	Form 5500-SF		eturn/F Benefit	Report of Small Employ	yee	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employed	2	2011						
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	SA), and sections 6057(b) and 6058 Code (the Code).		This Form is Open to Public						
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance with	n the instructions to the Form 5500	D-SF.	Inspection						
		entification Information										
For	calendar plan year 2011 or fisca			C	2/31/2							
Α -	This return/report is for:		•	-employer plan (not multiemployer)		a one-participant plan						
Β.	This return/report is:			eturn/report								
		an amended return/report	a short pla	n year return/report (less than 12 mo	onths)	_						
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program						
		special extension (enter descriptio	,									
	Part II Basic Plan Information—enter all requested information											
	Name of plan INICK CANNAVO, M.D., P.C. D				10	Three-digit plan number						
DOIVI	INICK CANNAVO, W.D., F.C. D	DELAN				(PN) ▶ 001						
					1c	Effective date of plan						
22	Dian anonaria name and addr	and include room or quite number (a	malayar if	for a single ampleyer plan)	Jh	01/01/2006						
	INICK CANNAVO MD PC	ess; include room or suite number (er	for a single-employer plan)		Employer Identification Number (EIN) 51-0547765							
55 W	EST 25TH ST., #17D				2c	Sponsor's telephone number 917-754-1818						
	YORK, NY 10010				2d	Business code (see instructions) 621399						
	Plan administrator's name and NICK CANNAVO MD PC	address (if same as plan sponsor, er 55 WEST 25T	TH ST., #1		3b	Administrator's EIN 51-0547765						
		NEW YORK,	NY 10010		3c	Administrator's telephone number 917-754-1818						
4		lan sponsor has changed since the la	ast return/ı	report filed for this plan, enter the	4b	EIN						
а	name, EIN, and the plan numb Sponsor's name	er from the last return/report.			4c	PN						
	1	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 ac	count balances as of the end of the p	olan year (d	defined benefit plans do not	5c							
6a		uring the plan year invested in eligibl				Yes No						
	Are you claiming a waiver of th	e annual examination and report of a	an indepen	ident qualified public accountant (IQI	PA)							
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo				X Yes No						
Pa	rt III Financial Informa		5111 5500-	SF and must instead use Form 550								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year						
а	Total plan assets		7a	917087		1116695						
b	Total plan liabilities		7b	0		0						
С	Net plan assets (subtract line 7	b from line 7a)	7c	917087		1116695						
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total						
а	Contributions received or recei	vable from:	8a(1)	210000								
			8a(2)	0								
)	8a(3)	0								
b	() ()			-10392								
C	(<i>)</i>	8a(2), 8a(3), and 8b)	8c			199608						
d	Benefits paid (including direct r	ollovers and insurance premiums		0								
•	. ,		8d	0	_							
e f		ive distributions (see instructions) s (salaries, fees, commissions)	8e 8f	0								
і П	- · ·	s (salaries, rees, commissions)		0	-							
g h	•	Be, 8f, and 8g)	8g 8h			0						
i		e 8h from line 8c)				199608						
j		ee instructions)	8j	0								
	(, , , , , , , , , (, ,	,	oj									

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

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V	Compliance Questions										
10	Du	ring the plan year:		Yes	No		Am	ount				
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X							
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		x							
С	W	as the plan covered by a fidelity bond?	10c		Х							
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X							
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, aurance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X							
f	На	s the plan failed to provide any benefit when due under the plan?	10f		Х							
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х							
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х							
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3											
Part	VI	Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))											
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 🗌 Yes 🛛 No											
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)											
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver.										
lf y	/ou	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_								
b	En	ter the minimum required contribution for this plan year			12b							
С	En	ter the amount contributed by the employer to the plan for this plan year			12c							
d		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gative amount)		[12d							
е	Wil	I the minimum funding amount reported on line 12d be met by the funding deadline?				Ye	s	No	N/A			
Part	VII	Plan Terminations and Transfers of Assets										
13a	На	s a resolution to terminate the plan been adopted in any plan year?			Y	(es)	< No					
	lf "	Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a								
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u						1				
с	lf c	the PBGC? luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th					L	Yes	X No			
1		ich assets or liabilities were transferred. (See instructions.) 1) Name of plan(s):		12	-(2) ⊑I	N/(a)		120(2)				
1	20(13	c(2) El	14(5)		13c(3)	1 19(5)			
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	ise is	establ	ished.						
	nder penalties of periury and other penalties set forth in the instructions. I declare that I have examined this return/report. including, if applicable, a Schedule											

SB or Schedule MB completed and signed by an enrolled actuary, 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 electronic signature.	09/19/2012	DOMINICK CANNAVO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/19/2012	DOMINICK CANNAVO
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

