, broke | r, or other person to whom | commissions or fees were paid | | | | |
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| (b) Amount of sales and base | | Fees and other commission | ns paid | (e) Organization | | | |
| commissions paid | (c) Amount | | (d) Purpose | code | | | |
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| (a) Na | ame and address of the agent, broke | er, or other person to whom | commissions or fees were paid | | | | |
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| | | | | | | | |
| (b) Amount of sales and base | | Fees and other commission | | (e) Organization | | | |
| commissions paid | (c) Amount | | (d) Purpose | code | | | |
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| Pa | art II | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi | idual contrac | ets with each carrier ma | y be treated as a u | nit for purposes of |
|----|--------|--|----------------|--------------------------|---------------------|---------------------|
| 1 | Curre | this report. ent value of plan's interest under this contract in the general account at year of | end | | . 4 | |
| | | ent value of plan's interest under this contract in the general accounts at year er | | | . 5 | 52801 |
| _ | | racts With Allocated Funds: | iu | | ., 5 | 02001 |
| U | | State the basis of premium rates NOT PROVIDED BY INSURANCE CO |) | | | |
| | a | State the basis of premium rates 7 | | | | |
| | h | Dramiuma paid to carrier | | | . 6b | 0 |
| | | Premiums paid to carrier | | | | 0 |
| | | Premiums due but unpaid at the end of the year | | | . 60 | |
| | | If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount | | | . 6d | 0 |
| | | Specify nature of costs | | | | |
| | | | | | | |
| | е | Type of contract: (1) X individual policies (2) group deferred | d annuity | | | |
| | | (3) other (specify) | | | | |
| | | (c) C cine: (eposity) | | | | |
| | £ | | <i></i> | | | |
| _ | | If contract purchased, in whole or in part, to distribute benefits from a termin | | L | | |
| 7 | Contr | racts With Unallocated Funds (Do not include portions of these contracts mai | | | | |
| | а | Type of contract: (1) \coprod deposit administration (2) \coprod immedia | te participati | on guarantee | | |
| | | (3) guaranteed investment (4) other | | | | |
| | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | | | . 7b | |
| | | Additions: (1) Contributions deposited during the year | 7c(1) | | ., 75 | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | • • | 7c(2) | | | |
| | | (3) Interest credited during the year | | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | 7c(5) | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | |
| | d∃ | Fotal of balance and additions (add b and c(6)) | | | . 7d | |
| | | Deductions: | | | 1 | |
| | | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | | (2) Administration charge made by carrier | 7e(2) | | | |
| | | (3) Transferred to separate account | 7e(3) | | | |
| | | ` ' | 7e(4) | | | |
| | (| (4) Other (specify below) | 10(7) | | | |
| | | 7 | | | | |
| | | | | | | |
| | | | | | | |
| | (| (5) Total deductions | | | 7e(5) | |
| | | Balance at the end of the current year (subtract e(5) from d) | | | . 7f | |

| | Schedule A (Form 5500) 2011 | | Page 4 | | |
|-----|---|--|-------------------|-----------------------------|-------------------------|
| I | Welfare Benefit Contract Information If more than one contract covers the same groen information may be combined for reporting pure the entire group of such individual contracts with | oup of employees of the sarposes if such contracts are | e experience-rate | d as a unit. Where contract | |
| efi | it and contract type (check all applicable boxes) | | | | |
| 1 | Health (other than dental or vision) | b Dental | c Visio | n | d Life insurance |
| | Temporary disability (accident and sickness) | f Long-term disability | g Supp | elemental unemployment | h Prescription drug |
| Ī | Stop loss (large deductible) | j HMO contract | k ☐ PPO | contract | I Indemnity contract |
| Ī | Other (specify) | _ | _ | | _ |
| eri | ence-rated contracts: | | | | |
| Pr | remiums: (1) Amount received | | 9a(1) | | |
| (2 | 2) Increase (decrease) in amount due but unpaid. | | 9a(2) | | |
| (3 | 3) Increase (decrease) in unearned premium rese | rve | 9a(3) | | |
| (4 | 4) Earned ((1) + (2) - (3)) | <u></u> | | 9a(4) | |
| В | Benefit charges (1) Claims paid | | 9b(1) | | |
| (2 | 2) Increase (decrease) in claim reserves | | 9b(2) | | |
| (3 | 3) Incurred claims (add (1) and (2)) | | | 9b(3) | |

9b(4)

10a

10b

Remainder of premium: (1) Retention charges (on an accrual basis) --(A) Commissions 9c(1)(A) (B) Administrative service or other fees 9c(1)(B) 9c(1)(C) (C) Other specific acquisition costs..... (D) Other expenses..... 9c(1)(D) 9c(1)(E) (E) Taxes..... (F) Charges for risks or other contingencies 9c(1)(F) (H) Total retention 9c(1)(H) (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) 9c(2) d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement...... 9d(1) (2) Claim reserves 9d(2) 9d(3) (3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) 9e

| Part IV | Provision of Information | | | |
|------------------|--|-----|----|--|
| 11 Did th | ne insurance company fail to provide any information necessary to complete Schedule A? | Yes | No | |

a Health (other than dental or vision)

Experience-rated contracts:

10 Nonexperience-rated contracts:

Specify nature of costs

Benefit and contract type (check all applicable boxes)

Part III

a Premiums: (1) Amount received..... (2) Increase (decrease) in amount due but unpaid......

(4) Claims charged.....

Total premiums or subscription charges paid to carrier If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

retention of the contract or policy, other than reported in Part I, item 2 above, report amount.....

¹² If the answer to line 11 is "Yes," specify the information not provided.

