### 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	ension Benefit Guaranty Corporation  Complete all entries in accord	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 12	2/31/20	011	
	This return/report is for:   X a single-employer plan  ☐  This return/report is:  X the first return/report		-employer plan (not multiemployer) eturn/report	[	a one-particip	ant plan
	an amended return/report	a short pla	n year return/report (less than 12 mo	nths)		
C	Check box if filing under: Form 5558 Special extension (enter description		extension		DFVC progra	m
- D-	<u>L</u>	,				
	rt II   Basic Plan Information—enter all requested informa	ation	Т	46	<del></del>	
	Name of plan IQ A BAZAZ MD PC DEFINED BENEFIT PENSION PLAN				Three-digit plan number (PN)	001
				1c	Effective date of 01/01/	
	Plan sponsor's name and address; include room or suite number (er FIQ A. BAZAZ, MD PC	mployer, if	for a single-employer plan)		Employer Identif (EIN) 38-38	
3617	DANE STREET			2c	Sponsor's telepl 914-806	
SHRU	JB OAK, NY 10588		2d	Business code ( 62111	see instructions)	
	Plan administrator's name and address (if same as plan sponsor, er IQ A. BAZAZ, MD PC 3617 DANE S		3b /	Administrator's E 38-38	EIN 31955	
	SHRUB OAK,				914-806	elephone number 3-1903
	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/i	report filed for this plan, enter the	4b		
	Sponsor's name			4c	PN T	
эa	Total number of participants at the beginning of the plan year	-	5a			
b	Total number of participants at the end of the plan year		5b			
С	Number of participants with account balances as of the end of the p complete this item)	•	5c			
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 second control of the control of th	and conditi	ons.)	·		X Yes No
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550	υ.		
_						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	
а	Total plan assets	. 7a	0			162495
b	Total plan liabilities	. 7b	0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	0			162495
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from: (1) Employers	8a(1)	162495			
	(2) Participants	8a(2)	0			
	(3) Others (including rollovers)	8a(3)	0			
b	Other income (loss)	8b	0			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				162495
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)					162495
i	Transfers to (from) the plan (see instructions)		0			
J	Transfere to (from) the plan (oce frontactions)	8j				

Form	5500-SF 2011	
Form	2200-25 7011	

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Part IV	Plan	Characte	aristics
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

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

During the plan year:  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)	I Sched	X X X X X X A A A A A A A A A A A A A A		Amo		
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	I Sched	X X X X X				
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  Has the plan failed to provide any benefit when due under the plan?  Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  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.  It his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500)).  Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section "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 instructions	l l	X X X X				
or dishonesty?	Scheo	X X X				
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan?  Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  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	Scheo	XXXX				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  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	e Scheo	X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	e Sched	X				
2520.101-3.)	Sched					
VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500))	Sched	dule S				
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500))		dule S				
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500))		dule S				
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or so (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 instructions					Yes	Пи
(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 instructions	ection :				Yes	X
rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
Enter the minimum required contribution for this plan year	Г	12b				
		12c				
Enter the amount contributed by the employer to the plan for this plan year		12d				
Will the minimum funding amount reported on line 12d be met by the funding deadline?	_		Yes	s   N	10	N/A
VII Plan Terminations and Transfers of Assets				<u> </u>		
Has a resolution to terminate the plan been adopted in any plan year?			Yes X	No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	<u>, — — — — — — — — — — — — — — — — — — —</u>		<u> </u>		
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unde of the PBGC?					Yes	1 X
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)	an(s) to	)				
3c(1) Name of plan(s):	13	sc(2) E	EIN(s)		13c(3)	PN(s
					-	
on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca	use is	estab	olished.	I		

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/04/2012	SHAFIQ A. BAZAZ					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	09/04/2012	SHAFIQ A. BAZAZ					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

## SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calardar plan year 2011 or fiscal plan year beginning PROUND off amounts to nearest dollar.  P Round off amounts to nearest dollar.  P Caution: A penalty of \$1,000 will be assessed for late filling of this report unless reasonable cause is established.  A Name of plan STARTIC A BAZAZ MD PC DEFINED BENEFIT PENSION PLAN  C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  E Type of plan:  Single								▶ File	e as an attachn	nent to Forn	n 5500 or	5500-	SF.						
Caution: A penalty of \$1,000 will be assessed for late filling of this report unless reasonable cause is established.	Fo	r cale	ndar	plan ye	ear 201	1 or fis	cal plan ye	ear beginning	01/01/2011				and end	ing 12/	31/201	11			
A Name of plan SHAFIQ A BAZAZ MD PC DEFINED BENEFIT PENSION PLAN  C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SHAFIQ A, BAZAZ, MD PC  E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500  Part I Basic Information  1 Enter the valuation date: Month 01 Day 01 Year 2011  2 Assets:  a Market value 2a 2b Assets:  a Market value 2a 2b  5 Funding target/participant count breakdown: (1) Number of participants (2) Funding Target  a For retired participants and beneficiaries receiving payment 3a 0  b For terminated vested participants  (1) Non-vested benefits.  (1) Non-vested benefits.  (2) Vested benefits.  (3) Total active.  a Funding target disregarding prescribed at-risk assumptions  b Funding target disregarding prescribed at-risk assumptions.  a Funding target disregarding prescribed at-risk assumptions.  b Funding target disregarding prescribed at-risk assumptions.  a Funding target disregarding prescribed at-risk assumptions.  b Funding target disregarding prescribed at-risk assumptions.  a Funding target disregarding prescribed at-risk assumptions.  b Funding target disregarding prescribed at-risk assumptions.  b Funding target disregarding prescribed at-risk assumptions.  b Funding target disregarding prescribed at-risk assumptions.  5 Effective inhanced a function applies in the softwale and complete lines (a) and (b)	•	Rour	nd of	famo	unts to	neare	st dollar.												
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  Type of plan: Single   Multiple-A   Multiple-B   F Prior year plan size: 10 100 or fewer 101-500   More than 500      Part   Basic Information   Saksass:   Saksass:	•	Caut	ion:	A pena	alty of \$	1,000 \	will be ass	essed for late fil	ling of this repor	rt unless reas	sonable ca	ause is	establish	ied.					
E Type of plan: Single   Multiple-B   F Prior year plan size: 100 or fewer   101-500   More than 500  Part I   Basic Information  1 Enter the valuation date:   Month   01   Day   01   Year   2011    2 Assets:					/ID PC [	DEFIN	ED BENE	FIT PENSION P	PLAN			В		J		<b>•</b>		001	
E Type of plan: Single   Multiple-B   F Prior year plan size: 100 or fewer   101-500   More than 500  Part I   Basic Information  1 Enter the valuation date:   Month   01   Day   01   Year   2011    2 Assets:																			
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500  Part I Basic Information  1 Enter the valuation date: Month 01 Day 01 Year 2011  2 Assests: 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							on line 2a	a of Form 5500 o	or 5500-SF			D i	Employer	Identifica	tion N	lumber	(EIN)		
Part I   Basic Information   Enter the valuation date:   Month   O1   Day   O1   Year   2011	SH	AFIQ	A. B <i>i</i>	AZAZ,	MD PC							38-	3831955						
1 Enter the valuation date: Month 01 Day 01 Year 2011 2 Assets: 2a Market value	E	Туре	of plar	n: X	Single	M	lultiple-A	Multiple-B	F	Prior year p	lan size:	X 100	or fewer	101-5	500	More	than 50	0	
1 Enter the valuation date: Month 01 Day 01 Year 2011 2 Assets: 2a Market value	Р	art I	F	Rasic	Infor	matic	n												
2 Assets:  a Market value								Aonth 01	Day 01	Voor	2011								
a Market value				value	ation da	ic.	- 11	71011ti1	Day	i cai		_							
b Actuarial value	_				l									20					0
3 Funding target/participants count breakdown:  a For retired participants and beneficiaries receiving payment		_																	
a For retired participants and beneficiaries receiving payment											T			2D					0
b For terminated vested participants.  C For active participants:  (1) Non-vested benefits.  (2) Vested benefits.  (3) Total active.  (3) Total active.  3c(2)  4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	3	Fur	·	•							(1) N	Number	r of partic			(2)	<b>)</b> Fundir	g Targe	
C For active participants:  (1) Non-vested benefits		а			•	•		`	. ,						)				0
(1) Non-vested benefits		b	For	termir	nated ve	ested p	articipants	S		<u>3</u> b				0					0
(2) Vested benefits 3c(2) (3) Total active 3c(3) 1 1 (4) Total 3c(3) 1 1 (4) Total 3c(3) 1 1 (5) Total 3c(3) 1 1 (		С	For	active	particip	pants:					_								
3 Total active			(1)	Non-	-vested	benefi	ts			3c(1)	_								0
d Total 3d 1  4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4a  a Funding target disregarding prescribed at-risk assumptions 4a  b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b  5 Effective interest rate 5 5 5.82  6 Target normal cost 6 162  Statement by Enrolled Actuary 7 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumption combination, offer my best estimate of anticipated experience under the plan.  SIGN HERE Signature of actuary Date 11-02034  Type or print name of actuary Most recent enrollment number 203-356-0306  Firm name Telephone number (including area code) STAMFORD, CT 06902			(2)	Vest	ed bene	efits				3c(2)									0
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)			(3)	Tota	I active					3c(3)				1					0
a Funding target disregarding prescribed at-risk assumptions		d	Tot	al						3d				1					0
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4	If th	ne pla	n is in	at-risk	status,	check the	box and compl	ete lines (a) and	d (b)									
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		а	Fun	dina ta	araet dis	sregard	dina presc	ribed at-risk ass	umptions					4a					
5 Effective interest rate		b	Fun	ding ta	arget ref	flecting	at-risk as	sumptions, but	disregarding tra	nsition rule f	or plans th	hat hav	e been in	4h					
Statement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions combination, offer my best estimate of anticipated experience under the plan.  SIGN HERE  Signature of actuary  THEODORE ANDERSEN, M.A.A.A.,MSPA  Type or print name of actuary  PENSION ASSOCIATES  Firm name  Firm name  Telephone number (including area code)  Telephone number (including area code)	_																		
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To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions combination, offer my best estimate of anticipated experience under the plan.  SIGN HERE  Signature of actuary  THEODORE ANDERSEN, M.A.A.A., MSPA  Type or print name of actuary  PENSION ASSOCIATES  Firm name  Firm name  Telephone number (including area code)  STAMFORD, CT 06902	_													6					162495
accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions combination, offer my best estimate of anticipated experience under the plan.  SIGN HERE  Signature of actuary  THEODORE ANDERSEN, M.A.A.A.,MSPA  Type or print name of actuary  PENSION ASSOCIATES  Firm name  Firm name  Telephone number (including area code)  STAMFORD, CT 06902	Sta		•			•	ation ounnlied	l in this schodule and	accompanying coho	dulas atatamant	and attach	monto if c	ny io oomn	lata and assu	uroto E	ach area	aribad aaa	ımption wa	o applied in
HERE  Signature of actuary  THEODORE ANDERSEN, M.A.A.A.,MSPA  Type or print name of actuary  PENSION ASSOCIATES  Firm name  Telephone number (including area code)  Telephone number (including area code)		accord	ance w	ith applic	cable law a	and regu	lations. In my	opinion, each other a	assumption is reasor										
Signature of actuary THEODORE ANDERSEN, M.A.A.A.,MSPA  Type or print name of actuary PENSION ASSOCIATES  Firm name  2001 WEST MAIN STREET, SUITE 230 STAMFORD, CT 06902  Date 11-02034  Most recent enrollment number 203-356-0306  Telephone number (including area code)	,	SIGN	1																
THEODORE ANDERSEN, M.A.A.A.,MSPA  Type or print name of actuary  PENSION ASSOCIATES  Firm name  2001 WEST MAIN STREET, SUITE 230 STAMFORD, CT 06902  Telephone number (including area code)	ŀ	IER	E									_					/2012		
Type or print name of actuary  PENSION ASSOCIATES  STAMFORD, CT 06902  Most recent enrollment number 203-356-0306  Telephone number (including area code)	ТНЕ		RF Δ	NDER	SEN N	ΛΔΔΔ	_	ture of actuary									2024		
PENSION ASSOCIATES  203-356-0306  Firm name  2001 WEST MAIN STREET, SUITE 230 STAMFORD, CT 06902  Telephone number (including area code)		-000	/(L /	II TOLI	COLITY, IV							_		N4 1					
2001 WEST MAIN STREET, SUITE 230 STAMFORD, CT 06902	PEI	NSION	N ASS	SOCIA	TES		ype or pri	int name of actu	ary					IVIOST	recent				
STAMFORD, CT 06902								irm name					Т	elephone	numb	er (inc	luding a	rea cod	e)
Address of the firm						, SUITI	± 230												
Address of the firm																			
							Addr	ess of the firm											
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions				as not	fully ref	flected	any regul	ation or ruling pr	romulgated und	er the statute	in compl	leting th	nis sched	ule, checl	k the b	oox and	d see		