	S	CHE	DULE S	SB		Single-En						t Plan	_		OME	3 No. 121	0-0110	
		•	rm 5500)			A	ctua	rial	Inform	nation						201 ²	1	
			ent of the Treasu Revenue Service			This schedule is re	auired to) be fil	ed under so	ection 104	4 of th	e Employee						
E	nplovee		tment of Labor its Security Admi	inistration		Retirement Income	Security	Act of	f 1974 (ERI	SA) and s				Th		•	en to Pu	ıblic
-			it Guaranty Corp						ue Code (th	,		05			I	nspecti	on	
For	calend	dar pla	an year 2011	1 or fiscal p	olan ve		an atta		nt to Form	5500 or :	5500	and ending	g 12/3 ⁻	1/201	1			
			amounts to			0 0							0					
	Cautio	on: A	penalty of \$1	1,000 will b	e asse	essed for late filing	of this re	eport u	inless reaso	onable ca	iuse i	s established	d.			T		
		of plan	NNAVO, M.E			I.					в	Three-digit					001	
DON				, r .c. DD		•						plan numb	er (PN)		<u> </u>			
					ine 2a	of Form 5500 or 5	500-SF				D	Employer lo	lentificati	on N	umber	(EIN)		
DON	IINICI	K CAN	NAVO MD	PC							51	-0547765						
F -												F	7	<u>.</u> Г	1			
EI	/pe of	plan:		Multipl	e-A	Multiple-B			Prior year pla	an size: 🗙	(100	or fewer	101-50	00	More	than 500)	
Pa	rt I	Ba	sic Inforr	nation														
1			aluation dat	ie:	Μ	onth01	Day	01	Year_	2011	_							
2	Asse												0-					00769
													2a					90768
3	b Actuarial value								2b		(0)	-	. .	90768				
3		0	• • •			own: ciaries receiving pa	vmont	1	3a	(1) N	umbe	er of participa	ants 0		(2)	Funding	g Target	
			• •						3b				0					
			ctive particip	•	ipants				50									
	•							1	3c(1)				-					
		• •							3c(2)	ł			ŀ					69630
		• •							3c(3)				1					69630
	d	Total							3d				1					69630
4	If the	e plan	is in at-risk s	status, che	ck the	box and complete	lines (a)	and (I	b)									
	а	Fundi	ng target dis	regarding	prescr	ibed at-risk assum	otions						4a					
						sumptions, but disr							4b					
_						nsecutive years ar			, ,	ctor								
5	_												5					5.82 % 10763
6 State													. 6					10703
T a	o the be ccordar	est of my	applicable law a	e information s and regulations	s. In my (in this schedule and acco opinion, each other assur rience under the plan.												
	IGN ERE														09/07/2	2012		
				Ś	Signat	ure of actuary					_				Date			
THE	DOR	RE AN	DERSEN, M	1.A.A.A., M	SPA						_				11-02	034		
				Туре	or prir	nt name of actuary							Most re	cent	enrollm	nent nun	nber	
PEN	SION	ASSC	DCIATES								_				203-35	56-0306		
			IN STREET, 06902	SUITE 20		rm name						Tel	ephone r	numb	er (incli	uding ar	ea code	2)
					Addre	ess of the firm					_							
	actua ctions		s not fully ref	lected any	regula	tion or ruling prom	ulgated	under	the statute	in comple	eting	his schedule	e, check	the b	ox and	see		
			Reduction A	Act Notice	and C	MB Control Num	bers, se	e the i	instruction	is for For	rm 55	00 or 5500-	SF.		Schedu	ule SB (500) 201 v.01261

F

Pa	art II Begi	nning of year	carryove	er and prefunding bal	lances								
						(a) C	Carryover balance		(b) I	Prefundi	ng balance		
7		0 1 2		cable adjustments (line 13 f				0			0		
8		•		unding requirement (line 35				0			0		
9	Amount remaini	ing (line 7 minus li	ne 8)					0			0		
10	Interest on line	9 using prior year'	s actual ret	urn of <u>14.70</u> %				0			0		
11	Prior year's exc	ess contributions	to be added	d to prefunding balance:									
	a Present valu	e of excess contr	ibutions (lin	e 38 from prior year)							190153		
				rate of <u>6.65</u> % excep						12645			
	C Total availab	le at beginning of c	urrent plan	year to add to prefunding bala	ince						202798		
	d Portion of (c) to be added to p	refunding b	alance							202798		
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										202798			
P	art III Fur	ding percent	ages										
14	Funding target a	attainment percen	tage							14	101.23 %		
15	15 Adjusted funding target attainment percentage										130.35 %		
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement										16	127.99 %		
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage												
P	art IV Cor	ntributions an	d liquidi	ty shortfalls									
18	Contributions m	ade to the plan fo	r the plan y	ear by employer(s) and emp	oloyees:								
(N	(a) Date /M-DD-YYYY)	(b) Amount p employer		(c) Amount paid by employees	(a) ((MM-DD)		(b) Amount pa employer((nt paid by oyees		
09)/07/2012		210000	0									
		-			Totals ►	18(b)		210000	18(c)		0		
19	Discounted emp	oloyer contribution	s – see ins	tructions for small plan with	a valuation	date after th	e beginning of the	year:					
	a Contributions	allocated toward	unpaid min	imum required contributions	from prior	years		19a			0		
	b Contributions	made to avoid re	strictions a	djusted to valuation date				19b			0		
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date												
20	20 Quarterly contributions and liquidity shortfalls:												
	a Did the plan I	have a "funding sh	ortfall" for	the prior year?							Yes X No		
	b If 20a is "Yes	," were required q	uarterly ins	tallments for the current yea	r made in a	timely man	ner?				Yes No		
	C If 20a is "Yes	," see instructions	and compl	ete the following table as ap	plicable:						<u> </u>		
				Liquidity shortfall as of e	·	er of this plar	n year						
	(1) 1	st		(2) 2nd	_	(3)	3rd			(4) 4th	1		