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

| 1 choids benefit deartainly despotation | | mapection |
|--|--------------------------------------|-----------------|
| For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 | and ending 12/ | /31/2011 |
| A Name of plan MICHAEL A. LETTRICK, MD, PC SAFEHARBOR 401(K) PROFIT SHARING PLAN | B Three-digit plan number (PN) | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 MICHAEL A. LETTRICK, MD, PC | D Employer Identification 14-1823167 | on Number (EIN) |

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

| 1 | Plan Assets and Liabilities: | | (a) Beginning of Year | (b) End of Year |
|---|--|---------|-----------------------|------------------|
| а | Total plan assets | . 1a | 501629 | 513488 |
| b | Total plan liabilities | . 1b | | |
| С | Net plan assets (subtract line 1b from line 1a) | 1c | 501629 | 513488 |
| 2 | Income, Expenses, and Transfers for this Plan Year: | | (a) Amount | (b) Total |
| а | Contributions received or receivable: | | | |
| | (1) Employers | . 2a(1) | 10001 | |
| | (2) Participants | . 2a(2) | 34140 | |
| | (3) Others (including rollovers) | 2a(3) | | |
| b | Noncash contributions | . 2b | | |
| С | Other income | . 2c | -30743 | |
| d | Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) | 2d | | 13398 |
| е | Benefits paid (including direct rollovers) | . 2e | 1300 | |
| f | Corrective distributions (see instructions) | . 2f | | |
| g | Certain deemed distributions of participant loans (see instructions) | . 2g | | |
| h | Administrative service providers (salaries, fees, and commissions) | . 2h | | |
| i | Other expenses | . 2i | 239 | |
| j | Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) | . 2j | | 1539 |
| k | Net income (loss) (subtract line 2j from line 2d) | . 2k | | 11859 |
| | Transfers to (from) the plan (see instructions) | . 2I | | |

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

| | | | Yes | No | Amount |
|---|---|----|-----|----|--------|
| а | Partnership/joint venture interests | 3a | | X | |
| b | Employer real property | 3b | | X | |
| С | Real estate (other than employer real property) | 3с | | X | |
| d | Employer securities | 3d | | X | |
| | Participant loans | | | X | |

| Page 2 | 2 - |
|--------|-----|
|--------|-----|

Schedule I (Form 5500) 2011

| | | г | | | ı | | |
|----|---|------------|---------|-----------|--------------|---------------|--------------------|
| | | | Yes | No | | Amount | |
| 3f | Loans (other than to participants) | 3f | | X | | | |
| g | Tangible personal property | 3g | | Χ | | | |
| | · · | - J | | | l | | |
| D | art II Compliance Questions | | | | | | |
| 4 | During the plan year: | | V | Na | | A a | |
| ъ | Was there a failure to transmit to the plan any participant contributions within the time period | | Yes | No | | Amount | |
| u | described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | | | |
| b | Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance | 4b | | X | | | |
| С | Were any leases to which the plan was a party in default or classified during the year as uncollectible? | 4c | | X | | | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) | 4d | | X | | | |
| е | Was the plan covered by a fidelity bond? | 4e | X | | | | 5000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | | | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | | | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | | | |
| i | Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? | 4i | | X | | | |
| j | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4j | | X | | | |
| k | Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) | 4k | X | | | | |
| ı | Has the plan failed to provide any benefit when due under the plan? | 41 | | X | | | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | | | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 4n | | | | | |
| 5a | Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year | Ye | s X | lo / | Amount: | | |
| 5b | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.) | entify t | he plar | n(s) to v | vhich assets | or liabilitie | s were |
| | 5b(1) Name of plan(s) | | | 5b(2 |) EIN(s) | | 5b(3) PN(s) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | + | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

| | rension benefit dualanty Corporation | | | | | |
|-------------------|--|--------------------------|----------------------------|--------------|----------------|------------|
| For | calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and en | nding | 12/31/20 |)11 | | |
| A N | Name of plan HAEL A. LETTRICK, MD, PC SAFEHARBOR 401(K) PROFIT SHARING PLAN | pla | ee-digit an numbe N) | r | 001 | |
| | Plan sponsor's name as shown on line 2a of Form 5500 HAEL A. LETTRICK, MD, PC | | ployer Ide 4-182316 | | on Number (EII | N) |
| Pa | art I Distributions | | | | | |
| All | references to distributions relate only to payments of benefits during the plan year. | | | | | |
| 1 | Total value of distributions paid in property other than in cash or the forms of property specified in the instructions | | 1 | | | 0 |
| 2 | Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries duri payors who paid the greatest dollar amounts of benefits): | ng the yea | ar (if more | than to | wo, enter EINs | of the two |
| EIN(s):31-4156830 | | | | | | |
| | Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3. | | | | | |
| 3 | Number of participants (living or deceased) whose benefits were distributed in a single sum, during the year. | • | . 3 | | | |
| P | Funding Information (If the plan is not subject to the minimum funding requirements of ERISA section 302, skip this Part) | of section | of 412 of 1 | the Inte | rnal Revenue C | ode or |
| 4 | Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? | | | Yes | No | N/A |
| | If the plan is a defined benefit plan, go to line 8. | | _ | | _ | _ |
| 5 6 | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Mont if you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the rer a Enter the minimum required contribution for this plan year (include any prior year accumulated fundaments). | nainder d ding | of this scl | y nedule. | | |
| | deficiency not waived) | | | | | |
| | b Enter the amount contributed by the employer to the plan for this plan year | | . 6b | | | |
| | C Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) | | - 6c | | | |
| _ | If you completed line 6c, skip lines 8 and 9. | | | | | |
| 7 | Will the minimum funding amount reported on line 6c be met by the funding deadline? | | | Yes | No | N/A |
| 8 | If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or o authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or administrator agree with the change? | plan | | Yes | ☐ No | N/A |
| Pa | art III Amendments | | | | | |
| 9 | If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. | ase | Decrea | ase | Both | ☐ No |
| Pa | ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(skip this Part. | e)(7) of th | e Internal | Reven | ue Code, | |
| 10 | Were unallocated employer securities or proceeds from the sale of unallocated securities used to repa | y any exe | empt loan? | ? <u></u> | Yes | No |
| 11 | a Does the ESOP hold any preferred stock? | | | | Yes | No |
| | b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "I (See instructions for definition of "back-to-back" loan.) | | | | Yes | ☐ No |
| 12 | Does the ESOP hold any stock that is not readily tradable on an established securities market? | | | | Yes | No |

| Pa | Part V Additional Information for Multiemployer Defined Benefit Pension Plans | | | | | | | |
|----|---|--|--|--|--|--|--|--|
| 13 | | Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers. | | | | | | |
| | а | Name of contributing employer | | | | | | |
| | b | EIN C Dollar amount contributed by employer | | | | | | |
| | d | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year | | | | | | |
| | е | | | | | | | |
| | а | Name of contributing employer | | | | | | |
| | b | EIN C Dollar amount contributed by employer | | | | | | |
| | d | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year | | | | | | |
| | е | Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify): | | | | | | |
| | а | Name of contributing employer | | | | | | |
| | b | EIN C Dollar amount contributed by employer | | | | | | |
| | d | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year | | | | | | |
| | е | Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Unit of production Other (specify): | | | | | | |
| | а | Name of contributing employer | | | | | | |
| | b | EIN C Dollar amount contributed by employer | | | | | | |
| | d | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year | | | | | | |
| | е | Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify): | | | | | | |
| | а | Name of contributing employer | | | | | | |
| | b | EIN C Dollar amount contributed by employer | | | | | | |
| | d | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year | | | | | | |
| | е | | | | | | | |
| | а | Name of contributing employer | | | | | | |
| | b | EIN C Dollar amount contributed by employer | | | | | | |
| | d | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year | | | | | | |
| | е | Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify): | | | | | | |