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Pa	rt II Beg	inning of year carry	over and prefunding ba	lances							
				-	(a) C	arryover balance	(	<b>b)</b> Prefund	ing balance		
			applicable adjustments (line 13 f	-			0		0		
8			ar's funding requirement (line 35				0		0		
9	Amount rema	ning (line 7 minus line 8)					0		0		
10	Interest on lin	e 9 using prior year's actua	al return of%				0		0		
11	Prior year's ex	cess contributions to be a	dded to prefunding balance:								
	a Present va	lue of excess contribution	s (line 38 from prior year)						0		
			ctive rate of% excep						0		
	<b>c</b> Total availa	ble at beginning of current p	plan year to add to prefunding bala	ance					0		
	<b>d</b> Portion of	(c) to be added to prefund	ing balance						0		
12	Other reduction	ns in balances due to elec	tions or deemed elections				0	0			
13	Balance at be	ginning of current year (lin	e 9 + line 10 + line 11d – line 12	)			0		0		
Pa	art III Fu	nding percentages									
14 Funding target attainment percentage								14	100.00 %		
15 Adjusted funding target attainment percentage								15	100.00 %		
	Prior year's fu	nding percentage for purp	oses of determining whether car	ryover/prefu	nding balan	ces may be used to r		16	100.00 %		
17	If the current	alue of the assets of the p	lan is less than 70 percent of the	e funding tar	get, enter s	uch percentage		17	%		
Pa	art IV Co	ontributions and liqu	uidity shortfalls								
18	18 Contributions made to the plan for the plan year by employer(s) and employees:										
(M	(a) Date M-DD-YYYY)	<b>(b)</b> Amount paid by employer(s)	(c) Amount paid by employees		(a) Date (b) Amount paid by employer(s)				unt paid by loyees		
04/	/01/2012	1	000								
04	/15/2012	110	495 0								
04	/04/2012	49	000								
08	/10/2012	2	000								
		·	·	Totals ▶	18(b)	16	2495 18	(c)	0		
19	Discounted er	nployer contributions – see	e instructions for small plan with	a valuation	date after th	e beginning of the ye	ar:				
	<b>a</b> Contribution	ns allocated toward unpaid	minimum required contributions	from prior y	/ears	19	9a		0		
	<b>b</b> Contribution	ns made to avoid restriction	ns adjusted to valuation date			19	9b		0		
	<b>c</b> Contribution	s allocated toward minimum	required contribution for current y	ear adjusted	l to valuation	date1	9с		162495		
20	Quarterly con	ributions and liquidity shor	tfalls:								
	a Did the plan	n have a "funding shortfall"	for the prior year?						Yes X No		
	<b>b</b> If 20a is "Ye	es," were required quarterl	y installments for the current yea	ar made in a	timely mani	ner?			Yes No		
	<b>C</b> If 20a is "Ye	es," see instructions and co	omplete the following table as ap	plicable:					_		
		1	Liquidity shortfall as of e	nd of quarte		•					
	(1)	1st	(2) 2nd		(3)	3rd		(4) 4	h		