Page **3**

Pa	rt V	Assumptio	ns used to determine	funding target and tai	rget n	ormal cost						
21	Disco	unt rate:			-							
	a Se	gment rates:	1st segment: 2.94%	2nd segment: 5.82%		3rd segment: 6.46 %		N/A, full yiel	d curve	eused		
	b Ap	plicable month	(enter code)				21b			0		
22	Weigh	ited average ret	irement age				22			62		
23	Morta	lity table(s) (see	e instructions) X Pr	escribed - combined	Pres	cribed - separate	Substitu	ite				
Ра	rt VI	Miscellane	ous items									
24		-	nade in the non-prescribed ac	•		•			d Yes	X No		
25	Has a	method change	e been made for the current p	lan year? If "Yes," see instru	uctions	egarding required attac	hment		Yes	X No		
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see i	instruct	ons regarding required	attachmen	t	Yes	X No		
27			or (and is using) alternative fu				27					
Ра	rt VII	Reconcilia	ation of unpaid minimu	um required contribut	tions	for prior years						
28	Unpai	d minimum requ	ired contributions for all prior	years			28			0		
29												
30	0 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)											
Ра	Part VIII Minimum required contribution for current year											
31												
	a Target normal cost (line 6)											
	b Exc	cess assets, if a	pplicable, but not greater thar	n 31a			31b			8583		
32	Amort	ization installme	ents:			Outstanding Bala	ince	Installr	nent			
	a Net	t shortfall amorti	ization installment				0			0		
	b Wa	iver amortizatio	n installment				0			0		
33			approved for this plan year, er Day Year				33			0		
34	Total f	funding requirer	nent before reflecting carryov	er/prefunding balances (lines	s 31a - :	31b + 32a + 32b - 33)	34			99054		
				Carryover balance		Prefunding balar	nce	Total ba	lance			
35			use to offset funding		0		0			0		
36	Additio	onal cash requir	ement (line 34 minus line 35)				36			99054		
37			d toward minimum required c				37			190929		
38	Prese	nt value of exce	ess contributions for current ye	ear (see instructions)								
	a Tot	al (excess, if an	y, of line 37 over line 36)				38a			91875		
	b Po	rtion included in	line 38a attributable to use of	f prefunding and funding star	ndard c	arryover balances	38b			0		
39	Unpai	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36	6 over li	ne 37)	39			0		
40	Unpai	d minimum requ	uired contributions for all years	3			40					
Pa	rt IX	Pension f	unding relief under Pe	ension Relief Act of 2	010 (s	ee instructions)						
41	41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:											
	a Sch	edule elected						2 plus 7 years	15 y	years		
	b Elig	ible plan year(s)) for which the election in line	41a was made			200	8 2009 201	0	2011		
42	Amour	nt of acceleratio	n adjustment				42		i			
			celeration amount to be carrie				43					