| _ | | • |
|---|-----|---|
| Н | ane | |
| • | ~5~ | - |

| 14 | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of participant for: | the | , |
|----|--|-----------|---------------------------|
| | a The current year | 14a | |
| | b The plan year immediately preceding the current plan year | 14b | |
| | C The second preceding plan year | 14c | |
| 15 | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to ma employer contribution during the current plan year to: | ike an | |
| | a The corresponding number for the plan year immediately preceding the current plan year | 15a | |
| | b The corresponding number for the second preceding plan year | 15b | |
| 16 | Information with respect to any employers who withdrew from the plan during the preceding plan year: | • | |
| | a Enter the number of employers who withdrew during the preceding plan year | 16a | |
| | b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | 16b | |
| 17 | If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, c supplemental information to be included as an attachment. | | _ _ |
| P | art VI Additional Information for Single-Employer and Multiemployer Defined Benef | it Pens | ion Plans |
| 18 | If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see in information to be included as an attachment | struction | ns regarding supplemental |
| 19 | If the total number of participants is 1,000 or more, complete items (a) through (c) | | |
| | Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate: Provide the average duration of the combined investment-grade and high-yield debt: 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-16 years | | |
| | C What duration measure was used to calculate item 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): | | |

5500 Electronic Filing Authorization

Plan Name:

MICHAEL A. LETTRICK, MD, PC SafeHarbor 401(k) Profit Sharing Plan

EIN/PN:

14-1823167/001

Plan Year:

01/01/2011 - 12/31/2011

I hereby authorize Anthony S. Asterino, CPA to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500 for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

(sign)

1-17-2012

(date)

Plan Sponsor

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the Instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

| | | 1 | | | mspection | | |
|------------|----------------------------|--|--------------------------|--|--|--|--|
| Part I | Annual Report | Identification Information | | | | | |
| For the ca | alendar plan year 201 | 1 or fiscal plan year beginning | 01/01/2011 | and ending 12/31 | /2011 | | |
| A This re | turn/report is for: | a multiemployer plan; | | a multiple-employer p | lan; or | | |
| | | x a single-employer plan; | | a DFE (specify) | | | |
| | | | | п | | | |
| B This re | turn/report is: | the first return/report; | | the final return/report | | | |
| | | an amended return/report; | | a snort plan year retu | rn/report (less than 12 months). | | |
| C if the p | lan is a collectively-barq | gained plan, check here | | <u>.</u> | ▶ ⊔ | | |
| D Check | box if filing under: | the DFVC program; | | | | | |
| | | special extension (enter description | on) | | | | |
| Part II | Basic Plan Info | rmation enter all requested in | formation. | | | | |
| | ne of plan | | | | 1b Three-digit plan | | |
| MIC | HAEL A. LETTRIC | K, MD, PC SafeHarbor 401(k |) Profit Shari | ng Plan | number (PN) ▶ 001 | | |
| | | | | | 1C Effective date of plan | | |
| 0 | | | - (Employee if for sing | alo omplavos plan) | 01/01/2001 2b Employer Identification | | |
| 2a Plan | sponsors name and a | ddress, including room or suite number | r (Employer, ir for sing | ne-employer plant) | Number (EIN) | | |
| | | | | | 14-1823167 | | |
| MIC | HAEL A. LETTRIC | K, MD, PC | | | 2c Sponsor's telephone | | |
| | | | | | number | | |
| | | | | | (518) 477-1191 | | |
| 152 | 8 COLUMBIA TURN | PIKE | | | 2d Business code (see | | |
| | | | | | instructions) | | |
| US | CASTLETON | หรุ 12033 | | | 621111 | | |
| | | | | | | | |
| | | | | | antabilahad | | |
| | | or incomplete filing of this return/reponer penalties set forth in the instructions | | | | | |
| statements | s and attachments, as v | well as the electronic version of this retu | urn/report, and to the | best of my knowledge and be | lief, it is true, correct, and complete. | | |
| | CAT YOU | la-F) | <i>a</i> | | | | |
| SIGN | wood | crias | 7-17-2012 | MICHAEL A. LETTRIC | к, мо | | |
| | Signature of plan ac | ministrator | Date | Enter name of individual sig | ning as plan administrator | | |
| SIGN | GHIXA | le de la companya de | 7-17-2012 | MICHAEL A. LETTRIC | v \m | | |
| HERE | 1/1/1/21 | Mag g | | | · | | |
| | Signature of employ | yer/plan sponsor | Date | Enter name of individual sig | ining as employer or plan sponsor | | |
| SIGN | | | | | | | |
| HERE | Signature of DFE | | Date | Enter name of individual sig | uning as DFE | | |
| | Jugilature of DFE | | 1 20.0 | and the state of t | ,g | | |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500.