Pa	rt V	Assumptio	ns used to determ	ine f	unding target and tar	get ı	normal cost				
21	Disco	ount rate:									
	<b>a</b> Se	egment rates:	1st segment: 2.94%		2nd segment: 5.82%		3rd segment: 6.46 %		N/A, full yield curve used		
	<b>b</b> At	policable month	(enter code)					21b	0		
22								22	65		
23		ality table(s) (see			escribed - combined	7	scribed - separate	Substitu			
		1	_				oomoo ooparato				
		Miscellane									
		· ·	•		uarial assumptions for the c						
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No		
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment	Yes X No		
27					nding rules, enter applicable			27			
	rt VII				ım required contribut						
					years			28	0		
29					d unpaid minimum required o			29	0		
30	Rema	aining amount of	f unpaid minimum requir	ed con	ntributions (line 28 minus line	29)		30	0		
Pa	Part VIII Minimum required contribution for current year										
31	Target normal cost and excess assets (see instructions):										
	<b>a</b> Tai	rget normal cost	(line 6)					31a	162495		
<b>b</b> Excess assets, if applicable, but not greater than 31a									0		
32	32 Amortization installments: Outstanding Balar							nce	Installment		
	a Ne	et shortfall amort	ization installment					0	0		
	<b>b</b> Wa	aiver amortizatio	on installment					0	0		
33					ter the date of the ruling letto			33	0		
34	Total	fundina requirer	ment before reflecting ca	arrvove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	162495		
		3 - 4		,	Carryover balance		Prefunding balar		Total balance		
35	Ralan	ocas elected for i	use to offset funding		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Jane				
00						0		0	0		
36	Additi	ional cash requir	rement (line 34 minus lir	ne 35).				36	162495		
37	Contr	ributions allocate	ed toward minimum requ	ired co	ontribution for current year a	djuste	d to valuation date	37	162495		
38			ess contributions for curr								
								38a	0		
			•		prefunding and funding star			38b	0		
39					ear (excess, if any, of line 36		-	39	0		
40					5		,	40			
	rt IX				ension Relief Act of 20						
					ursuant to an alternative amo						
			<del>_</del>		area area area area area area				2 plus 7 years 15 years		
42		, , , ,	,		41a was made				0		
								42			
43	Exces	ss installment ac	celeration amount to be	carrie	d over to future plan years			43			

### Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

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

► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P	art I Annual Report Identification Information									
	the calendar plan year 2011 or fiscal plan year beginning	01/01	/2011	and ending	12,	/31/2011				
Α .	This return/report is for: x a single-employer plan	a multiple-e	employer plan	(not multiemployer)	Г	a one-participant plan				
	This return/report is: x the first return/report	the final ret	urn/report		_					
_	an amended return/report	H		eport (less than 12 mo	othe)					
_	H	H .	•	eport (less than 12 mol	IIIIS)	1 DEVO				
C	Check box if filing under: x Form 5558	automatic e	extension		L	DFVC program				
	special extension (enter descripti	ion)								
_	art II Basic Plan Information enter all requested in	formation.								
1a	Name of plan					hree-digit lan number				
	Shafiq A Bazaz MD PC Defined Benefit Pension	Plan				PN) ► 001				
					1c E	ffective date of plan				
					0	01/01/2011				
2a	Plan sponsor's name and address; include room or suite number (e Shafiq A. Bazaz, MD PC	mployer, if for s	single-employ	er plan)	2b	Employer Identification Number				
	Shariq A. Bazaz, MD FC				(1	(EIN) 38-3831955				
					I	Plan sponsor's telephone number				
	3617 Dane Street				<del>- `</del>	914) 806-1903				
						Business code (see instructions)				
US 33	Shrub Oak NY 10588  Plan administrator's name and address (If same as plan sponsor, e	mtor "Como")				Administrator's EIN				
Ja	Same	nter Same)			3D A	Administrator's EIN				
					2					
					3C A	Administrator's telephone number				
4	If the name and/or EIN of the plan sponsor has changed since the land	ast return/repor	t filed for this	plan, enter the	4b	EIN				
а	name, EIN, and the plan number from the last return/report.  Sponsor's Name		4c F	PN						
	Total number of participants at the beginning of the plan year				5a	1				
b	Total number of participants at the end of the plan year				5b	1				
С	Number of participants with account balances as of the end of the p complete this item)				5c					
6a	Were all of the plan's assets during the plan year invested in eligible					XYes 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	,			• • •	XYes No				
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-SF ai	na must inste	ad use Form 5500.						
_			(a) B	loginning of Voor		(h) End of Voor				
7	Plan Assets and Liabilities	-	(a) L	eginning of Year	-	(b) End of Year				
a	Total plan assets	· · 7a		0	-	162,495				
b	Total plan liabilities	· · 7b		0	_	0				
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a)	7c		(a) Amount	-	162,495				
o a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:			(a) Amount		(b) Total				
-	(1) Employers	8a(1)		162,495						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		0						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				162,495				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions)			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)					0				
i	Net income (loss) (subtract line 8h from line 8c)					162,495				
j	Transfers to (from) the plan (see instructions)	8j		0						

	Form 5500-SF 2011	F	age <b>2-</b>		_					
Part	IV Plan Characteristics					3				
9a	the plan provides pension benefits, enter the applicable pension feature	re codes from the List	of Plan Characteri	stic Co	des in	the in	structions:			
b i	1A the plan provides welfare benefits, enter the applicable welfare feature	codes from the List of	of Plan Characteris	tic Cod	es in t	he ins	· tructions:			
Par	V Compliance Questions			***************************************						
10	During the plan year:				Yes	No	А	mount		
а	Was there a failure to transmit to the plan any participant contributions			40-		x				
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (D			10a						
	on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?			10c		x				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidel									
	or dishonesty?			10d		x			<u></u>	
е	Were any fees or commisions paid to any brokers, agents, or other pe									
	insurance services or other organization that provides some or all of the instructions.)		•	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?			10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		х				
h	If this is an individual account plan, was there a blackout period? (See					х				
i	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the re			10h						
	exceptions to providing the notice applied under 29 CFR 2520.101-3			10i						
	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500))							<b>X</b> Yes	□No	
12										
а	If a waiver of the minimum funding standard for a prior year is being as	•	ear, see instruction	s. and	enter	the da	te of the lette	er rulina		
	granting the waiver		Mor	nth		Day	· \	/ear		
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB	**	-			12b				
b	Enter the minimum required contribution for this plan year				. –	12c				
d	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the	•	sign to the left of a		. ⊢			-		
	negative amount)	•	-		. L	12d				
	Will the minimum funding amount reported on line 12d be met by the f	unding deadline?		· • •	• •		Yes	No	□N/A	
Part			<del></del>							
13a	Has a resolution to terminate the plan been adopted in any plan year?		• • • • • •		٠,	• •	• • • •	Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the emplo			• • •		13a				
b	Were all the plan assets distributed to participants or beneficiaries, train of the PBGC?			er the c	ontrol			Yes	<b>X</b> No	
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	his plan to another pla	an(s), identify the pl	an(s) to	•	, ,				
1	3c(1) Name of plan(s):				130	c(2) E	IN(s)	13c(3) F	N(s)	
				<b> </b>				-		
Cautio	n: A penalty for the late or incomplete filing of this return/report w	ill be assessed unle	ss reasonable cat	use is (	establ	ished				
Under SB or t	penalties of perjury and other penalties set forth in the instructions, I de schedule MB completed and signed by an enrolled actuary, as well as t t is true, corpect, and complete.	clare that I have exar	nined this return/re	port, in	cluding	g, if ap	plicable, a S			
SIGI			Shafiq A. Ba	1282						
HER		Date 08/15/0	Enter name of inc		sianin	ng as r	lan administ	rator		
SIGI		60/13/12	Shafiq A. Ba		9-111	<u> )</u>				
HER		Date 08/15/12	Enter name of inc		signin	ng ae e	mplover or n	lan sponsor	<del></del>	
	orginature or anthroyampian shortson	1 Date () 5/15/12	Truter natile of luc	irvidual	ગયાલ	ig as e	impioyer of p	an sponsor		