	Form 5500-SF	Short Form Annual		eturn/R enefit	eport of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089				
Em	Department of the Treasury Internal Revenue Service Department of Labor ployee Benefits Security Administration	Retirement income Security	file Act o	d under se of 1974 (ER	tions 104 and 4065 of the Emp ISA), and section 6057(b) and 6 Code (the Code).		This Form is Open to Public				
	Pension Benefit Guaranty Corporation	Complete all entries in ac	cord	lance with	the Instructions to the Form	5500-SF.	Inspection				
R	Annual Report le	dentification Information									
For	the calendar plan year 2011 or fis	scal plan year beginning		01/01	/2011 and ending	1	2/31/2011				
A	This return/report is for:	a single-employer plan		a multiple-e	mployer plan (not multiemployer))	🔲 a one-participant plan				
в	This return/report is:	the first return/report	Π	the final ret	urn/report						
		an amended return/report	П	a short plar	year return/report (less than 12	months)					
С	Check box if filing under:	x Form 5558	П	automatic e	xtension		DFVC program				
-		special extension (enter descrip	L.J tion)								
	Basic Plan Infor	mation enter all requested i		a akta is							
-	Name of plan	III au y enter all requested	mon	nanon.		1b	Three-digit				
							plan number				
	Dominick Cannavo, M.D	., F.C. DB Plan				10	(PN) ► 001				
			01/01/2006								
2a	Plan sponsor's name and addre Dominick Cennevo MD P	ss; include room or suite number (C	2b	2b Employer Identification Number (EIN) 51-0547765							
		_			:	20	Plan sponsor's telephone number (917) 754-1818				
πa	55 West 25th St., #17 New York	NY 10010				2d	Business code (see instructions) 621399				
$\frac{\nabla g}{3a}$	w • • • • • • • • • • • • • • • • • • •	address (If same as plan sponsor,	enter	"Same")		36	Administrator's EIN				
	Same	(••••							
	3c Administrator's telephone number										
4		an sponsor has changed since the	last	return/repor	t filed for this plan, enter the	4b	EIN				
a	name, EIN, and the plan numbe Sponsor's Name	r from the last return/report.				40	PN				
<u>a</u> 5a	•	he beginning of the plan year				. 5a	1				
Ь	• •	the end of the plan year				. 5b					
С	Number of participants with acc complete this item)	ount balances as of the end of the	plan	year (defin	ed benefit plans do not	_ 5c					
		ring the plan year invested in eligib				* * *	, XYes No				
D		 annual examination and report of ee instructions on waiver eligibility 				A) 	XYes No				
	•	r 6a or 6b, the plan cannot use F		,		 L					
P	III Financial Inform	ation			annan an a	*******	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
7	Plan Assets and Liabilities				(a) Beginning of Year		(b) End of Year				
a	Total plan assets 🔒 🚦 🗸		•	7a	917,08	37	1,116,695				
þ	Total plan llabilities			7b		0	0				
C	Net plan assets (subtract line 7b	***************************************	• •	70	917,00	37	1,116,695				
8	Income, Expenses, and Transfe			(POMAR)	(a) Amount		(b) Total				
а	 Contributions received or received (1) Employers 			8a(1)	210,00	o 🕅					
	(2) Participants	* * * * * * * * * * *		8a(2)	······································	0					
	(3) Others (including rollovers)		0								
b	Other income (loss)			8a(3) 8b	(10,392						
C	Total income (add lines 8a(1), 8		• •	8c			199,608				
d	Benefits paid (including direct ro to provide benefits)	ollovers and insurance premiums		. 8d		0					
9		ve distributions (see instructions)	• •	80 80							
ť	Administrative service providers	• • • •		8f		0					
ģ	Other expenses			89	,	0					
ĥ	Total expenses (add lines 8d, 8	e, 8f, and 8g)	•	8h		件	Q				
i	Net income (loss) (subtract line			. 8i			199,608				
J	Transfers to (from) the plan (see	s instructions) , 📖 🛶 🛌	•	. 8j		0					

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

Form 5500-SF (2011) v.012611

Paraly Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A

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

Rect V Compliance Questions

10	During the plan year:			Yes	No		Amount					
a	Was there a failure to transmit to the plan any participant contributions within the time period described in	· 1	10-		x							
b	29 CFR 2510,3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-In-Interest? (Do not include transactions reported	• •	<u>10a</u>									
	on line 108.)		10b		x							
c	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 fidelity bond, that was caused by fraud	-			,		**************************************					
	or dishonesty?	. •	10d		X							
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)		10 0		x							
f	Has the plan failed to provide any benefit when due under the plan?	r +	10f		x							
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	· •	10g		x							
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	• •	10h		x							
J	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		101				den no i Transferencia					
Ban	M Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com				,		X Yes	No				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction	302 o	f ERIS	A? .	. 🗌 Yes	X No				
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)											
a 14 -	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.											
b b	Enter the minimum required contribution for this plan year			ſ	12b	ſ	******					
c	Enter the amount contributed by the employer to the plan for this plan year		•	*	12c							
ď	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a			12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?					Yes	No	N/A				
Pan												
	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							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	1				• • •	. □Yes	X No				
¢	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne pla	in(s) t	0			A					
ہ	3c(1) Name of plan(s):			13	c(2) E	IN(s)	13c(3)	PN(s)				
				-								
Cauth	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	- Cau	ae ia	eateh	lished							
	penalties of perjury and other ponalties set forth in the instructions, I declare that I have examined this retur	•					Schedula					
SB or	penalties of perjury and other penalties set form in the instructions, i declare that i have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re it is true, correct/and complete.											
NEL-SWICH												

SIGN			Dominick Cannavo
HERE	Signature of plan perministrator,	Date TUN	Enter name of individual signing as plan administrator
SIGNE	1///		Dominick Cannavo
HERE	Signature of employer/plan aponsor	Date 9-12-1	Enter name of individual signing as employer or plan sponsor
••••••	0	,	