Form 5500 (2011) v.012611

| | G (Financial Transactio | (9) | (3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | |
|----------------------------|--|-----------------|--|-----|
| | C (Service Provider Infi | (4) (5) | , , , , , , , , , , , , , , , , , , , | |
| | X S (Insurance Information | (5) | Purchase Plan Actuarial Information) - signed by the plan actuary | |
| | X 1 (Financial Information | (2) | (2) MB (Mulliemployer Defined Benefit Plan and Certain Money | |
| (ud | H (Financial Information | (1) | (t) 🔀 (Retirement Plan Information) | |
| | selubedules | b Ger | Pension Schedules | 9 |
| (See instructions) | ere indicated, enter the number attached. | ed, and, whe | Check all applicable boxes in 10a and 10b to indicate which schedules are attach | |
| | General assets of the sponsor | (p) | (3) X Trust General assets of the sponsor | |
| 000011100 | tauT X | (c) (z) | (2) Code section 412(e)(3) insurance confracts | |
| s contracts | Insurance Code section 412(e)(3) insurance | (1) | (1) X Insurance | |
| abb _l λ) | n benefit amangement (check all that a | t | Plan funding arrangement (check all that apply) | |
| | the List of Plan Characleristic Codes in | mori aeboo | If the plan provides pension benefits, enter the applicable pension feature of the plan provides welfare benefits, enter the applicable welfare feature of | 88 |
| | Ver complete this item) Q | multiemplo | nter the total number of employers obligated to contribute to the plan (only | |
| ų | anew that the dense is a single in the singl | h accrued b | fumber of participants that terminated employment during the plan year wil | |
| τ 69 | | | · · · · · · · · · · · · · · · · · (məli zirl) ətəlqmo | |
| | ed contribution plans | (ouly define | lumber of participants with account balances as of the end of the plan year | 1 B |
|)τ μ | | | | - |
| e | a | sceive bene | eceased participants whose beneficiaries are receiving or are entitled to re | |
| p: | 9 | | ubtotal Add lines 6a, 6b, and 6c | • |
|) o | 8 | | Other relired or separated participants entitled to future benefits | נינ |
| q | 9 | | tetired or separated participants receiving benefits | Эq |
| T E | | • • • • | ctive participants | |
| | | | lumber of participants as of the end of the plan year (welfare plans complete | |
| 10 | g · · · · · · · · · · · · · · | | otal number of participants at the beginning of the plan year | T & |
| мс оф | | | ponsor's name ponsor's name | |
| 4P EIN | plan, enter the name, EIN and | eirtt tot belit | the name and/or EIN of the plan sponsor has changed since the last return/repon- | 1 7 |
| ипшрес | | | | |
| enoriqelet atotratorimbA c | <u> 36</u> | | Эше | 8 |
| MIS shotstainimbA C | яє <u> </u> | ("əu | lan administrator's name and address (if same as plan sponsor, enter "San | |
| | 7 9064 | | Form 5500 (2011) | |

Page 2

Sponsor Location Information

Sponsor name:

MICHAEL A. LETTRICK, MD, PC

Sponsor DBA name: Sponsor care of name:

1528 Columbia Turnpike

US Castleton

NY 12033-9584

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation This achadula is required to be filed under costions 104 c

This schedule is required to be filed under sections 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

File as an attachment to Form 5500.

Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2). OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

| For calendar plan year 2 | 2011 or fiscal pla | n year beginning 01/01/ | 2011 | and ending | 12/31/ | 2011 | |
|--|--------------------|----------------------------------|---|-----------------|-----------------------------------|----------------------------|-----------------------|
| A Name of plan | | | | B Three-dig | • | | |
| | | | | plan num | ber (PN) | | 001 |
| MICHAEL A. LETTRI | CK, MD, PC | SafeHarbor 401(k) Pr | ofit Sharing Pl | | | | |
| C Plan sponsor's name | e as shown on I | ine 2a of Form 5500. | | D Employe | r Indentification | Number (El | N) |
| MICHAEL A. LETTRI | CK, MD, PC | | | | 14-18231 | 167 | |
| Part I Information | on Concerni | ng Insurance Contract C | overage, Fees, and a unit in Parts II and III | d Commiss | sions Provide ed on a single S | information Schedule A. | for each contract |
| 1 Coverage Information | on: | | | | | | |
| (a) Name of insurance of | _ | | | | | | - |
| (a) Name of insurance of | aner | | | | | | |
| NATIONWIDE LIFE I | NSURANCE CO | MPANY | | | | | |
| (b) EIN (c) NAIC (d) Contract or persons covered persons cover | | | Policy or contract y | | contract year | | |
| (D) E114 | code | identification number | policy or contr | | (f) Fron | n | (g) To |
| 31-4156830 | 66869 | 0000LETTOONY00S | | 1/1/2013 | | L | 12/31/2011 |
| 2 Insurance fee and o descending order of | | mation. Enter the total fees and | d total commissions paid | 1. List in item | 3 the agents, b | rokers, and | other persons in |
| | | mmissions paid | | (b) Tota | I amount of fee | s paid | |
| | | 0 | | | | 0 | |
| 3 Persons receiving o | ommissions and | l fees. (Complete as many enti | ries as needed to report | all persons). | | | |
| | (a) Name a | nd address of the agent, broke | r, or other person to who | om commissio | ons or fees were | e paid | |
| | | | | | | | |
| (b) Amount of sale | s and base | | ees and other commission | | | | |
| commissions | paid | (C) Amount | | (d) Purpose | | | (e) Organization code |
| | | | | | | | |
| | (a) Name a | nd address of the agent, broke | r or other nerson to who | om commissio | ns or fees were | naid | |
| | (a) Haile a | ilu address of the agent, broke | r, or other person to with | | nis or ices were | - paid | • |
| | | | | | | | |
| (b) Amount of sale | s and base | Fe | ees and other commission | ns paid | | j | |
| commissions | | (C) Amount | | (d) Purpose | | | (e) Organization code |
| | | | | | | | |

| Schedule A (Form 5500 |) 2011 | Page 2- | L |
|---|--------------------------------|---|-----------------------|
| (a) Nam | e and address of the agent, b | roker or other person to whom commissions or fees wer | e paid |
| | | | |
| | 1 | Fees and other commissions paid | |
| (b) Amount of sales and base | (c) Amount | (d) Purpose | (e) Organization code |
| commissions paid | (c) Amount | (c) i sipoce | (6, 0.30 |
| (a) Nam | e and address of the agent, b | proker or other person to whom commissions or fees were | e paid |
| | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | |
| commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | | | |
| (a) Nan | e and address of the agent, b | proker or other person to whom commissions or fees were | re paid |
| (b) Amount of sales and base commissions paid | (c) Amount | Fees and other commissions paid (d) Purpose | (e) Organization coo |
| | | | |
| (a) Nam | e and address of the agent, b | oroker or other person to whom commissions or fees wer | re paid |
| | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | |
| commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | | | |
| (a) Nan | le and address of the agent, b | oroker or other person to whom commissions or fees we | re paid |
| | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | |
| commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | | | |

| Pa | rt II Investment and Annuity Contract Information | | | | |
|----|--|-------------------|------------------------|-----------------|-----------------------------|
| | Where individual contracts are provided, the entire group of such including this report. | lividual conf | racts with each came | r may be treate | d as a unit for purposes of |
| 4 | Current value of plan's interest under this contract in the general account at year | ar end . | | . 4 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year | | | . 5 | 52,801 |
| 6 | Contracts With Allocated Funds: | | | | |
| | a State the basis of premium rates ► | | | | |
| | NOT PROVIDED BY INSURANCE CO | | | . 6b | 0 |
| | b Premiums paid to carrier | | | . 6c | |
| | d If the carrier, service, or other organization incurred any specific costs in co | nnection w | th the acquisition | | |
| | or retention of the contract or policy, enter amount | | | . 6d | 0 |
| | Specify nature of costs > | | | | |
| | e Type of contract (1) x individual policies (2) group deferred a (3) other (specify) ▶ | innuity | | | |
| | | | | П | |
| _ | If contract purchased, in whole or in part, to distribute benefits from a term | | | <u> </u> | |
| ′ | Contracts With Unallocated Funds (Do not include portions of these contracts | | | | |
| a | | | participation guarante | е | |
| | (3) guaranteed investment (4) | other > | | | |
| _ | Balance at the end of the previous year | 1 7-41 | <u></u> | . 7b | |
| C | Additions: (1) Contributions deposited during the year | 7c(1) 7c(2) | | | |
| | (2) Dividends and cledits | 7c(2) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | • | | | | |
| | (6) Total additions | | | . 7c(6) | |
| d | Total of balance and additions (add b and c(6)) | | | · 7d | |
| е | | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | L | | |
| | • | | | | |
| | | | | | Patricks (1997) |
| | | | | | |
| | (5) Total deductions | | | 7e(5) | |
| f | Balance at the end of the current year (subtract e(5) from d) | | | . 7f | |

| Page | 4 |
|-------|---|
| , auc | - |

| Schedule | A (Form | 55001 | 2011 |
|----------|-----------|-------|------|
| Schedule | A IFUIIII | 22001 | 2011 |

| Par | Welfare Benefit Contract Information If more than one contract covers the same ground the same | | employer(s) or members of th | e same emp | ovee organization(s), the |
|------|--|-----------------------------------|-------------------------------|---------------|-----------------------------|
| | information may be combined for reporting pu the entire group of such individual contracts w | rposes if such contracts are exp | perience-rated as a unit. Whe | ere contracts | cover individual employees, |
| 8 | Benefit and contract type (check all applicable boxes |) | _ | | |
| | a Health (other than dental or vision) | b Dental | C Vision | | d Life insurance |
| | e Temporary disability (accident and sickness) | f Long-term disability | g Supplemental unem | ployment | h Prescription drug |
| | i Stop loss (large deductible) | j HMO contract | k PPO contract | | I Indemnity contract |
| | m Other (specify) ▶ | | _ | | _ |
| 9 | Experience-rated contracts: | | | | |
| а | Premiums: (1) Amount received | | 9a(1) | | |
| | (2) Increase (decrease) in amount due but unpaid | | 9a(2) | | |
| | (3) Increase (decrease) in unearned premium reser | ve | 9a(3) | | |
| | (4) Earned ((1) + (2) - (3)) | | | 9a(4) | |
| b | Benefit charges: (1) Claims paid | | 9b(1) | | |
| | (2) Increase (decrease) in claim reserves | | 9b(2) | | |
| | (3) Incurred claims (add (1) and (2)) | | | 9b(3) | |
| | (4) Claims charged | | | 9b(4) | |
| C | Remainder of premium: (1) Retention charges (on a | n accrual basis) | | | |
| | (A) Commissions | | 9c(1)(A) | | |
| | (B) Administrative service or other fees | | 9c(1)(B) | | |
| | (C) Other specific acquisition costs | | 9c(1)(C) | | |
| | (D) Other expenses | | 9c(1)(D) | | |
| | (E) Taxes | | 9c(1)(E) | | |
| | (F) Charges for risks or other contingencies | | 9c(1)(F) | | |
| | (G) Other retention charges | | 9c(1)(G) | | |
| | (H) Total retention | <u>.</u> | | 9c(1)(H) | |
| | (2) Dividends or retroactive rate refunds. (The amo | | _ | 9c(2) | |
| d | Status of policyholder reserves at end of year: (1) A | mount held to provide benefits | after retirement | 9d(1) | |
| | (2) Claim reserves | | | 9d(2) | |
| | (3) Other reserves | | | 9c(3) | |
| е | Dividends or retroactive rate refunds due. (Do not in | clude amount entered in c(2).) | | 9e | |
| 10 | Nonexperience-rated contracts: | | · | | Carlos A. C. L. |
| а | Total premiums or subscription charges paid to carrie | er | | 10a | |
| b | If the carrier, service, or other organization incurred a | iny specific costs in connection | with the acquisition or | | |
| | retention of the contract or policy, other than reported | d in Part I, item 2 above, report | amount | 10b | <u> </u> |
| Sp | cify nature of costs > | | | | |
| | | | | | |
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| | | | | | |
| Par | IV Provision of Information | | | | |
| 44 : | hid the incurrence company fail to provide any informa | tion necessary to complete Sch | edule A2 II V | se . | l I No |

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under sections 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

► File as an attachment to Form 5500.

Insurance companies are required to provide this information

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

| | | pursuant to | ERISA section 103(a)(2 | | " | | Inspection. |
|--------------------------------------|------------------|---|------------------------------------|-------------------------|-------------------|-------------|-----------------------|
| For calendar plan year | 2011 or fiscal p | lan year beginning 01/01/2 | 2011 | and ending | 12/31/ | 2011 | |
| A Name of plan | | · | | B Three-dig plan num | git nber (PN) | > | 001 |
| MICHAEL A. LETTR | ICK, MD, PC | SafeHarbor 401(k) Pro | ofit Sharing Pl | | | • | |
| C Plan sponsor's nar | me as shown on | line 2a of Form 5500. | | D Employe | r Indentification | Number (E | IN) |
| MICHAEL A. LETTR | ICK, MD, PC | | | | 14-1823 | 167 | |
| | | ing Insurance Contract C Individual contracts grouped as | | | | | |
| 1 Coverage Informati | tion: | | | | | | |
| (a) Name of insurance | | 0. | | | | | |
| (b) EIN | (c) NAIC | (d) Contract or | (e) Approximate persons covered | | | | contract year |
| (6) 2.11 | code | identification number | policy or contr | | (f) From | m | (g) To |
| 31-4156030 | 66869 | 0000MICH01NY001 | | | 1/1/201 | 1 | 12/31/2011 |
| 2 Insurance fee and descending order | | ormation. Enter the total fees and aid. | total commissions paid | d. List in item | 3 the agents, b | rokers, and | other persons in |
| (a) T | otal amount of c | ommissions paid | | (b) Tota | I amount of fee | es paid | |
| | | 0 | | | | 0 | |
| 3 Persons receiving | | nd fees. (Complete as many entri | | - | ••• | ···· | ····· |
| | (a) Name | and address of the agent, broker | , or other person to who | om commissio | ons or fees wer | e paid | |
| | | | | | | | |
| (b) Amount of sale | es and base | Fe | es and other commission | ons paid | • | | |
| commission | | (C) Amount | | (d) Purpose | l | | (e) Organization code |
| | | | | | | | |
| | (a) Name | and address of the agent, broker | , or other person to who | om commissio | ons or fees wer | e paid | |
| | | | | | | | |
| (b) Amount of sale | es and base | Fe | es and other commission | ons paid | | | |
| commission | | (C) Amount | | (d) Purpose | | | (e) Organization code |
| | | | | | | | |