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

Shafiq A. Bazaz, MD PC Defined Benefit Pension Plan 38-3831955 / 001 For the plan year 1/1/2011 through 12/31/2011

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

# Schedule SB, line 19 - Discounted Employer Contributions

## Shafiq A. Bazaz, MD PC Defined Benefit Pension Plan 38-3831955 / 001

For the plan year 1/1/2011 through 12/31/2011 Valuation Date: 1/1/2011

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	4/1/2012	\$1,000					
Applied to MRC	1/1/2011	1,000	932	0	0	5.82	0
Deposited Contribution	4/4/2012	\$49,000					
Applied to MRC	1/1/2011	49,000	45,637	0	0	5.82	0
Deposited Contribution	4/15/2012	\$110,495					
Applied to MRC	1/1/2011	110,495	102,737	0	0	5.82	0
Deposited Contribution	8/10/2012	\$2,000					
Applied to MRC	1/1/2011	2,000	1,826	0	0	5.82	0
Totals for Deposited Contribution		\$162,495	\$151,132	\$0	\$0		

# Schedule SB, Part V Summary of Plan Provisions

## Shafiq A. Bazaz, MD PC Defined Benefit Pension Plan 38-3831955 / 001

For the plan year 1/1/2011 through 12/31/2011

**Employer:** Shafiq A. Bazaz, MD PC

Type of Entity - C-Corporation

EIN: 38-3831955 TIN: 45-3662762 Plan #: 001

**Dates:** Effective - 1/1/2011 Year end - 12/31/2011 Valuation - 1/1/2011

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

Minimum age - 21 Months of service - 12

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

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

Retirement: Normal - First of month coincident with or next following attainment of age 65 and completion of the 5th anniversary of

the 1st day of the initial plan year of participation and completion of 5 years of service

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

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

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

10% of average monthly compensation per year of service beginning year 1 limited to 10 year(s)

Accrued Benefit - Unit credit based on service

Minimum Benefit - None Maximum Benefit - None

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

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

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: None

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

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

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

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

<u>Vesting Schedule:</u> Years Percent

0-1 0% 2 20% 3 40% 4 60% 5 80%

Service is calculated using all years of service

# **Schedule SB, Part V Summary of Plan Provisions**

## Shafiq A. Bazaz, MD PC Defined Benefit Pension Plan 38-3831955 / 001

For the plan year 1/1/2011 through 12/31/2011

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

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	2.47
Segment 2	6 - 20	5.07
Segment 3	> 20	6.10

Mortality Table - 11E - 2011 Applicable Mortality Table for 417(e) (unisex)

#### **Actuarial Equivalence:**

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 11C - 2011 Funding Target - Combined - IRC 430(h)(3)(A)

## Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

#### Shafiq A. Bazaz, MD PC Defined Benefit Pension Plan 38-3831955 / 001

For the plan year 1/1/2011 through 12/31/2011

**Valuation Date:** 1/1/2011

**Funding Method:** As prescribed in IRC Section 430

> Age - Eligibility age at last birthday and other ages at last birthday New participants are not included in current year's valuation

Prospective Compensation - Highest 3 consecutive years of service

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

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

Interest Rates -

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

Segment #	Year	Rate %
Segment 1	0 - 5	2.94
Segment 2	6 - 20	5.82
Segment 3	> 20	6.46

Pre-Retirement - Mortality Table -None

> Turnover/Disability -None Salary Scale -None Expense Load -1.246% Ancillary Ben Load -None

Post-Retirement - Mortality Table -11C - 2011 Funding Target - Combined - IRC 430(h)(3)(A)

> Cost of Living -None

11C - 2011 Funding Target - Combined - IRC 430(h)(3)(A) at 5% Lump Sum -

11E - 2011 Applicable Mortality Table for 417(e) (unisex)