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SCHEDULE SB	Single-Employer	Define	ed Ber	efit Plan		ОМВ	No. 1210-0110	
(Form 5500) Department of the Treasury	Actuarial						2011	
Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be file Retirement Income Security Act of Internal Reven	f 1974 (ER	ISA) and s				is Open to Public nspection	
	► File as an attachme		n <u>5500 or 5</u>					
For calendar plan year 2011 or fiscal		2011	···· <u> </u>	and endin	g 12	/31/2011		
Round off amounts to nearest de Courtient A nonable of \$1,000 will be		uniono ropo	anable ee	una ia antabliaba	لم			
A Name of plan	be assessed for late filing of this report u		T	B Three-digi		- manager		
Dominick Cannavo, M.D., P.	.C. DB Plan			plan numb			001	
C Plan sponsor's name as shown on	line 2a of Form 5500 or 5500-SF			D Employer Id	entifica	ition Number (EIN)	
Dominick Cannavo MD PC				5	1-054	7765		
E Type of plan: X Single Multip	le-A 🗌 Multiple-B	Prior year p	lan 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		907,682	
b Actuarial value		••••••••••		•••••	2b		907,682	
	Funding target/participant count breakdown (1) Number of partic							
	cipants	3b		Name i and a state of the state of	0	N STATES CONTRACTOR) 	
C For active participants:	l	2-(1)	1					
			{				0	
(-)		<u>3c(2)</u> 3c(3)			1		696,301 696,301	
		3d	1		 1		696,301	
· · · · · · · · · · · · · · · · · · ·	ck the box and complete lines (a) and (L		<u>ــــــــــــــــــــــــــــــــــــ</u>			
•	prescribed at-risk assumptions	•			4a			
	risk assumptions, but disregarding trans							
	five consecutive years and disregarding				4b			
5 Effective interest rate		•••••	••••••••	•••••	5		5.82	
6 Target normal cost					6		107,637	
	supplied in this schedule and accompanying schedule s. In my opion, each other assumption is reasonable ted experience under the plan.							
SIGN HERE	The G					09/07/201	2	
	Signature of actuary en,M.A.A.A.,MSPA					Date 11-02034		
Туре	or print name of actuary				Most r	ecent enrollme	ent number	
Pension Associa	tes				(2	03) 356-03	306	
2001 West Main	Firm name Street, Suite 203			Tel	ephone	e number (inclu	iding area code)	
US Stamford	CT 06902							
		the states		the this and the t	a -1··			
nstructions	regulation or ruling promulgated under			·			see	

v.012611

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Pa	ırt II 🛛 Be	ginning of year	carryov	er and prefunding bala	nces						
						(a)	Carryover balance		(b) F	refundi	ng balance
7				licable adjustments (line 13 fro			·····	0			0
8		•	•	funding requirement (line 35 fr				0			0
9				•••••••••••••••••••••••••••••••••••••••				0		·····	0
10				eturn of <u>14.70</u> %				0			0
11				ed to prefunding balance:							
••	•				••••				<u> AN CANADARA AN</u>		190,153
	b Interest o otherwise	n (a) using prior yea provided (see instru	r's effective ictions)	e rate of <u>6.65</u> % excep	t as						12,645
	C Total ava	ilable at beginning o	f current pl	an year to add to prefunding b	alance						202,798
	d Portion of	f (c) to be added to p	orefunding I	palance							202,798
12	Other reduct	ions in balances due	e to election	ns or deemed elections			<u></u>	0			0
13	Balance at b	eginning of current y	/ear (line 9	+ line 10 + line 11d - line 12).				0			202,798
Pa	rt III F	unding percent	ages								
14	Funding targ	et attainment percer	ntage							14	101.23 %
15	Adjusted fun	ding target attainme	nt percenta				• • • • • • • • • • • • • • • • • • • •			15	130.35 %
16				s of determining whether carry						16	127.99 %
17				is less than 70 percent of the						17	%
Pa	rt IV C	ontributions ar	nd liauid	itv shortfalls							
Conservative and				year by employer(s) and empl	ovees:						
	(a) Date M-DD-YYYY)	(b) Amount p employer	aid by	(c) Amount paid by employees	(a) Date DD-YYYY)	(b) Amount p employer		/ (unt paid by loyees
09/	07/2012	2	10,000								
·											
	·······										
				<u></u>							
						·····	ļ				
		<u>}</u>				<u></u>					
				α							
		1			Totals	► 18(b)	2	10,0	000 18(c)		0
19	Discounted e	mployer contributior	ns see in	structions for small plan with a	valuatio	n date after					
				nimum required contribution fr				19a			0
			-	adjusted to valuation date		•		19b			0
				required contribution for currer				19c			190,929
		tributions and liquid			<u>n jour u</u>						
	-			the prior year?				•••••			Yes X No
				stallments for the current year						[] Yes 🗌 No
	C If 20a is "Y	es," see instruction	s and comp	plete the following table as app							
				Liquidity shortfall as of end	of Quart					4) 4/1	
	(1)	1st		(2) 2nd		(3)	3rd		(4	4) 4t	<u>n</u>