| Schedule A (Form 5500 | 2011 | Page 2- | |
|---|--|--|-----------------------|
| (a) Nam | e and address of the agent, br | oker or other person to whom commissions or fees were p | paid |
| | | | |
| | | | |
| | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | |
| commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | | | |
| | | | 1 |
| | | | |
| (a) Nam | e and address of the agent, br | roker or other person to whom commissions or fees were p | paid |
| | | | |
| | | | |
| | | | |
| M. A | <u> </u> | Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| COMMISSION DATA | | | |
| | | | |
| | | | |
| (o) Nom | a and address of the agent, hi | roker or other person to whom commissions or fees were p | |
| (a) Ngill | e and address of the agent, bi | oker of direct person to whom commissions of fees were t | 2010 |
| | | | |
| | | | |
| | | | |
| (b) Amount of sales and base | 4-2-4 | Fees and other commissions paid | (e) Organization code |
| commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | | | |
| | | | |
| | | | |
| (a) Nam | e and address of the agent, br | roker or other person to whom commissions or fees were | paid |
| | | | |
| | | | |
| | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | |
| commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | | | |
| | | | |
| | TO THE STATE OF TH | | |
| | e and address of the agent, bu | roker or other person to whom commissions or fees were | paid |
| (a) Nam | c and address of the agont, or | one of other percent to when other or the other | |
| | | | |
| | | | |
| | ···· | . <u>.</u> | |
| (b) Amount of sales and base | | Fees and other commissions paid | (a) Omenimalian and |
| commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | | | |
| | | | |
| | • | • | |

f Balance at the end of the current year (subtract e(5) from d).

| Fi | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each of this report. | arrier may be treate | d as a unit for purposes of |
|----|---|----------------------|-----------------------------|
| 4 | | 4 | |
| 5 | | 5 | 449,784 |
| 6 | | <u> </u> | |
| | b Premiums paid to carrier | · · · 6b | 57,477 |
| | C Premiums due but unpaid at the end of the year | · · · 6c | |
| | d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount | 6d | 1,762 |
| | Specify nature of costs ► | | |
| | CONTRACT COMMISSIONS | | |
| | e Type of contract (1) x individual policies (2) group deferred annuity (3) other (specify) ▶ | ▶ □ | |
| 7 | f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate acco | | |
| ; | Type on contract (1) ☐ deposit administration (2) ☐ immediate participation guar (3) ☐ guaranteed investment (4) ☐ other ▶ | antee | |
| | | | |
| ı | b Balance at the end of the previous year | 7b | |
| | b Balance at the end of the previous year | 7b | |
| | C Additions: (1) Contributions deposited during the year | 7b | |
| | C Additions: (1) Contributions deposited during the year | 7b | |
| | C Additions: (1) Contributions deposited during the year | 7b | |
| | C Additions: (1) Contributions deposited during the year | 7b | |
| | C Additions: (1) Contributions deposited during the year | 7b | |
| | C Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below) (6) Other (specify below) (7c(4) Transferred from separate account | | |
| | C Additions: (1) Contributions deposited during the year | 7c(6) | |
| | C Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below) (6) Other (specify below) (7c(4) Transferred from separate account | | |
| | C Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below) (6) Total additions d Total of balance and additions (add b and c(6)) e Deductions: | 7c(6) | |
| | C Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below) (6) Total additions (6) Total additions (7c(1) 7c(2) 7c(3) 7c(4) 7c(5) | 7c(6) | |
| | C Additions: (1) Contributions deposited during the year | 7c(6) | |
| | C Additions: (1) Contributions deposited during the year | 7c(6) | |
| | C Additions: (1) Contributions deposited during the year | 7c(6) | |
| (| C Additions: (1) Contributions deposited during the year | 7c(6) | |

| Page | 4 |
|------|---|
| | |

| Schedule A | (Form | 5500) | 2011 |
|------------|-------|-------|------|
|------------|-------|-------|------|

| Par | Welfare Benefit Contract Informa | | | | |
|-----|--|-----------------------------------|--------------------------------------|--------------|--|
| | If more than one contract covers the same gro information may be combined for reporting pu the entire group of such individual contracts w | rposes if such contracts are exp | perience-rated as a unit. Whe | re contracts | loyee organization(s), the cover individual employees, |
| 8 | Benefit and contract type (check all applicable boxes | | as a difficient perpendicular diffic | торок. | |
| 0 | a Health (other than dental or vision) | b Dental | c | | d Life insurance |
| | = | f Long-term disability | g Supplemental unem | Novment | h Prescription drug |
| | e Temporary disability (accident and sickness) | . = ' | k PPO contract | моутнети | |
| | i U Stop loss (large deductible) | j HMO contract | K [] PPO contract | | I Indemnity contract |
| | m Other (specify) ► | | | | |
| 9 | Experience-rated contracts: | | | | |
| a | • | | 9a(1) | | 1 |
| _ | (2) Increase (decrease) in amount due but unpaid | | 9a(2) | | 7 |
| | (3) Increase (decrease) in unearned premium reser | ve | 9a(3) | | 7 |
| | (4) Eamed ((1) + (2) - (3)) | | | 9a(4) | |
| b | Benefit charges: (1) Claims paid | | 9b(1) | | |
| | (2) Increase (decrease) in claim reserves | | 9b(2) | | *** |
| | (3) Incurred claims (add (1) and (2)) | | | 9b(3) | |
| | (4) Claims charged | | [| 9b(4) | |
| C | Remainder of premium: (1) Retention charges (on a | an accrual basis) | | | |
| | (A) Commissions | | 9c(1)(A) | |] |
| | (B) Administrative service or other fees | | 9c(1)(B) | | |
| | (C) Other specific acquisition costs | | 9c(1)(C) | | |
| | (D) Other expenses | | 9c(1)(D) | | |
| | (E) Taxes | | 9c(1)(E) | | • |
| | (F) Charges for risks or other contingencies | | 9c(1)(F) | | <u>.</u> |
| | (G) Other retention charges | | 9c(1)(G) | | |
| | (H) Total retention | _ | | 9c(1)(H) | |
| | (2) Dividends or retroactive rate refunds. (The amo | ounts were U paid in cash, | or credited.) | 9c(2) | |
| d | Status of policyholder reserves at end of year: (1) A | mount held to provide benefits | after retirement | 9d(1) | |
| | (2) Claim reserves | | | 9d(2) | |
| | (3) Other reserves | | | 9c(3) | |
| е | Dividends or retroactive rate refunds due. (Do not in | clude amount entered in c(2).) | | 9e | <u> </u> |
| 10 | Nonexperience-rated contracts: | | ſ | | |
| а | Total premiums or subscription charges paid to carrie | | | 10a | - |
| b | If the carrier, service, or other organization incurred a | | | 464 | |
| | retention of the contract or policy, other than reported | d in Part I, item 2 above, report | amount [| 10b | |
| Sp | ecify nature of costs > | | | | |
| | | | | | |
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| 11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No | Control of the Contro | | | | |
|---|--|---------------------------------------|---|-----|----|
| 11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No | Part IV Provision of Information | | | | |
| | 11 Did the insurance company fail to provide any information | ion necessary to complete Schedule A? | [| Yes | No |