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

## SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

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

2011

OMB No. 1210-0110

This Form is Open to Public Inspection

	File as an attachment to Form 55	500 or 5500-SF.				
For caler	ndar plan year 2011 or fiscal plan year beginning 01/01/2011	and ending	12,	/31/2011		
▶ Roun	d off amounts to nearest dollar.					
▶ Cauti	on: A penalty of \$1,000 will be assessed for late filing of this report unless reason	able cause is established	d.			
A Name	of plan	B Three-digit				
Shafiq	A Bazaz MD PC Defined Benefit Pension Plan	plan numb	er (PN)	<b>&gt;</b>	001	
C Plan s	ponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer Ide	entificat	ion Number (	EIN)	
Shafiq	A. Bazaz, MD PC	38	-383	L955		
E Type o	of plan: X Single Multiple-A Multiple-B F Prior year plan	size:X100 or fewer	]101-5	00 More	than 500	
Part I	Basic Information					
		2011			<del></del>	
2 Ass						
	Market value		2a			C
	Actuarial value	.}-	2b			
3 Fun	ding target/participant count breakdown	(1) Number of participa	inte	(2)	Funding Target	
a	For retired participants and beneficiaries receiving payment 3a	(1) Number of participa	0	\ <u>\</u>	randing ranger	
b	For terminated vested participants		0			
c	For active participants:					
•	(1) Non-vested benefits		-			C
	(2) Vested benefits					
	(2) Vested Berleite		1			
d	Total		1			
	e plan is in at-risk status, check the box and complete lines (a) and (b)					
	Funding target disregarding prescribed at-risk assumptions		40			
a		<u> </u>	4a			
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for pat-risk status for fewer than five consecutive years and disregarding loading factors.		4b		WATER AND ADDRESS OF THE PARTY	
5 Effe	ctive interest rate		5		5.82	
6 Tar	get normal cost		6		162,	, 495
To the baccorda	nt by Enrolled Actuary  lest of my knowledge, the information supplied in this schedule and accompanying schedules, statements and nce with applicable law and regulations. In my opion, each other assumption is reasonable (taking into account tion, offer my best estimate of anticipated experience under the plan.					
SIGN HERI	The a			09/04/20:	12	
	Signature of actuary	, , , , , , , , , , , , , , , , , , , ,		Date		
	Theodore Andersen, M.A.A.A., MSPA			11-02034		
	Type or print name of actuary		Most re	ecent enrollm	ent number	
	Pension Associates		(20	33) 356-0	306	
	Firm name 2001 West Main Street, Suite 230	Tele	ephone	number (incl	uding area code)	
	US Stamford CT 06902					
	Address of the firm					
If the actua	ary has not fully reflected any regulation or ruling promulgated under the statute in	completing this schedule	a chaa	k the hov and	lsee $\square$	
וו נווכ מטנעו	ary mas not runy renected any regulation of runny promulyated unider the statute in	completing this schedul	<u>, ∪⊓</u> €6	ת נוו <del>ם</del> טטא מווט	1300 []	

	Schedule SB (Form 5500) 2011 Page 2	2				
Pa	rt II Beginning of year carryover and prefunding balances		····			
	<u> </u>	(a) Carryover balance	(b) P	refundir	ng balance	
	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0				
8	Portion elected to use to offset prior year's funding requirement (line 35 from prior year)	0				C
9	Amount remaining (line 7 minus line 8)	0				C
10	Interest on line 9 using prior year's actual return of0.00%	0				C
11	Prior year's excess contributions to be added to prefunding balance:				1000 1000 1000	
	a Present value of excess contributions (line 38 from prior year)	1				C
	<b>b</b> Interest on (a) using prior year's effective rate of0_0 % except as otherwise provided (see instructions)			ı		
	C Total available at beginning of current plan year to add to prefunding balance					C
	<b>d</b> Portion of (c) to be added to prefunding balance					C
12	Other reductions in balances due to elections or deemed elections	0				(
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0				C
Pa	rt III Funding percentages					
14	Funding target attainment percentage			14	100.00	%
15	Adjusted funding target attainment percentage			15	100.00	%
16	Prior year's funding percentage for purposes of determining whether carryover/prefucurrent year's funding requirement			16	100.00	%
17	If the current value of the assets of the plan is less than 70 percent of the funding ta	rget, enter such percentage		17	0.00	%
Pa	rt IV Contributions and liquidity shortfalls		. 7			
18	Contributions made to the plan for the plan year by employer(s) and employees:					
		Date (b) Amount paid b	v /	a) Amoi	int paid by	