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	art V Assumptio	Sils used to determine	funding target and target	normal cost						
21	Discount rate:									
	a Segment rates:	1st segment: 2.94 %	2nd segment: 3rd segment 5.82 % 6.46 %			N/A, full yield curve used				
	b Applicable month	(enter code)	21b	0						
22	Weighted average re	etirement age	22	62						
23	Mortality table(s) (se	e instructions) X P	rescribed - combined	scribed - separate] Substitu	te				
Pa	rt VI Miscellane	ous items				<u></u>				
			ctuarial assumptions for the current	plan year? If "Yes," see	instruction	ns regarding required				
	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment attachment Yes Yes Yes									
25		Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment Yes X No								
26	Is the plan required t	o provide a Schedule of Activ	e Participants? If "Yes," see instruc	tions regarding required	attachmei	nt Yes X No				
27		· · · · ·	unding rules, enter applicable code							
	•	• •	••••••••••••••••••••••••••••••••••••••		27					
Pa	rt VII Reconcili	ation of unpaid minim	um required contributions	for prior years						
28	Unpaid minimum req	uired contribution for all prior	years		28	0				
29			rd unpaid minimum required contrib							
			· · · · · · · · · · · · · · · · · · ·		29	0				
30	Remaining amount of	f unpaid minimum required co	ontributions (line 28 minus line 29)		30	0				
Pa	rt VIII Minimum	required contribution	for current year							
31	Target normal cost, a	adjusted, if applicable (see ins	structions)							
			• • • • • • • • • • • • • • • • •		31a	107,637				
	-		n 31a		31b	8,583				
32	Amortization installm		**************************************	Outstanding Bala		Installment				
					0	0				
					0	0				
55	If a waivar has been	approved for this plan year a	ntor the data of the ruling latter are	nting the enproval						
			nter the date of the ruling letter gra		33	0				
24	(Month	DayYear) and the waived amount .	• • • • • • • • • • • • •	-	·				
34	(Month	DayYear) and the waived amount . r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	99,054				
34	(Month	Day Year) and the waived amount .	• • • • • • • • • • • • •	34	·				
34 35	(Month Total funding requirer Balances elected to	Day Year ment before reflecting carryove use to offset funding) and the waived amount . r/prefunding balances (lines 31a - 3 Carryover balance	1b + 32a + 32b - 33)	34 Ince	99,054 Total balance				
35	(Month Total funding requirer Balances elected to requirement	Day Year ment before reflecting carryove use to offset funding) and the waived amount . r/prefunding balances (lines 31a - 3 Carryover balance 0	1b + 32a + 32b - 33) Prefunding Bala	34 ince 0	99,054 Total balance 0				
35 36	(Month Total funding requirer Balances elected to requirement Additional cash requi	Day Year nent before reflecting carryove use to offset funding) and the waived amount . r/prefunding balances (lines 31a - 3 Carryover balance 0)	1b + 32a + 32b - 33) Prefunding Bala	34 Ince	99,054 Total balance				
35	(Month Total funding requirer Balances elected to requirement Additional cash requi Contributions allocate	Day Year nent before reflecting carryove use to offset funding irement (line 34 minus line 35 ed toward minimum required of) and the waived amount . r/prefunding balances (lines 31a - 3 Carryover balance 0)	1b + 32a + 32b - 33) Prefunding Bala	34 ince 0	99,054 Total balance 0 99,054				
35 36 37	(Month Total funding requirer Balances elected to requirement Additional cash requi Contributions allocate (line 19c)	Day Year ment before reflecting carryove use to offset funding) and the waived amount . r/prefunding balances (lines 31a - 3 Carryover balance 0)	1b + 32a + 32b - 33) Prefunding Bala	34 ince 0 36	99,054 Total balance 0				
35 36 37 38	(Month Total funding requirer Balances elected to requirement Additional cash requi Contributions allocati (line 19c) Present value of exce	Day Year nent before reflecting carryove use to offset funding irement (line 34 minus line 35 ed toward minimum required ess contributions for current y) and the waived amount . r/prefunding balances (lines 31a - 3 Carryover balance 0)	1b + 32a + 32b - 33) Prefunding Bala d to valuation date	34 Ince 0 36 37	99,054 Total balance 0 99,054 190,929				
35 36 37 38	(Month Total funding requirer Balances elected to requirement Additional cash required Contributions allocate (line 19c) Present value of excer a Total (excess, if an	Day Year ment before reflecting carryove use to offset funding irement (line 34 minus line 35 ed toward minimum required of ess contributions for current y ty, of line 37 over line 36)) and the waived amount . r/prefunding balances (lines 31a - 3 Carryover balance 0)	1b + 32a + 32b - 33) Prefunding Bala	34 Ince 0 36 37 38a	99,054 Total balance 0 99,054 190,929 91,875				
35 36 37 38	(Month Total funding requirer Balances elected to requirement Additional cash requi Contributions allocati (line 19c) Present value of exco a Total (excess, if an b Portion included in	Day Year nent before reflecting carryove use to offset funding) and the waived amount .	1b + 32a + 32b - 33) Prefunding Bala Prefunding Bala to valuation date	34 Ince 0 36 37 38a 38b	99,054 Total balance 0 99,054 190,929				