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Financial Information -- Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2011

| | internal Revenue Service | | IIIICIIIa | i izeaciini | a Code (inc | . 000 | IC). | | | | | | |
|----------|--|-------------------------|---------------|--------------|---------------|---------|----------|---------|---------|----------|------------|---------|-------------------|
| En | Department of Labor aptoyee Benefits Security Administration | ▶ | File as ar | n attachr | ment to F | orm | 5500. | | | | This | s Form | Is Open to Public |
| | Pension Benefit Guaranty Corporation | | | | | | | | _ | | | In: | spection. |
| Fore | calendar plan year 2011 or fiscal plan | year beginning | 01/01/ | /2011 | | | and end | ling | 12/3 | /201 | 1 | | |
| Α | Name of plan | | | | | | | В | Three | -digit | | | |
| 1 | MICHAEL A. LETTRICK, MD, | PC SafeHarbor | 401(k) | Profit | Sharing | , Pl | .an | | plan r | umber | (PN) ► | | 001 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| C | Plan sponsor's name as shown on lin | e 2a of Form 5500 | | | | | | D | Emple | yer Ide | ntificatio | n Num | iber (EIN) |
| 1 | MICHAEL A. LETTRICK, MD, | PC | | | | | | | 14-1 | 82316 | 57 | | |
| Comp! | ete Schedule I if the plan covered few | ver than 100 particip: | ants as of th | ne beginni | ng of the p | lan y | ear. You | ı may | also co | nplete : | Schedule | l if yo | u are filing as a |
| small p | plan under the 80-120 participant rule | (see instructions). C | omplete Sc | hedule H | if reporting | as a | large pl | an or I | DFE. | • | | | Ū |
| Pa | rt I Small Plan Financial | Information | | | | | | | | | | | |
| | below the current value of assets and held in more than one trust. Do not e | | | | | | | | | | | | |
| | t at a future date. Include all income a | | plan includi | ng any tru | ıst(s) or sep | parat | ely mair | ntained | fund(s | and a | ny payme | ents/re | ceipts to/from |
| insurar | nce carriers. Round off amounts to t | he nearest dollar. | | | | | | | | | | | |
| 1 | Plan Assets and Liabilities: | | | | | | a) Begii | nning (| of Year | | (b) l | End of | Year |
| а | Total plan assets | | | | 1a | | | | 50: | ,629 | | | 513,488 |
| b | Total plan liabilities | | | | 1b | \perp | - | | | | | | |
| <u>C</u> | Net plan assets (subtract line 1b from | n line 1a) | | | 1c | | | | 50: | 629 | | | 513,488 |
| 2 | Income, Expenses, and Transfe | rs for this Plan Y | ear: | | | L | (a) A | mount | | | | (b) Tot | al |
| а | Contributions received or receivable | | | | | \perp | | | | | | | |
| | (1) Employers | | | | 2a(1) | | | | 10 | ,001 |]: | | |
| | (2) Participants | | | | 2a(2) | | | | 34 | 1,140 | | | |
| | (3) Others (including rollovers) . | | | | 2a(3) | | | | | | | | |
| b | Noncash contributions | | | | 2b | | | | | | | | |
| C | Other income | | | | 2c | | | | (30 | 743) | | | |
| d | Total income (add lines 2a(1), 2a(2), | 2a(3), 2b, and 2c) | | | 2d | | | | | | | | 13,398 |
| е | Benefits paid (including direct rollove | ers) | | | 2e | | | | | ,300 | | | |
| f | Corrective distributions (see instruction | ons) | | | 2f | | | | | | | | |
| g | Certain deemed distributions of partic | cipant loans | | | | | | | | |] | | |
| | (see instructions) | | | | 2g | | | | | | | | |
| h | Administrative service providers (sala | aries, fees, and com | missions) | | 2h | | | | | | | | |
| i | Other expenses | | | | 2i | | • | | | 239 | | | |
| j | Total expenses (add lines 2e, 2f, 2g, | 2h, and 2i) | | | 2j | | | | | | | | 1,539 |
| k | Net income (loss) (subtract line 2j fro | m line 2d) | | | 2k | | | | | | | | 11,859 |
| <u> </u> | Transfers to (from) the plan (see inst | ructions) | | | 21 | | | | | | | | |
| 3 | Specific Assets: If the plan held asset remaining in the plan as of the end of the by-line basis unless the trust meets one of | plan year. Allocate the | value of the | plan's inter | rest in a com | | | | | | | | |
| | | | | | | | | Γ | Yes | No | | Amou | nt |
| а | Partnership/joint venture interests | | | | | | [| 3a | | x | | | |
| | Employer real property | | | | | | | 3b | | x | | | |
| | Real estate (other than employer rea | | | | | | _ | 3c | | х | | | |
| d | Employer securities | | | | | | [| 3d | | х | | | |