<b>11</b> Pri	or year's e	excess contributions t	o be adde	d to prefunding balance:							
а	Present va	alue of excess contrib	outions (lir	ne 38 from prior year)			244 74 10 12 23 24 24 24 24 24 24 24 24 24 24 24 24 24 2			•	
				rate of <u>0.00</u> % excep						1	
С	Total avail	lable at beginning of	current pla	an year to add to prefunding b	alance						
d	Portion of	(c) to be added to pr	efunding b	palance							(
<b>12</b> Oth	her reducti	ons in balances due	to election	ns or deemed elections				0			
<b>13</b> Ba	lance at be	eginning of current ye	ear (line 9	+ line 10 + line 11d - line 12)				0			
Part I	II Fu	unding percenta	iges								
<b>14</b> Fu	•					•••••	******			14	100.00 %
<b>15</b> Adj	justed fund	ding target attainmen	t percenta	ge						15	100.00 %
	• .	• • •		s of determining whether carry		-	•			16	100.00 %
17 If th	he current	value of the assets o	of the plan	is less than 70 percent of the	funding t	arget, enter	such percentage	••••		17	0.00 %
Part I	v c	ontributions and	d liquidi	ity shortfalls					.1		
<b>18</b> Co	ntributions	made to the plan for	r the plan	year by employer(s) and empl	oyees:						
	(a) Date (b) Amount paid by (c) Amount paid by employer(s) (MM-DD-YYYY) (b) Amount paid by employer(s)								(c) Amount paid by employees		
04/01,	/2012		1,000		04/04	4/2012		49,0	00		
04/15,	/2012	1:	10,495		08/10	0/2012		2,0	00		
		-									
		···									
				***************************************							
					Tatala	h (40/h)			40(=)	1	
					Totals	1 1 1 1			95 18(c)	<u> </u>	0
		. ,		structions for small plan with a			, , ,	<del></del>			
_			•	nimum required contribution fi		-	F	19a			(
				adjusted to valuation date				19b			(
				required contribution for curre	nt year ac	ljusted to va	aluation date	19c			162,49
	•	tributions and liquidit	•								
_				the prior year?							Yes X No
		, ,	•	stallments for the current year		a timely ma	anner?			L	_  Yes   No
C	If 20a is "Y	es," see instructions	and comp	plete the following table as ap			***************************************				20.0
	(1)	1st		Liquidity shortfall as of end (2) 2nd	of Quarte	er of this pla (3)	an year 3rd	1		(4) 4	th
		.50		\~/ \~!!\ <u>~</u>		(೮)	J. 4			17 3	NII .

P	art v   Assumptio	ons used to determine i	unding target and target	normai cost			
21	Discount rate:						
	a Segment rates:	1st segment: 2.94 %	2nd segment: 5.82 %	3rd segment: 6.46 %	,	☐ N/A, full yield curve u	used
	<b>b</b> Applicable month	(enter code)			21b	0	
22		· · · · · · · · · · · · · · · · · · ·			22		65
	Mortality table(s) (se			scribed - separate	Substitu	ute	
		eous items					
	L.		2 1	( ) O IC BY( ) II	*		
24	•	·	uarial assumptions for the curren			• •	7 No
25	····		an year? If "Yes," see instructions				
			Participants? If "Yes," see instruc				
27		<u></u>			allaciiiie		
21	· · · · · · · · · · · · · · · · · · ·		nding rules, enter applicable code		27		
Pa			m required contributions				
28			ears		28		0
29	· · · · · · · · · · · · · · · · · · ·	<u> </u>	I unpaid minimum required contril				
			· · · · · · · · · · · · · · · · · · ·		29		0
30			ntributions (line 28 minus line 29)		30		0
Pa	rt VIII Minimum	required contribution f	or current year		•		
31	Target normal cost.	adjusted, if applicable (see inst	ructions)				
					31a	16	2,495
	_		31a		31b		0
32	Amortization installm			Outstanding Bala	ance	Installment	
					0		0
	<b>b</b> Waiver amortizatio	on installment			0		0
			ter the date of the ruling letter gra	nting the approval			
			) and the waived amount .		33		0
34			prefunding balances (lines 31a - 3		34	16.	2,495
	<u> </u>		Carryover balance	Prefunding Bala	ince	Total balance	
35	Balances elected to	use to effect funding					
33		use to onset funding	0		0		0
36	Additional cash requi	irement (line 34 minus line 35)			36	16	2,495
	***************************************		ontribution for current year adjuste		37		
						16	2,495
38	Present value of exce	ess contributions for current ye	ar (see instructions)				
	a Total (excess, if an	ny, of line 37 over line 36)			38a		0
	<b>b</b> Portion included in	line 38a attributable to use of	prefunding and funding standard o	carryover balances	38b		0
39	Unpaid minimum req	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39		
40	Unpaid minimum req	uired contribution for all years			40		
Pai	t IX Pension	funding relief under Pe	nsion Relief Act of 2010 (	see instructions)			
41	If a shortfall amortizat	ion base is being amortized pu	rsuant to an alternative amortizat	on schedule:			
					[	2 plus 7 years  15 year	ars
	<b>b</b> Eligible plan vear(s	s) for which the election in line 4	11a was made		🗌 200		 11
					42		
			l over to future plan years		43		
	ac		. 5.51 to later o plans y color 1 1 1				