35 36 37 38 39	(Month Total funding requirer Balances elected to requirement Additional cash required Contributions allocate (line 19c) Present value of excer a Total (excess, if an b Portion included in Unpaid minimum required	Day Year nent before reflecting carryove use to offset funding irement (line 34 minus line 35 ed toward minimum required of ess contributions for current y ty, of line 37 over line 36) line 38a attributable to use of uired contribution for current y) and the waived amount . r/prefunding balances (lines 31a - 3* Carryover balance 0)	1b + 32a + 32b - 33) Prefunding Bala Prefunding Bala Prefunding Bala Prefunding Bala Prefunding Bala Prefunding Bala Prefunding Bala	34 ince 0 36 37 38a 38b 39	99,054 Total balance 0 99,054 190,929 91,875				
35 36 37 38 39 40	(Month Total funding requirer Balances elected to requirement Additional cash required Contributions allocate (line 19c) Present value of exco a Total (excess, if an b Portion included in Unpaid minimum required	Day Year ment before reflecting carryove use to offset funding) and the waived amount . r/prefunding balances (lines 31a - 3* Carryover balance 0)	1b + 32a + 32b - 33) Prefunding Bala Prefunding Bala	34 Ince 0 36 37 38a 38b	99,054 Total balance 0 99,054 190,929 91,875				
35 36 37 38 39 40 Par	(Month Total funding requirer Balances elected to requirement Additional cash required Contributions allocate (line 19c) Present value of excer a Total (excess, if an b Portion included in Unpaid minimum required Unpaid minimum required t IX Pension	Day Year nent before reflecting carryove use to offset funding irement (line 34 minus line 35 ed toward minimum required of ess contributions for current y ry, of line 37 over line 36) line 38a attributable to use of uired contribution for current y uired contribution for all years funding relief under Po) and the waived amount .	1b + 32a + 32b - 33) Prefunding Bala Prefunding Bala	34 ince 0 36 37 38a 38b 39	99,054 Total balance 0 99,054 190,929 91,875				
35 36 37 38 39 40 Par	(Month Total funding requirer Balances elected to requirement Additional cash required Contributions allocate (line 19c) Present value of excer a Total (excess, if an b Portion included in Unpaid minimum required Unpaid minimum required t IX Pension	Day Year nent before reflecting carryove use to offset funding irement (line 34 minus line 35 ed toward minimum required of ess contributions for current y ry, of line 37 over line 36) line 38a attributable to use of uired contribution for current y uired contribution for all years funding relief under Po) and the waived amount . r/prefunding balances (lines 31a - 3* Carryover balance 0)	1b + 32a + 32b - 33) Prefunding Bala Prefunding Bala	34 ince 0 36 37 38a 38b 39	99,054 Total balance 0 99,054 190,929 91,875				
35 36 37 38 39 40 Par 41	(Month Total funding requirer Balances elected to requirement Additional cash requi Contributions allocate (line 19c) Present value of exce a Total (excess, if an b Portion included in Unpaid minimum req Unpaid minimum req t IX Pension If a shortfall amortizat	Day Year hence the second seco) and the waived amount .	1b + 32a + 32b - 33) Prefunding Bala Prefunding Bala arryover balances line 37) see instructions) on schedule:	34 Ince 0 36 37 38a 38b 39 40	99,054 Total balance 0 99,054 190,929 91,875 0				
35 36 37 38 39 40 Par 41	(Month Total funding requirer Balances elected to requirement Additional cash required Contributions allocate (line 19c) Present value of exco a Total (excess, if an b Portion included in Unpaid minimum required Unpaid minimum required Inpaid minimum required Inpaid minimum required Inf a shortfall amortization a Schedule elected .	Day Year ment before reflecting carryove use to offset funding irement (line 34 minus line 35 ed toward minimum required of toward minimum required of ess contributions for current y ny, of line 37 over line 36) line 38a attributable to use of uired contribution for current y uired contribution for all years funding relief under Perion ion base is being amortized p) and the waived amount .	1b + 32a + 32b - 33) Prefunding Bala Prefunding Bala	34 Ince 0 36 37 38a 38b 39 40	99,054 Total balance 0 99,054 190,929 91,875 0 2 plus 7 years 15 years				
35 36 37 38 39 40 Par 41	(Month Total funding requirer Balances elected to requirement Additional cash requi Contributions allocate (line 19c) Present value of exce a Total (excess, if an b Portion included in Unpaid minimum req Unpaid minimum req t IX Pension If a shortfall amortizat a Schedule elected . b Eligible plan year(s	Day Year ment before reflecting carryove use to offset funding irement (line 34 minus line 35 ed toward minimum required of ess contributions for current y ry, of line 37 over line 36) . line 38a attributable to use of uired contribution for current y uired contribution for all years funding relief under Po- ion base is being amortized p) and the waived amount . r/prefunding balances (lines 31a - 37 Carryover balance 0)	1b + 32a + 32b - 33) Prefunding Bala Prefunding Bala	34 Ince 0 36 37 38a 38b 39 40	99,054 Total balance 0 99,054 190,929 91,875 0 2 plus 7 years 15 years				