3e

X

| | Schedule I (Form 5500) 2011 | Pag | e 2- [| | |
|------|--|------------|---------------|--------------|----------------|
| | | | Yes | No | Amount |
| 3f | Loans (other than to participants) | 3f | | х | |
| g | Tangible personal property | 3g | | х | |
| | | | | | |
| Part | Compliance Questions | | | | , |
| 4 | During the plan year: | | Yes | No | Amount |
| а | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program) | 4a | ; | x | |
| b | Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participants' account balance | 4b | | x | |
| С | Were any leases to which the plan was a party in default or classified during the year as uncollectible? | 4c | | x | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) | 4d | | х | |
| е | Was the plan covered by a fidelity bond? | 4e | х | 1 | 5,000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | x | |
| 9 | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | х | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | х | |
| i | Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? | 4i | | x | |
| j | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4j | | х | |
| k | Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No", attach the IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) | 4k | x | | |
| 1 | Has the plan failed to provide any benefit when due under the plan? | 41 | | х | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | x | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 4n | | | |
| 5a | Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? | | | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | es 🛚 |] No | Amoun | : |
| 5b | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plants of t | an(s) to | which a | ssets or lia | abilities were |
| | transferred. (See instructions.) | | . 401 | | 21.12. |
| | 5b(1) Name of plan(s) | <u> 51</u> |)(2) | EIN(s) | 5b(3) PN(s) |
| | | 1 | | | |
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| | Marchitely To First Control Marchitely | | | | |
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| | | | | | • |

SCHEDULE R (Form 5500)

Department of the Troasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► File as an Attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

| | Pension Benefit Guaranty Corporation | | | | | |
|-------|--|-------------|---------------|-----------|----------------------|---------------------------------------|
| For | calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and en | | 12/3 | 1/201 | | |
| | ame of plan | | rree-digit | _ | | |
| | | • | ian numbe | | 001 | |
| MI | CHAEL A. LETTRICK, MD, PC SafeHarbor 401(k) Profit Sharing Plan | | PN) | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | | <u> </u> |
| C PI | an sponsor's name as shown on line 2a of Form 5500 | D E | mployer Ide | entifica | tion Number (EIN |) |
| MI | CHAEL A. LETTRICK, MD, PC | 1 | 4-18231 | .67 | | |
| | | | | | | |
| Par | t Distributions | | | | + | |
| All r | eferences to distributions relate only to payments of benefits during the plan year. | | | | | |
| 1 | Total value of distributions paid in property other than in cash or the forms of property specified in the instructions | | 1_ | | | 0 |
| 2 | Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during payors who paid the greatest dollar amounts of benefits): | he yea | r (if more th | an two | o, enter EINs of the | two |
| | EIN(s): 31-4156830 | | | | | |
| | Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3. | | | | | |
| _ | | nlan | | | | |
| 3 | Number of participants (living or deceased) whose benefits were distributed in a single sum, during the year | ; piaii | . 3 | 1 | | |
| | | | | he Inte | ernal Revenue Co | de or |
| Pa | Funding Information (If the plan is not subject to the minimum funding requirements ERISA section 302, skip this Part) | | | | No | N/A |
| 4 | Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2) | | · ⊔ | Yes | □ ио | |
| | If the plan is a defined benefit plan, go to line 8. | | | | | |
| 5 | If a waiver of the minimum funding standard for a prior year is being amortized in this | | | | | |
| | plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Mont | | | | Year | |
| | If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the rema | inder o | f this sche | dule. | _ | |
| 6 | a Enter the minimum required contribution for this plan year (include any prior year accumulated fur | ding | 6a | | | |
| | deficiency not waived) | | · | | | |
| | b Enter the amount contributed by the employer to the plan for this plan year | | . 6b | | | |
| | and the time the computer in line So. Enter the result | | | | | |
| | (enter a minus sign to the left of a negative amount) | | . 6c | | | |
| | | | <u> </u> | | | |
| _ | If you completed line 6c, skip lines 8 and 9. Will the minimum funding amount reported on line 6c be met by the funding deadline? | | . — | Yes | □ No | □ N/A |
| • | Will the minimum funding amount reported on line of be that by the following decoming | | <u> </u> | 163 | | |
| _ | If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or | ther | | | | |
| 8 | authority providing automatic approval for the change or a class ruling letter, does the plan sponsor of | plan | _ | | — | [] AUA |
| | administrator agree with the change? | <u> </u> | <u>. Ц</u> | Yes | □ No | ☐ N/A |
| | a a second to 1 | | | | | |
| Pa | | | | | | |
| 9 | If this is a defined benefit pension plan, were any amendments adopted during this plan | | | | _ | — |
| | year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box | ase | Deci | rease | ☐ Both | □ No |
| | ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975 | i(e)(7) (| of the Inten | nal Re | venue Code, | |
| ra | skip this Part. | | | | | |
| 10 | Were unallocated employer securities or proceeds from the sale of unallocated securities used to rep | ay any | exempt loa | in? . | Yes | □ No |
| 11 | a Does the ESOP hold any preferred stock? | | | | Tyes | ☐ No |
| •• | b If the ESOPhas an outstanding exempt loan with the employer as lender, is such loan part of a (See instructions for definition of "back-to-back" loan.) | back-to | -back" loa | n? •_• | Yes | □ No |
| | Commission of definition of securities and readily tradable on an established securities market? | | | | Tes | ☐ No |

| Por complete use the inclumatory of the analysis of the ana | | (2) Base unit measure: Hourty Weekly Unit of production Other (specify): |
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|----|--|--------------|----------------------------------|
| 14 | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for: | | |
| | a The current year | 14a | |
| | b The plan year immediately preceding the current plan year | 14b | |
| | C The second preceding plan year | 14c | |
| 15 | to the state of th | n | |
| | a The corresponding number for the plan year immediately preceding the current plan year | 15a | |
| | b The corresponding number for the second preceding plan year | 15b | |
| 16 | | | |
| | a Enter the number of employers who withdrew during the preceding plan year | 16a | |
| | b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | 16b | |
| 17 | If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check supplemental information to be included as an attachment. | | |
| P | art VI Additional Information for Single-Employer and Multiemployer Defined Ben | efit Pe | nsion Plans |
| 18 | | part) of | liabilities to such participants |
| 19 | If the total number of participants is 1,000 or more, complete items (a) through (c) | | |
| | Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt: % High-Yield Debt: % Real Estate: | | _ % Other:% |
| | b Provide the average duration of the combined investment-grade and high-yeild debt: 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18- | 21 years | 21 years or more |

What duration measure was used to calculate item 19(b)?

Effective duration Macaulay duration Modified duration Other (specify):