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Schedule SB, Part V Summary of Plan Provisions

Dominick Cannavo, M.D., P.C. DB Plan

51-0547765 / 001

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

Employer: Type of Entity -		Dominick Cannavo, M.D., P.C. S-Corporation					
		EIN: 51-0547765	TIN:	Plan #: 001			
<u>Dates:</u>		Effective - 1/1/2006 Top Heavy Years - 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 - 500	Vesting - 1000			
	Plan Entry -	First day of 1st or 7th mo	onth of plan year on or nex	t following eligibility satisfaction			
<u>Retirement:</u>		ormal - Attainment of age 62 and completion of 10 years of participation Early - Not provided					
Average Com	pensation:	Highest 3 consecutive ye	ears of service				
Тор Неа	vy Minimum Benefit -	Highest 5 consecutive top heavy years of participation					
Plan Benefits	: Retirement -	Derived from the graded benefit formula below rounded to the nearest dollar:					
		Employee Classification	Benefit Formula	Benefit Formula			
		001		10% of average monthly compensation per year of participation imited to 10 year(s)			
	Accrued Benefit -	Unit credit based on participation					
		Minimum Benefit - None					
		Maximum Benefit - None					
		Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum					
	Death Benefit -	Present Value of Accrued Benefit					
Top Heavy Minimum:		2% of average compensation per top heavy year of participation excluding years prior to the adoption date of the plan and 1984 (if earlier), limited to 10 years					
IRS Limitation	<u>ıs:</u>	415 Limits - Percent: 100 Dollar: \$195,000					
		Maximum 401(a)(17) compensation - \$245,000					
Normal Form	<u>.</u>	Life Annuity					
Optional Forn	<u>ns:</u>	Lump Sum Life Annuity Guaranteed for 10 Years Joint with 50%, 75% or 100% Survivor Benefit					
Vesting Sche	dule:	100% Vested immediately Service is calculated using all years of service					

Schedule SB, Part V Summary of Plan Provisions

Dominick Cannavo, M.D., P.C. DB Plan

51-0547765 / 001

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

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

<u>417(e):</u>

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

Dominick Cannavo, M.D., P.C. DB Plan

51-0547765 / 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 included in current year's valuation				
Retrospective Compensation	- Highest 3 consecuti	tive years of service			
Form of Payment	nent - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for the greater of the present value of accrued benefit computed using funding segment rates and 41 Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using p equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality Minimum				
Interest Rates	- Segment rates for the permitted under IRC	the Valuation Date as C 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 -	None			
	Ancillary Ben Load -	- None			
Post-Retirement -	Mortality Table -	11C - 2011 Funding Target - Combined - IRC 430(h)(3)(A)			
	Cost of Living -	None			
	Lump Sum -	11C - 2011 Funding Target - Combined - IRC 430(h)(3)(A) at 5%			
	or 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)				
Discrimination Test Assumption	ns:				
HCE Determination -	Based on all employ	Based on all employees			
Otherwise Excludable -	Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees				
410(b)/401(a)(4) Testing:					
Pre-Retirement -	Interest -	8%			
Post-Retirement -		8% U84 - 1984 Unisex			
Permissively Aggregated Plans -	ated Plans - Tested as a Single Plan npensation - Use current compensation to calculate the benefit accrual rate (annual method) resting Age - Normal retirement age or attained age, if older				
Compensation -					
Testing Age -					
Normal Form for MVAR -	Normal Form for MVAR - Joint with 50% Survivor Benefits				

Schedule SB, line 19 -

Discounted Employer Contributions

Dominick Cannavo, M.D., P.C. DB Plan 51-0547765 / 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	9/7/2012	\$210,000					
Applied to Additional Contribution	1/1/2011	101,052	91,875	0	0	5.82	0
Applied to MRC	1/1/2011	108,948	99,054	0	0	5.82	0
Totals for Deposited Contribution		\$210,000	\$190,929	\$0	\$0		

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

Dominick Cannavo, M.D., P.C. DB Plan 51-0547765 / 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.